



Jih-Fei Cheng
Alexandra Juhasz
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editors

AIDS AND THE DISTRIBUTION OF CRISES

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FOREWORD

Cindy Patton

The world—and especially the places, issues, and people affected by US policy (which I suppose is nearly everyone, whether they know it or not)—moves too fast, and at the same time, if measured in terms of real improvement in people’s lives, far too slow. Stable objects of analysis are hard to come by, in part because of the century-long project of critical theory, which steadfastly places the very idea of the object “under erasure.”¹ But the careful work designed to document the fragile construction of “the real” has also been hijacked from the other side: the neoliberal claim that postmodernists do not believe in any truth has been symbolically discounted and transformed into a cynical assault on any notion of facticity. Whether the unreal is, for some people, real and vice versa is the condition that poststructuralists, reinvigorating the two-thousand-year-old debate between the sophists and emergent Platonism, tried to understand as effects of knowledge systems or truth systems: that is, truth is produced not discovered. The tweeter-in-chief and his companions exemplify almost the opposite, or rather, a new form of power that derives from selecting, in a completely obvious, self-interested way, which among a set of “facts” to assert, reassert, or, if I may coin a term, “de-assert.” The flip-flop feeling of numbness and panic that results from agreeing with the logic of poststructural nominalism (that the names we apply are a result of the social and institution configurations available to create objects) and seeing “facts” de-asserted daily qualify as an existential crisis. Or it should: the most frightening aspect of the present may be the inability to feel anything at all.

Although perhaps neither more nor less than in other times and places, the present seems to qualify as a time of “crisis” but perhaps in a new way: the incommensurability of the forces of personified hate, and those who take the challenge of difference as a source of curiosity and promise, is so massive as to appear completely unbreachable. It is getting harder and harder to tolerate, ignore, hope to change, or engage those who live in what

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seems to be an alternate reality about human suffering and human *be-ing*. At the end of this brief foreword, I will come back to the problem of encountering the shock of the unforeseeable without sentimentalizing the vessels of that shock, nor averring from the personal responsibility to *act*, at a minimum, by calling out the ongoing-ness of racism, in particular.

First I want to ask: What work does it do to call *this* present—or any present, or past for that matter—a time of “crisis”? From the early 1980s through the present, people directly affected by “AIDS” often refer to the appearance and organization of the epidemic as a crisis of varying kinds—in every case medical, and most places moral and political, and in countries whose worker class was strongly affected, economic. The idea of crisis—the rational assertion of a time out of time—does both productive and reductive work, and the chapters in this volume are interested in considering the relationship between racism and the management of the “AIDS crisis,” with a particular focus on what is left out in the abstraction of “crisis” from real places and people.

The authors in this volume rightly critique the use of the idea of “crisis,” following the line of scholarship that extends through Giorgio Agamben’s contemporization of Foucault’s historical analysis of power and “truth effects” to consider the post-Nazi examples of “permanent state of exception.”² They sidestep the question of whether “the crisis” is over, or whether “it” continues unacknowledged in places long affected and newly affected that lack the material, social, and political resources to replicate the movements and to distribute the medicines that have made “AIDS” an apparently natural feature of sexual life—something to be avoided but not something to be feared or to fear in others. The present volume re-raises the question of racism by thinking political economy, and by emphasizing the distribution of space and time rather than supposing that inequalities are a matter of financial power alone. Instead of becoming gridlocked in a debate about the bared-teeth capitalism of drug companies, the chapters and dispatches seek to reunderstand how racism works in tandem with global political structures to utilize medical concepts in order to obscure what is more properly, as the authors collectively point out, the uneven distribution of rights and relationships (including spiritual), and even the distribution of the idea of “crisis” itself.

The Traffic in Theories: The Trouble with History

Works that bring Agamben into play help us consider the role of “emergency” and “crisis” in creating links between otherwise distinct medicopolitical and social/cultural economies. However, like Foucault, his work conscripts *longue*

durée histories to analysis of a “very near history,” occluding possible “other histories” that are simultaneous with the history that takes the foreground. The central problem of all the works following Foucault (and now Agamben) has been to fail to take history *itself* as an object of analysis, a proposition that Pierre Bourdieu makes in his later works on the state and on science. In the case of the AIDS epidemic, the uses of Foucault generate a doubled inattention to historicity, which continually embeds epidemiology’s historiography as the driving motor of any histories of AIDS, and constructing a teleology where postmodern theories had tried hardest to eradicate them: the idea of “first occurrence of the epidemic” is apparently intransigent, even if the place and time of that “first” is subject to revision.

As has been widely noted, because the AIDS epidemic was scientifically and sociologically visible in US gay male communities *first*, the experience there—here—has overdetermined the conceptualization of the epidemic in “other places.” It is not simply that histories of AIDS have ignored women, or Black people, or children, as if inserting these groups into the founding narrative solves the problem. It is not even so much that groups or locals have tried to bend their local to the US story. The larger problem is the interplay between the idea of the “first occurrence” and those other places, many of which immediately take up their local understanding of the epidemic in the terms of the presumed experience of gay communities in the United States—either to say “the same thing is happening here” or to contest the relevance of the US gay experience of the epidemic. There is no privileged place from which to understand “AIDS,” but there is most definitely a privileged place from which to refuse knowledge about AIDS.

From the get-go, the very perceptual apparatus in locales is forced to orient to the “first occurrence” and the specific historicity that *becoming incorporated into the story* effects. This historicity of the local formed much of the state and suprastate response to the epidemic “from the beginning.” For example, there was political utility for Europeans in adopting some of the US gay community’s discursive construction of the epidemic. Similarly, it was not such a bad idea for groups who could reinvent themselves as constituencies to take up the Orientalist mirror implied in the “first occurrence” in order to articulate the idea of “Other” epidemics, notably, a “heterosexual” epidemic in the already Orientalized spaces.

The “first occurrence” idea—grounded in epidemiological privileging of time over space—thus produced a comparative conceptualization that was overly focused on temporality. Situated as a problem of temporal transfer, the sheer size of the United States and Africa made it seem like the two were

spaces at a similar scale, but this was the *result* of scientific activity, not a “natural” feature of the geography of disease. In fact, there was no particular reason not to make comparisons on a city-to-city basis rather than a continent-to-continent basis. Indeed, it is only a fixation of the physics of scale that prevents coherent comparisons across scale and geopolitical definition to consider, say, a small city in India with a country in Europe, a contra-scale comparison that would historically situate migration outside the story of “sending” and “receiving” nations.

In order to deal with these problems, I have intermittently and now in a quite sustained way used Pierre Bourdieu, who late in his career paid more explicit attention to historical analysis within his sociological work. Bourdieu was willing to set provisional time brackets on temporal fragments, in order to consider *the struggle over securing a specific history* as a stake in the political field.³ This might take us out of the position of posing short-timeframe counterhistories as correctives to longer timeframe histories or “histories proper,” producing cycles of revisionist histories that support the most dangerous forms of political relativism. If and when we discover battles over histories, we should pin these down for a moment to consider how these battles and successes repositioned the agonists within their fields of struggle. For example, whose interests were served in the initial convergence of epidemiology’s historical narrative and the narrative of the genesis of AIDS activism as a particular form of response seen only in gay communities? Who fought to place that narrative at the center, and what other narratives were eliminated and when?

The Text

The works collected in *AIDS and the Distribution of Crises* take up different terms and methodologies en route to presenting historical, ethnographic, and critical accounts of specific locales where “AIDS crises” may be said to be occurring. At a moment in history when the glare of racism and sexism are omnipresent and even celebrated as moral postures newly liberated from a harsh regime of political correctness, it requires a little bit of attention span to read works that return us to the often hard-to-identify structural features (the consolidation of capital in forms that are monetary, social, cultural, and bureaucratic) that enable the ugliness to proceed.

The chapters in this volume (particularly the ones by Bishnupriya Ghosh, Marlon M. Bailey, and Andrew J. Jolivet) try to ferret out the inextricable relationship between globalized health phenomenon—both the “disease itself”

and the political economy formed around and through “it”—and the local instantiations of “a disease” in specific contexts that is also, but not only, formed by political relationships. It is in these spaces that we most clearly see the structures of mutual recognition and aid (to use Bourdieu’s definition of social capital, at once minimalist and capacious) that have always been capable of thwarting capital’s aims, even if this is through the apparently self-destructive acts that loop individuals and their networks into renewed structures of colonization: for example, when groups of men engage in countersafe practices as a means of finding intimacy and connection against the grain of advice that may once have had their interests at heart but has become its own mechanism of control. (Preexposure prophylaxis [PrEP] is a tragic example of something said to be offered to help individuals by those who are positioned to “act on behalf” of a whole that pretends to include Black brothers but who are seen as recalcitrant members of that whole who put others at risk. For more on PrEP, see chapter 1.) In these “situations,” we also see the practices that are reworked from cultural forms in order to talk over, under, and around the much louder voices of established organizations. These works find the middle ground between rendering locales as dots on an epidemiologic map of practices that might aid or disrupt a temporal chain of infections and the sentimentalizing of spaces of agency as sufficient to the problem of constructing personhood in the context of overwhelming colonial forces. (I am reminded of the way that claims of “indigenous resilience” served as an excuse to fail to respond to First Nations’ needs in the epidemic.)

A Taste for Method

The political stance of refusing established historical and epidemiological narratives about where the “time” of epidemic starts and how the “space” of epidemic unfolds requires strict discipline if new histories (“revisionist”) hope to avoid collaborating in yet other histories that are proposed as less invested and more objective. Here, we have a double problem—vilifying earlier gay communities’ lifeways and responses to state violence, a problem that stems in part from the perpetual adoption of the narrative put forward in the overexposed (because its popularity as a journalistic account redoubled by being made into an HBO special) *And the Band Played On*. How can we sustain critical theory’s conviction that critical analysis must be perpetual but without pursuing critique for the sake of critique (or career)? How can we revitalize the normative impulse of critical theory (even in its post-Marxist, antihumanist versions) in the age of an assault on facticity (as a product of

shared values that broaden who participates in their production) and the rise of a new form of highly dispersed fascism? Jean-François Lyotard, especially in his critique of Holocaust deniers and collaborator apologists, offers a very austere method for remaining perpetually attuned to “the wrong.”⁴

Similarly, Emily Bass’s emphasis on scattering in this volume usefully offers a method for approaching AIDS scholarship that is “perpetual.” She counteracts the notion of static “populations” by considering bodies-in-motion through ideas similar to the “transversal politics” of earlier phases of the AIDS epidemic. In this context, we might also usefully recall Monique Wittig’s theorization of “the lesbian” not as a type of sexuality but as a parallel marker for bodies that “run away.” She constructs an analogy between serfs who moved beyond the city-state definition, slaves who ran away from plantations to netherworlds, and “lesbians” as figures who have run away from heteropatriarchy. Forms of intentional and forced deterritorialization produced both the US gay communities of the 1970s (formed from demobilizations after World War II that attracted new queers) and the Black communities in decayed former industrial centers (which had attracted southern African Americans to northern cities during the World War II domestic industry mobilization). These histories and those of the ragged construction of many other cities help us understand the spatialization of race that underwrites the epidemiological centers of the AIDS epidemic and its activisms.

The works in this volume consider specific non-Euro-American places (what the medical publishing establishment refers to as ROW—“rest of the world”) as well as considering places in (but not “of”) variously conceived “centers,” a move that foregrounds the role of race and empire in locating Black and Brown bodies as “in and of” a different space and time. This necessarily disassembles the master narrative from within the master’s house, even if or perhaps especially since the master is at present wildly out of control and the minions who enact the master’s work are at odds with themselves and within themselves. The “structures of depth” that require working within what I might call multidimensional localities without borders helps untangle in a new way the link between the gay movement and the public health system in the United States that emerged through the 1960s and 1970s and the poorly understood foundation of the American response to HIV at both the local institutional levels (gay, feminist, and sympathetic staff within the public health system) and at the political levels. In the absence of an internet as a mode of networking, very few young activists in the many cities that had “gay movements” had much of a sense of the hidden activism—the “scattered” and “scattering” activisms that were occurring in their same time, if not always in

their same spaces. We must consider that those activists were working alongside antiracist activists, whom they considered exceptional because they, too, could not privilege their own experience over the larger epidemiological narrative that labeled “the first cases” by sexuality and race. Certainly where I was active (in Boston) in the early 1980s, activists were completely aware that Black gay men were among those who were dying, but we had only a fractured lens through which to understand the situation around us.

The chapters here rework the emphasis on colonialism’s primary logic of enlisting the colonized into their own oppression. The authors resist sentimentalizing locally meaningful practices that were repurposed in the nexus of aspiration and colonial management. In these clear descriptions of “locales,” we see the distribution of “space” but also of time—lifetimes, the time of epidemic, the time of individual illness (often called a “course,” as if an individual’s illness is a small tributary that eventually dumps into a larger body), time “in time,” and time “out of time.” Bishnupriya Ghosh, in particular, shows how “waves” of an epidemic are read against geopolitics to underscore political economy but also to produce and redistribute time, what she calls “nonlinear discontinuous histories of HIV/AIDS epidemics attuned to global viral emergences.”

Traffic in Theory: Thinking Now

Producing more nuanced accounts of places and times is, of course, important in its own right—never more so than now, in the present of an apparent refusal of anything like a history lesson. But this places the problem of producing description (historical, anthropological, and critical), the problem of the present of history writers and readers, into the domain of ethics. Readers must take up the ethical task of making use of the works they read; they must consider the distribution of moral responsibility by raising a few questions about the practice of reading or, more broadly, the practice of seeking more or refusing any knowledge about racism.

Many readers of this volume will already have spent many years working through (and on) the complex issues raised by the epidemic. Such readers may in some cases find that the chapters present information that “we already knew.” In these cases, we should ask ourselves: What work am I doing to categorize the new cases as “just like” other cases I know about? That is, what is the process through which we set aside local specificity in service of global claims? How do new localizations allow us to invite the concept of distribution to identify new solutions to undoing the inflection of racism

in AIDS policy? Readers new to scholarship on AIDS might notice that they have heretofore resisted reading critical analyses of AIDS. Here, we might ask: When do we stop reading AIDS *as AIDS itself*, as people themselves, and read the epidemic situation as a symbol for something else?⁵

As readers consider the new histories and critical assessments that are the substance of this volume, I hope they will also inculcate their disposition to notice whether, and when, they occupy what Eve Kosofsky Sedgwick in 1988 succinctly described as the “privilege of unknowing,” a term that asks us to ponder the difference between “not (yet) knowing” and refusing to know.⁶

The writings of Jean-François Lyotard, especially his work in relationship to the assault by the French right wing on Holocaust memory and memorialization, give us some guidelines as readers of works like those in this volume. Notions of crisis and exception can be augmented to sharpen their moral relevance by reconsidering Lyotard’s reworking of the notion of “anamnesis,” in which the play of space and time afford the subject but especially that subject capable of doing harm (let’s call it a “postliberal” subject). Here, the “event” eludes time because the organism has no means to “place” it in a context. Moments—or “some time”—later, the event emergences contextualized but also misrecognized. What remains in the event (time emplaced) is a trace of the bare reception of the shock, a slight glimmering shred of decency (in this age when apparently no decency is powerful enough to overcome the indecent) that can be pressed toward a future recognition of “about to do harm” before the harm is done. Combined with the idea of reading, writing, thinking “under erasure,” we become more attuned to the possibility that the thing, this special place-time that we encounter with surprise, requires that we attend to the present, not as something knowable as such but as a potentiality, thus dampening the effect of crisis’s misuse by holding space for the recognition of doing harm: “Reflection requires that you watch out for occurrences, that you don’t already know what’s happening. It leaves open the question: *Is it happening?*”⁷

In the fissure between history and critical historiographies, on the one hand, and art- and worldmaking, on the other, lies something like ethics. Darius Bost’s chapter revisits the problem of racism and empire that has vexed oppositional politics, by underscoring the significance of racism and its elision of the figure of Assotto Saint, New York activist and artist whose very definition (gay, Haitian, lover of white men at a time of reemphasis on blackness) is impossible within the city plan and concepts of epidemiology of New York at the height of the AIDS epidemic. Bost teases out the multiple threads of pain and suffering that Saint experienced because of his disease but

also because of the inadequacy of the extant narratives to enable his voices. Resisting a sentimental reading of Saint's artistic production and biography, we can see the value of being attuned to the inarticulable, and we can more quickly recognize that it is the poverty of our "hearing" rather than a problem on the side of those who wish to utter their individual and collective pain. Before the violence of categorizing must come the question: Is it happening?

Notes

- 1 We inherit the concept of "writing under erasure" via Gayatri Chakravorty Spivak's postcolonialist translations and implementations of Jacques Derrida's reuse of a concept found in Martin Heidegger's work as *sous rature*. For Heidegger, the words describe an analytical strategy in which one marks a word that is inadequate to a concept but for which there is no better word. For Derrida, all language (but especially those to do with representing representation) is inadequate to concepts. For Spivak, this is attenuated under conditions of coloniality: the "master's words" refer to the master's conceptualization of the world, which the colonized have no resort but to utilize, inflecting the master's world through use of the master(s') language. See Heidegger, *Fundamental Concepts of Metaphysics*; Derrida, *Of Grammatology*.

Writing under erasure is not the same as "lacking visibility": the early work of the epidemic came on the heels of work by gay and homophile activists to create gay visibility, thought to be the crucial first step for a "minority" that was harder to see than those that were racially demarcated. The subsequent consolidation of identity—"gay identity"—was either a movement success or a case of self-description using the master's worldview. For the form of postcolonial theory that influenced the "first generation" of writing about the AIDS epidemic's figurative racialization and literal distribution, this "writing under erasure" meant using medicine's language to accomplish the double gesture of critique of medicopolitics and extension of medicine's promise to suffering. Perhaps beginning with the apparent success of first-generation antiretrovirals, the idea that AIDS was an "idea" (and not a thing) became nearly impossible to sustain, even in the critical discourses about "AIDS." Some of the many results of taking "AIDS" out from under erasure appear as the objects of critique in the new chapters in this volume, which once again raise the question of who defines the meaning of "AIDS."

- 2 See Agamben, *State of Exception*.
- 3 See Bourdieu, *Practical Reason*; Bourdieu, *Sketch for a Self-Analysis*; Bourdieu, "Social Space and Symbolic Power"; Bourdieu, "Rethinking the State."
- 4 See Lyotard, *Differend*; Lyotard, *Heidegger and "the Jews."*
- 5 I would like to remind readers of this important and early critique of some of the artistic and critical work on AIDS in the late 1980s: Nicholas Nixon's photographs of the dying, Susan Sontag's *AIDS and Its Metaphors*, and Louise Hay's *You Can*

Heal Your Life and Helen Schucman's closely associated *A Course in Miracles*, which were popular in the 1980s and early 1990s before the advent of vaguely successful pharmaceuticals replaced the hope of "healing the self" with the hope of surviving by means of drugs. These works (and others like them) were all criticized for deflecting the "reality" of people trying to get through the medical system and society stigma in favor of seeing in AIDS a silver lining, an opportunity to rework the self or come to an understanding of some larger forces.

6 Sedgwick, "Privilege of Unknowing."

7 Lyotard, *Differend*, xv.

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PREFACE

Jih-Fei Cheng, Alexandra Juhasz,
and Nishant Shahani

To understand the networks of AIDS and its distribution of crises, it seems useful to recount the social, organizing, and creative affinities that inspired this anthology. In 2014 the three editors of the collection presented papers at the Society for Cinema and Media Studies (SCMS) conference in Seattle on different panels. Alexandra (Alex) and Nishant attended Jih-Fei's panel discussion, where he presented his work on the documentary *How to Survive a Plague* (2012). On a panel titled "Queer Contexts," organized and facilitated by film and media studies scholar Lucas Hilderbrand, Jih-Fei's presentation grappled with the contemporary cultural revisitations of the early years of the US AIDS crisis and the erasure of women and people of color in the telling of white male heroism leading up to the advent of antiretrovirals—an intervention that drew upon Alex's scholarship on AIDS media activism and historiography. The paper resonated with Nishant's own work on the whitewashing of AIDS history in relation to the same documentary. Alex and Jih-Fei first became acquainted at that conference, with Alex mentoring Jih-Fei thereafter as he completed his doctoral dissertation and works toward completing his forthcoming monograph. Following the conference, Lucas Hilderbrand initiated a more formal email introduction between the three of us, given our common political and scholarly investments.

Since two of us were in the process of working on essays that grappled with a critique of whiteness and the redemption of biomedical discourse in AIDS representations in the context of the same film, we began to share our work and offer each other feedback. Both our essays were subsequently published in 2016—Jih-Fei's piece in *WSQ: Women's Studies Quarterly* ("How to Survive: AIDS and Its Afterlives in Popular Media," vol. 44, nos. 1 and 2) and Nishant's article in *QED: A Journal in GLBTQ Worldmaking* ("How to Survive the Whitewashing of AIDS: Global Pasts, Transnational Futures," vol. 3,

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no. 1). While both essays used *How to Survive a Plague* as the focal point to make a larger argument about the representational terms of AIDS historiography and its impacts on the ongoing nature of crises, our broader goals extended beyond recentering the very objects of our critique. Given our shared investments in drawing connections between AIDS and exercises of racism, sexism, homo- and transphobia, global capitalism, and colonialism, Nishant proposed to Jih-Fei the idea of curating a larger collection of essays. We both agreed that asking Alex to coedit the volume with us would shape the project in crucial ways, given her pioneering work on (and production of) AIDS representations, particularly around the investments of feminism, lesbians, and women of color in AIDS activist videos. At this time and since, she has been collaborating with the AIDS cultural activist Theodore (Ted) Kerr (and before that with Marty Fink, Bishnupriya Ghosh, and David Oscar Harvey) on a series of written conversations about cultural phenomena, what Kerr named “AIDS Crisis Revisitation”—the sudden, rather unexpected deluge of representations of HIV/AIDS in popular media, after the period of discursive quiet that he has called the “second silence”—the same one that Nishant, Jih-Fei, and so many of our colleagues are also considering in their work.¹

Building on a growing analysis naming whitewashing and other short-changes that seem to be defining many of these revisits, Alex could testify that other stories, people, images, and actions—profoundly linked to the needs and struggles of gay men and also moving in other directions—had occurred in the interlocked and sometimes contestatory interchanges within activist communities, and between that multifaceted alliance and larger institutions, at least during the first outset of American AIDS (video) activism in the late 1980s. Such interventions, from those who had been there and done that, intermixed with research by those who came later or from elsewhere—testifying to or researching other emergences, timelines, and responses—are central to the dynamic flows and interchanges that our collection seeks to engage and draw out.

At this early stage, the three of us discussed our collective commitments to grapple with both repetitions within as well as newer forms of insecurity that were informing and shifting the enduring nature of the pandemic. We thought that a new collection on AIDS could offer a social and political barometer of the present state of the pandemic at precisely the historical moment when dominant scripts insisted on its pastness. We were particularly interested in how frequent and nearly dominant stories of the “end of AIDS,” of AIDS obsolescence, were part of a larger narration bent upon illuminating the supposed “recovery” of the United States from its crisis as a means

to resurrect the exceptionalism of empire and retool the engine of global capitalism. Many of our conversations thus returned to considering how the labor of AIDS activism in contemporary narratives was being assimilated into national fictions of democracy, neoliberal cure, and linear teleologies of progress. As Marita Sturken has pointed out, at stake in AIDS studies, politics, and art, including their embedded place within national and imperial constructions, are the ideological terms by which the epidemic's history is constantly being remembered, deployed, and marketed—not simply as a matter of dispelling a singular and authentic AIDS story but because the memories and political economy of AIDS continue to shape the present and future of the pandemic, as well as the lives of those who remain disproportionately exposed to its impacts.² Drawing on our collective and varied interests in women of color feminisms, queer of color critique, AIDS media production, globalization, activism, and decolonization, our discussions around the book's conceptual scope revolved around how we could focus these connected but diverse investments into a single volume. In many respects, the potentially sprawling scope of the project reflected the very nature of the subject matter under consideration—not just through epidemiological categories (i.e., the unstable viral life of contagion and transmission) but also in structural terms—that is, how HIV travels socially by merging the quotidian with the global in a web of unpredictable and precarious arrangements.

Furthermore, the three of us were personally and spatially scattered in some of the many senses that define the topic and approaches at hand. Namely, we live and thus work on our collaboration across three US time zones (although often one or more of us might also be abroad); we inhabit three states of rank within US higher education; we are trained and situated within different disciplines and intellectual generations albeit all within the humanities; we span multiple possible alignments of gender, sexuality, race, ethnicity, and HIV status; and we enjoy varied and changing states of personal and professional intimacy. These arrangements between the productive tensions experienced through our labor, personal histories and embodiments, and lived places and ideological affiliations paralleled and informed our approach to contemporary AIDS scholarship as we grew the intellectual framework and anticipated the network of authors and their attendant issues that would become this anthology. Of course, they too would be distributed in these many and even more senses (by careful design), although perhaps not as intimately. We asked: How are the durations and intensities of crises experienced in specific contexts, by real people, in their lives, communities, and cultural and political practices? We hope that sharing one personal/

professional anecdote will prove demonstrative of how our own local and lived durations, intensities, and uneven distributions both sustained and stymied our (and any) distributed reckonings with AIDS.

In the late stages of our work on this collection, we organized just one of countless Skype calls, this time to create a to-do list that would respond to our invigorating readers' reports. Nishant was in Mumbai, Alex at home in Brooklyn, and Jih-Fei in Los Angeles without internet access while toggling with phone apps to take notes and thus unable to fully access our Google Drive. We have all been in this scattered "there": interacting via skewed technologies, temporalities, and platforms that should be too familiar to most scholars and many collaborators in the early twenty-first century. We decided that it might be useful for Alex to write a paragraph, much like this one, because she remarked that when we had started working together, we barely knew each other outside our shared scholarly commitments, and that taking the risk of collaborating with near strangers had proven to pay off, even as you never quite know. We agreed: we work together very well, in a productive, professional, and friendly fashion, contributing our discrete skills as writers and editors, our varied networks of colleagues, connections, and foundational texts, all the while staying mindful and respectful of our differences in perspectives and position.

Then, Alex took a tentative step in a new direction. She named her sense of place as a white, middle-aged, cisgender, HIV-negative queer woman who had been working on AIDS, in particular women of color and AIDS, for more than thirty years. Her move was not much of a risk in itself as Alex is often more effusive, self-reflexive, or outgoing (in professional contexts) than are Jih-Fei or Nishant, and she is the senior scholar in this group. This risk was theirs. And as is true across this effort, this risk was further differentiated by our distinct experiences. Alex's words served as an implicit invitation, but given the tender state of our collaboration and individual selves, it was not a demand. Even so, Jih-Fei engaged. He narrated his own coming to HIV/AIDS—as an (as of this writing) HIV-negative and East Asian American queer cisgender-presenting man; his first sexual experience after high school with an older HIV-positive white gay man who had an Asian fetish; followed with his involvement in HIV/AIDS social services and research, cultural productions, and activism during the late 1990s to mid-2000s; and his later decision to continue to focus on AIDS in his doctoral research. There was a pause, a rather lengthy one, and, as might be expected, Nishant began to speak. But then, something unexpected happened. He did not disclose. Instead, Nishant glazed forward, saying something benign or polite; his words served as a

graceful transition elsewhere. It seemed that the sensitivities lived between us were too real, too alive, too important to engage through the scatterings of technology and place and personhood that underwrote this conversation. Alex felt like she had made an inappropriate gesture; Jih-Fei, with his inimitable grace and reserve, moved the conversation forward.

We got back to work. There were places of AIDS we would not share, at least not this time; there was a time for HIV that was not this one. The next day, Nishant sent an email written with his characteristic gentle, professional attentions. He explained that the felt pause had been real. However, it was precipitated not by a withholding but by the unexpected entrance of his father into the room, just as the conversation had become more personal, and just out of our camera sight. He apologized for not being able to contribute some details about his own positionality during this moment of shared vulnerability and possible openings. The lessons of this one small and subtle interaction—how lived, personal, interpersonal discordances and connections will produce what we can know and learn about HIV; bound by technology; happening in space; as tender as an unspoken word; as deep as cultural norms; as powerful as rank and fathers and friends; how possible or missed interactions and connections sit in alignment and tension with more scholarly ways of speaking, writing, and making sense of HIV/AIDS; how AIDS is an everyday phenomenon ever ready to inspire new crises or cures (big and small)—reflect the shared and building understanding of the AIDS crises that we hope this anthology might help to reveal by distributing approaches, as well as authors, topics, places, and connections.

Given our many investments in theorizing the ongoing nature of AIDS crises, we thus decided there would be several scattered logics for our volume—temporal and spatial, ethnographic and political-economic, local and global, many voiced and differently oriented—that would frame attention to the distribution of the pandemic by thinking about AIDS not simply as “the most perfect metaphor for globalization” but as globalization’s most apposite and indexical expression.³ In this regard, our volume would be distinct from AIDS scholarship that conceptualized its “local” and “global” distributions as discrete entities. For example, in theorizing memory politics subtending the “unremembering” of AIDS, Christopher Castiglia suggests that the global turn in AIDS scholarship comes at the cost of attention to the material specificities of crises that are more “homegrown” in nature. He contends:

When AIDS in the United States disappeared from queer theory, it vanished from American Studies as well because of a move toward the trans-

national, the hemispheric, and the global. Although focusing attention on transnational paradigms correctly stretches our understanding of the border crossings of capital, populations, and ideology (allowing us, for instance, to understand the global spread of HIV/AIDS), it has also made local freedom struggles within the United States seem provincial and narrow, tainted with the bad smell of national exceptionalism.⁴

The idea of local erasure ostensibly performed by a transnational turn in AIDS studies, however, fails to account for the inextricable relation between the two, especially when considering the global political economies of neoliberalism and their impacts on activist practices and local communities. American studies critics such as David Eng and Jodi Melamed have pointed to the importance of considering how neoliberal multiculturalism in the United States assumes transnational proportions by obscuring race—locally and globally—in the service of “an ever-increasing global system of capitalist exploitation and domination” that is predicated on the “hyperextraction of surplus value from racialized bodies.”⁵ In considering the mutual imbrications of local and global, we thus collectively ask: How is the advent of AIDS structured by and structuring of the neoliberal logic of crisis as it remains autochthonous but also as it migrates across various transnational, cultural, and geopolitical sites and legal institutions? How have AIDS’ aesthetic expressions and political practices been linked, delinked, and taken up across national, transnational, and diasporic contexts to shift the terms for blame, “risk,” and responsibility? What social, material, political, and cultural circumstances have enabled AIDS crises to become global and yet, in a sense, unremarkable? And, in which moments are the historical, cultural, and political contexts of AIDS erased, repackaged, incorporated into, and wielded by US empire?

In keeping with the capacious scope of these questions, we decided that the forms of writing in the book needed to reflect the wide array of voices in AIDS scholarship and activism not only in terms of who would be theorizing but also the subject positions who, or subject matters that, were being theorized. We began the process of identifying contributors by each creating lists of scholars, activists, and artists who have and continue to importantly signal the broadly defined field of “AIDS studies” (while simultaneously recognizing that the constitutive boundaries of such a field have and will always, of necessity, be contingent and amorphous). We culled names from our personal, activist, and artistic webs as well as by scouring conference abstracts and published scholarship from at least the late 1990s, when AIDS studies seemed to dwindle, to the present. Not surprisingly, we began with a

combined list of more than seventy names. One of the reasons for organizing three “Dispatches” in addition to the nine full-length chapters, original and reprinted, was to expand the number of contributors to the volume, thus including as many of the insights available from our impressive list. Needless to say, a list of this magnitude itself represents something about the current shape, places, and persistence of AIDS. Additionally, and more significantly than a simple accommodation of numbers, we felt like the dispatches would allow conversations regarding the past, present, and future of AIDS to take place at a different register—one that would be more dialogic and less formulaic in scope. We each “ran” one of the dispatches: naming the questions, communicating with our contributors, editing their responses, and writing an introduction. Thus, these three efforts represent not simply diverse approaches to the temporalities of AIDS but also our unique (if connected) orientations and commitments.

It is also important to note, and begin to attend to here, that no matter the force behind our close care, commitment, and attention, Black women kept sliding off, disappearing from, or moving ever so slightly out of our sight lines. We name who we could not always see in the most capacious and fleeting ways: women representing the complex diasporic histories of Africa, including African women, African American women, Black women from other locales and nations, as well as gender nonconforming Black people who identify with femininity. These subjects were not being adequately centered or seen by our processes—as authors, agents, interlocutors, or collaborators—despite our best intentions and many efforts. While it might appear that this has been somewhat “corrected” through our selection of chapters and authors, an invitation for all the participants in the anthology to attend as thoroughly to Black women as is appropriate for their topic and method, and our discussions of our attempts at full attention here and elsewhere, we did not want this structuring absence to be paved over and obscured. It was only late (although every conversation we had about the anthology attended to this “issue”) that we understood our ongoing predicament as indicative of yet another tender disruption, mistemporality, or disalignment of power, privilege, and position from which we must learn about AIDS: socially, professionally, theoretically, structurally, in ways that matter most for the health of all people and communities affected by HIV. Recentring Black women is not simply a tactic, gesture, or commitment because it starts with a center that cannot hold: an absent presence that throws the work and forms of scholarship and other forms of writing into crisis, lack of focus, or inability to attend to carefully. But why is this?

In her reprinted piece for this anthology, Julia S. Jordan-Zachery demonstrates how some Black women's writing about HIV/AIDS—from politicians, popular magazines, and blogs—itsself creates gaps and disappearances. She asks, “Is it a crisis if it is not seen?” We are certain that this is perhaps one of the most severe crises underlying the (im)possibilities of good health for all individuals and communities impacted by HIV. Thus, recentring our attention to Black women and HIV returned us, again and again, to the central preoccupations that motivated this book—that is, an attention to the impacts of AIDS beyond the demographic centrality of cisgender white gay men who have become, and still are, the primary default setting for academic theorizations, public health and medical initiatives, and popular culture revisitations. But we learned that recentring is only the first step of a much more nuanced, refined, and systematic process. So, we selected and engaged with contributors whose work reflects what Cathy J. Cohen calls “cross-cutting” activist practice⁶—that is, an understanding of AIDS that challenges the confines of single issue politics in order to consider exploitative measures, including the upward distribution of resources and downward distribution of suffering, land dispossession, occupation, gentrification, surveillance, policing, border patrols, criminalization, an extensive carceral apparatus, the mass buildup of arms, antiterrorism and the suspension of rights, slavery, various forms of under- and no-wage labor, the lack of housing and food security, privatized health care and inadequate medical care, and more. And our selections also took into account the generational shifts in AIDS scholarship, activism, and cultural production—not to privilege the “new” over “old,” or vice versa, but to address different temporal registers, historical repetitions, and age- and place-specific interpretations. Our goal with these selections from different generational perspectives was to investigate how the presences (and futures) of AIDS encountered its pasts through the persistent distributive networks of crises and connections. We wanted to inquire about what remained (of use) from earlier theorizations and modes of political action, and also what warranted continued critique and perhaps different forms of collective imagining and organizing.

And still we had more work to do. Readers will find traces of our efforts and successes at working with our authors and focusing ourselves on the meanings of Black women's visibility and erasure, as well as their presence and power, across the anthology. But we wanted this to remain visible as an effort, rupture, process, ongoing problem, and gratifying solution. Once selected and loosely aligned through the offering of the terms discussed above or by way of the questions we posed for our three dispatches, our authors

got to work. At the end of the process, we asked the authors of our seven original chapters to engage with Black women and other women of color, each other's now completed chapters, and the vibrant, diverse fields of contemporary AIDS cultural studies in which this anthology sits. Although our authors' disciplinary fields and training differ, as do their generations and the situations of their attention, one shared starting point and focus for the contributors emerged and grew. Our many contributors break down into local, marginal, and discrete studies something that otherwise had and has been more commonly understood to be overwhelming (crisis-like) in its scale and costs and ominous in its force of devastation. Each of the anthology's efforts draws its larger conclusions from close attention to a specific, grounded study of one outbreak of crisis for one local community. The methods and conclusions drawn in each contribution are distinct but complementary: theoretical about the state of HIV/AIDS and crises; practical in the sense of addressing collective cure, well-being, or better health; political in their rousing calls for effective formats for and outcomes from shared struggle; artistic in their voice and ongoing interventional efforts; spiritual in their compassion; or a unique amalgam of these approaches to best outline the crises under consideration. Notably, by honoring specificity, another definitive move is shared and performed: the distance traveled from the local exceeds individualism, exceptionalism, and myopia in order to foster much-needed collectivity, continuity, and connection.

Notes

- 1 Juhasz and Kerr wrote six conversations about AIDS crisis revisitation and the second silence between 2015 and 2017. Those form the basis of their forthcoming book on these topics, *We Are Having This Conversation Again: The Times of AIDS Cultural Production*. See also Fink et al., "Ghost Stories."
- 2 Sturken, *Tangled Memories*, 145–47.
- 3 Cazdyn, *Already Dead*, 117.
- 4 Castiglia, "Past Burning," 102.
- 5 Eng, *Feeling of Kinship*, 6; Melamed, "Spirit of Neoliberalism."
- 6 Cohen, *Boundaries of Blackness*, 15.

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INTRODUCTION

Jih-Fei Cheng, Alexandra Juhasz,
and Nishant Shahani

Crisis

The Acquired Immune Deficiency Syndrome (AIDS) is not merely a crisis in epidemiological terms; rather, it is the uneven and varying spatialization and temporalization of crises. As a term, *crisis distribution* brings into view the eerie distresses of this scattered dispersal. Crisis distribution also builds on recent theorizations of spatiotemporal logics that underwrite the classification of crisis.

crisis (n.) early 15c., from Latinized form of Greek *krisis* “turning point in a disease” (used as such by Hippocrates and Galen), literally “judgment, result of a trial, selection,” from *Krinein* “to separate, decide, judge,” from PIE root *krei- “to sieve,” thus “discriminate, distinguish.” Transferred non-medical sense is 1620s in English. A German term for “mid-life crisis” is *Torschlusspanik*, literally “shut-door-panic,” fear of being on the wrong side of a closing gate.¹

By definition, crisis is exception. A crisis necessarily involves a diagnosis: in the sharp decline of individual and/or group health, presumably in a singular time, and perhaps a place or places. It is an occasion for judgment, an opportunity to render power. Yet a crisis is not meant to last. Judgment is meant to lead to justice, to reparation. We are meant to heal. Significantly, the etymology of *crisis* conjugates temporal and epidemiological meanings as the “turning point in a disease.” In *Anti-Crisis*, Janet Roitman similarly preserves the medical and temporal connotations of the term by foregrounding the ubiquity of “feverish crisis pronouncements.”² While her analysis is most germane to crisis in the context of financial and housing markets, the phrase once again invokes its temporal urgency through language associated with virality, infection, or sickness.

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Roitman's critique is part of a larger scholarly attempt in the last decade to critically examine the rhetoric of illness and the temporality of crisis production. The "contemporary canon of crisis," as she terms it, engenders only those forms of critique that expose the scandal of crisis through logics of exceptional time.³ "Feverish crisis pronouncements" thus fail to address the reorganization of the broader structures that subtend the makings of crisis. Like Roitman, Eric Cazdyn's work on illness and time cautions against the spectacular rendering of crisis as a temporal phenomenon existing out of lockstep with the ordinary. He contends, "Crisis is not what happens when capitalism goes wrong, but when it goes right." The precarity of exploited labor, for instance, is not symptomatic of capitalism's unfulfilled potential or unintended consequence. Rather, precarity and the production of an underclass are integral to the seamless cycles of crisis "when contracts are obeyed and factories are clean and safe."⁴ Sharing the critical skepticism around the shock and awe of endless crisis pronouncements, Lauren Berlant offers the concepts of *slow death* and *crisis ordinariness* to address the counterintuitive registers through which crisis forms the historical present via the quotidian or even banal. Against what she calls "the inflated rhetoric and genre of trauma," a focus on the ordinary attends to "the problem of the forms heightened threat can take as it is managed in the context of living." Berlant proposes a "ballast of ordinariness" in order to "*distribute* our analyses of 'structure' as a suffusion of practices throughout the social" if we are to avoid the exceptionalization of crisis that both Roitman and Cazdyn warn against.⁵

By invoking the terms *crises* and *distribution* in the title of this volume, we draw from and reflect on AIDS: How is it one (or many) of the outcomes and expressions of crises that are made ordinary and exceptional at the same time? How are these durations and intensities of crises experienced in specific contexts? For AIDS, the critical suspicion around the inflation of crisis rhetoric might appear to brush up against historical and political refusals to recognize the catastrophic consequences of the virus. In spite of initial declarations that the AIDS crisis is over, given the invention of antiretroviral drug combination therapies, crisis rhetoric regarding the pandemic continues to be mobilized in the context of the Global South and communities of color in the Global North. Thus, as ongoing events, AIDS and global crises are intertwined, recursive, and unrelenting. Insisting on feverish pronouncements of crises in these contexts could possibly operate as antidotes to the myopias that mark both institutional neglect and false narratives of progress. For, with AIDS, we find ourselves in the midst of long-term and still ongoing global crises. As protracted global crises, we might even consider AIDS fundamental

to procuring and sustaining what Giorgio Agamben names the *state of exception*.⁶ The global emergency of AIDS occasions Global North nations to exercise power, exploit international asymmetries, and retrench individual rights at will.

Yet, as if staid in due course, AIDS remains the longest enduring modern pandemic without a cure and without widespread access to preventative care or treatment for the majority of those infected with HIV. In the context of racialized communities and societies, the heavy burden of AIDS constitutes what Achille Mbembe terms *necropolitics* to describe the management of subjugated populations whereby “new and unique conditions of life confere[r] upon them the status of living dead.”⁷ Drawing upon Mbembe and Agamben, Subhabrata Bobby Banerjee conjures the concept *necrocapitalism* to name the forms of dispossession and “the subjugation of life to the power of death’ . . . in the organization and management of global violence through the increasing use of privatized military forces and conflicts over resources between transnational corporations and indigenous communities.”⁸ Eric A. Stanley theorizes the notion separately to mean the dead labor extracted to produce massive wealth for global pharmaceutical companies that participate in the structured abandonment of racialized subjects.⁹ For those living with HIV and with access to medication, the virus can be suppressed to the point of being undetectable. However, that person’s health status is permanently labeled HIV positive and remains in the balance, underscoring poet Justin Chin’s description of today’s biochemical health management as a *microscopic war* internalized by the patient and sustained by the pharmacological regulation of time and space.¹⁰ And all—healthy, dying, worried, fighting—face this contemporary exception: a cultural deep freeze of denial in the form of “AIDS is over” so long as one remains tethered to this chemical battle.¹¹ Those who are structurally abandoned are laid to waste on this battleground. Thus, AIDS-related deaths are exceptionalized and normalized vis-à-vis dual processes of racialization and the spatiotemporalization of one’s proximity to communities in crises.

The continued asymmetrical warfare of AIDS means that the period for judgment remains protracted, rendering the judgment levied against those rendered at risk for, or living with, an HIV or AIDS diagnosis self-justifying. In turn, justice is delayed, overdue, maybe even foreclosed for some. What if we, instead, think about crises—of AIDS—as globally networked and without beginning or end?

A consideration of crises ordinariness in the context of AIDS invites another pressing question: Does the ordinariness of crises correspond with

the very historical moment when its effects become scattered among populations whose proximity to death is naturalized as inevitable or axiomatic, or whose access to representation or representability allows their crises to go unrecognized and/or misrepresented? Many of our volume contributors contest the supposition that the AIDS crisis began in the United States in 1981 among a cluster of white gay men and ended around 1996 when effective antiretrovirals hit the market and extended lives. Yet, as we have been arguing, AIDS crises and their profitability rely upon women of color, queer and trans people of color, and peoples of the Global South—particularly those from the sub-Saharan Africa region—to continue to be infected, experience delayed access to care and treatment, develop serious illnesses, and/or pass at rates that demonstrate that the pandemic is unending.¹² In this sense, racialized, gendered, queer, and trans subjects, and Global South peoples generally, remain exceptional; they remain *in* crises.

So, it matters where we locate the crises, how we temporalize their multiple durations, and when and how we identify, name, and categorize their impacts. Originally AIDS was not AIDS—it was Gay-Related Immune Deficiency (GRID), until scientists looked beyond the cluster of white gay men in the United States and considered Haitian-born immigrants in Florida who had shown symptoms of the disease as early as 1980.¹³ The viral etiology for AIDS—HIV—was not clinically isolated until 1983.¹⁴ In short, what we have come to know pithily as HIV/AIDS was never a linear or singular history with one simple subject. The crises are bound up with histories of race, racialization, globalized yet uneven development, and widespread economic inequity. The popularized medical terms for illness and the troubling epidemiological categories for race, nation, gender, sexuality, and so on reveal the limited and contradictory ways that meaning has been quickly and hastily fashioned with enduring consequences for comprehending and addressing the pandemic. Meanwhile, the public health classifications for risk behaviors (e.g., men who have sex with men [MSM]) and transmission categories (e.g., mother to child) simultaneously presuppose race and gender while disavowing the causes for its continued impact. Black people (especially Black men) are most often presumed sexually dishonest and predatory. Meanwhile, Black people are thought of as available to white men with historically systemized sexual violence exacted upon Black women and transfeminine peoples.

This hypersexualization, hypervisibility, and criminalization of blackness vis-à-vis HIV/AIDS epidemiology and the US state make invisible the specific effects of the pandemic among Black communities, other communities of color, and the Global South in general while absolving white-dominated

heteropatriarchal institutions and white supremacy itself. Yet the reduction of the pandemic to risk behaviors and transmission categories only obscures how race, gender, sexuality, economics, global policing, militarism, and incarceration are inextricably tied to the virus and its lived outcomes—particularly as they are exercised against those who are racialized as Black. Thus, the epidemiology and popular conceptions of AIDS rely on race while denying the proliferation of racism.

More to the point, why must we constantly appeal to HIV/AIDS infection, morbidity, and mortality statistics in order to highlight the crises among people of color and the Global South? Indeed, the overlap between epidemiology and geopolitics to highlight sub-Saharan Africa as the region most devastated by HIV/AIDS underscores how colonial categories for race, gender, and sexuality persist in our contemporary maps for nation, peoples, and global health. The term *sub-Saharan* is often drawn to succinctly name an origin for the historical “scattering of peoples . . . as a result of the slave trade and European colonialism.”¹⁵ Although this history is crucial to geopolitical and epidemiological analyses, its knee-jerk deployment often reproduces uncomplicated, essentialized, and depoliticized notions of Black, Africa, African, and African diaspora.¹⁶ Sub-Saharan invokes the linked histories of colonialism, slavery, and global capitalism but promises no relief from these. Neither has AIDS found much relief as it has been experienced through overlaps between settler colonialism, Native dispossession, slavery, and the globalization of capitalism.

What if we understand Africa as not only a place that is racialized and hypervisibilized as Black on colonial maps but also a series of representational absences and epidemiological crises? Women of color, especially Black and Indigenous women, are often rendered statistically less significant than their male counterparts with respect to either a local or global epidemiology of AIDS. The sum cases of women of color infected with HIV or living with AIDS do not exceed men of color. When epidemiologists instead turn to rates of infection to measure the impact, it is often the case that women of color are compared to each other. This makes rigid the categorical distinctions between Black, Indigenous, woman, man, and so on. Meanwhile, women of color continue to be a statistical afterthought and increasingly disappear in the rear view.

Public health surveillance of AIDS insists that the further delineation of such categorical distinctions holds the promise for a more accurate depiction of global AIDS. However, what is simultaneously obfuscated is the way that, in the words of Brent Hayes Edwards, “*diaspora* points to difference

not only internally (the ways transnational black groupings are fractured by nation, class, gender, sexuality, and language) but also externally . . . in terms of a complex of forced migrations and racialization . . . a history of ‘overlapping diasporas.’”¹⁷ Likewise, AIDS, as global crises, is an interlinking of Black, Indigenous, and other nonwhite groupings that are simultaneously fractured by nation, class, gender, sexuality, language, and more. Rather than abandon these epidemiological distinctions, or insist on ever-more-finite categorizable differences, what if we notice the absences themselves as articulations of ongoing crises?

It takes all of this anthology’s nine original scholarly chapters (including the foreword and afterword), two reprinted book chapters with new introductions and/or postscripts, and three carefully amalgamated dispatches of asynchronous conversations between scholars, artists, and activists to glimpse, study, and map some of the many linked and distributed crises rendered ordinary. In total and in distinction, the collected writings in *AIDS and the Distribution of Crises* work to bring into focus and conversation what contributor Bishnupriya Ghosh names “nonlinear discontinuous histories of HIV/AIDS epidemics attuned to global viral emergences.”

AIDS Distribution and the Scattering Effects of Globalization

Given this volume’s attention to how HIV/AIDS is unevenly distributed across space and time, it seems critical to consider if, or how, connection is possible across the specific, racialized genealogies of scattering that define Berlant’s and our own use of crisis ordinariness. Relying upon Berlant’s use of ordinariness *does not* imply diminished impact or tempered scale but instead attends to how structural problems are unevenly distributed. Berlant’s call for attending to distribution—that is, of analyzing structures of power as a kind of suffusion practice—is particularly relevant to this book’s attention to the scattering effects of contemporary HIV/AIDS.

Each of this volume’s three dispatches—atemporal conversations between AIDS activists, artists, and scholars built to complement the more traditional scholarly chapters of this anthology—is led and edited, respectively, by the three volume editors. Jih-Fei Cheng organizes a conversation on the past, Alexandra Juhasz tackles the future, and Nishant Shahani initiates his groups’ thinking on globalization. In “Dispatches from the Futures of AIDS,” AIDS activist Emily Bass offers a useful way to grasp all our efforts to theorize crisis distribution as a kind of scattering effect. Responding to Alex Juhasz’s question about the future of AIDS activism under Donald Trump, Bass poses

a seemingly tangential hermeneutical question: How can the English translation of the Holocaust-themed *A Memoir of the Warsaw Uprising* capture the nuances and varied use of the verb *run* that recurs throughout the text to describe the movement of terrified rebels fleeing Nazi occupation? Bass asks, “In 2017, how many ways are there to run?” The varied linguistic uses of *run* confound the possibility of an easy English translation; the different political responses to attacks on the poor and the Global South, especially surrounding health care, under Donald Trump make it impossible to articulate any singular solution of activist practice. “I’m scattered here,” writes Bass, “and that’s the point. . . . Everybody run.” This scattered running is not political nihilism (she never suggests running *away*). Instead, her invocation of *scattering* serves as methodological imperative for our book’s many attempts to cognitively map the effects of and responses to the AIDS crises that mark its distributive logics across space (local and global, North and South) and time (present, past, future, now, then, and beyond). While attending to these different temporal registers and spatial scales, scattering as a distributive method also challenges the neat paradigm shifts and simple separations that disaggregate these categories.

In a different context, the image of scattering recalls an epistemic moment of AIDS activism referenced in another activist intervention—David Wojnarowicz’s memoir, *Close to the Knives* (1991), where he called for friends and lovers of the dead to drive through the gates of the White House “and dump their lifeless form on the front steps.”¹⁸ Then there were the Ashes Actions in 1992 and 1996. The 1996 Ashes Action of ACT UP was inspired by the political funerals of activists killed in anti-apartheid South African movements—complicating the linear trickle-down temporality through which North/South Hemispheric relations are conventionally (and colonially) theorized. But beyond this most literal invocation of scattering, the word also captures uneven distributive logics of globalization particular to the presences and pasts of AIDS. Scattering as methodological anchor allows for an attention to the fractal logics that inform the globalization of AIDS. While globalization has often been understood via temporal registers of hyperconnectivity and immediacy, these seamless narratives of enhanced speed obscure structures of delay, stagnancy, and deferral that are tethered to matters of life and death. For example, acute shortages of medicines at antiretroviral therapy (ART) centers in India have caused extended breaks in drug access, challenging the official narratives of progress around prevention and health care presented by the National AIDS Control Organization (NACO). Yet another instance of temporal lag can be witnessed in the prolonged duration of legal cases where pharmaceutical companies launch

patent custody battles over generically produced drugs. The volume's theorization of what Dredge Byung'chu Kang-Nguyēn calls *multiple epidemics* and Bishnupriya Ghosh defines as *high-crisis pockets* points to the proliferation of crises at varying scales and sites of intensity. The distributive logics of crisis ordinariness thus enable an attention to what Ghosh calls the "discontinuous space-times of HIV/AIDS epidemics—in the plural."

The fractures in temporality that mark these discontinuities are intimately tied to what Eric A. Stanley refers to in this volume as the geopolitical investment in globalized racial capitalism. Take, for instance, the literal invocation of time by Andrew Natsios (head of the United States Agency for International Development [USAID]) to justify the use of global funds on prevention rather than life-saving drugs: "[Africans] don't know what Western time is. You have to take these drugs a certain number of hours each day, or they don't work. Many people in Africa have never seen a clock or a watch their entire lives. . . . They know morning, they know noon, they know evening, they know the darkness at night."¹⁹ In a different context, the temporality of global racial capital can be read as represented in the ACT UP documentary *How to Survive a Plague* (dir. David France, 2012) in the form of a running ticker that recurs throughout the film, intended to illustrate the rise in fatalities with the lapse of time. With every year that passes, the rapidly increasing numbers, as highlighted by the ticker, function as a temporal index of urgency and crisis. While these numbers draw on global statistics, *How to Survive a Plague's* focus remains almost exclusively tethered to the needs and associated heroism of mostly white gay men in the United States. The film's triumphant conclusion—in which most of its white male protagonists survive due to the availability of the very combination therapy drugs that they fought to make available—marks the historical moment in the mid to late 1990s when multinational drug companies began to secure intellectual property patents on life-saving drugs to preempt cheaper generic availability in countries like South Africa and India. While not as explicitly egregious as the racist logic of primitivism that informs Natsios's comments, time in *How to Survive a Plague* can only be measured in accordance to its subjects in the Global North—even as a global unconscious constitutes the film's absent center through the ticker's feverish crisis pronouncements.

In attending to the distribution of AIDS as it is scattered through global space-time discontinuities, our volume is invested in refusing a kind of unreflexive and ethnographic voyeurism in which the non-West is simply a site of essential difference or crisis. Thus, even while chapter authors and contributors to the dispatches address the specificities of crisis distribution in the con-

text of the People's Republic of China (Catherine Yuk-ping Lo), India (Ghosh), Haiti and the Haitian diaspora (Viviane Namaste, Darius Bost), exhaustive geographical coverage is not our goal. Instead, we are interested in mapping the relations between global and local that avoid making the Global North the default referential point in understanding the political economy of AIDS. It will not do then to approach an analysis of AIDS globalization through what Arjun Appadurai calls *center-periphery models* that foreclose the place of nonstate local actors in shaping the global imaginaries of AIDS crises.²⁰ In her analysis of the unbundling of national sovereignty that marks globalization, Saskia Sassen points to the importance of recognizing the place of local actors—immigrants, health advocacy groups, environmental activists, indigenous peoples, refugees—in recalibrating local-global connections.²¹ Thus, in our volume, AIDS becomes the site through which “congeries of money, commerce, conquest, and migration” can be mapped and theorized.²² For some of our authors, AIDS is situated in specific, local communities (including immigrants who were once from) outside the Global North (Ghosh, Bost, Namaste), while others locate these congeries smack-dab in the many peripheries of this sometimes center (Andrew J. Jolivet, Jih-Fei Cheng, Cait McKinney, Marlon M. Bailey, Julia S. Jordan-Zachery, Juana María Rodríguez). Jordan-Zachery suggests: “We need to come back to the question of who gets to be in the center. Specifically, we need to explore how Black women work to bring other Black women from the margin to the center.” Yes, people can help themselves move and be moved. It thus seems necessary to detail how the center-periphery model cannot completely hold any of these chapters, as the pull of global capital and pharmaceuticals, the migration of peoples, and the movements enabled by ideas, art, and politics serve to connect any discrete local under consideration with other orbits of crisis and activism.

The displacement of or outward linkages to US-centric perspectives in mapping these global/local relations is accompanied by what “Dispatches on the Globalizations of AIDS” contributor Stanley calls an attention to “grappl[ing] with these thick histories so that connections of depth might be made through locations and not simply over them.” To get at these thick histories, the Global South cannot be simply theorized through what Ghosh calls a *cartographic projection*; such a monolith must be replaced instead by recognition of an *ameboid geography* that marks the material particularities of regions across the globe. Thus our collection's approach to understanding the globalization of AIDS resists unilateral symmetries in which the hegemonies of global capitalism simply impose themselves on a passively abject local. While the distribution of crises is marked by the fracturing or unbundling

of national sovereignty, such a mode of deterritorialization does not simply displace the role of the nation-state. In fact, the nation has assumed a more pronounced regulative function precisely under the aegis of its putative disappearance, often manifesting itself through parochial nativisms that most severely impact Black and Brown women and sexual minorities. Global capitalism might enable what Aihwa Ong calls *flexible citizenship* for some entities within the Global South, but it also produces crisis pockets of boundedness, inflexibility, and immobility for others.²³ Our volume thus attempts to address the contradictions and calibrated specificities through which AIDS consolidates and produces unequal connections of depth across the globe.

Without an attention to these structures of depth, we merely repeat history as we know it, as Ghosh reminds us in her chapter in this volume. Globalized crises generally, and viral pandemics and AIDS crises in particular, can then simply be retooled for more cycles of capitalism. Ghosh astutely observes that health, as we currently define and measure it, “is not a universal human right but an economically adjudicated enfranchisement at both national and global scales. Hence states and global institutions back big pharma and insurance companies in their parsing and valuation of life in terms of risk aggregates; and state and interstate legal systems continue to protect their interests.” If we invest singular hope in a medical cure or in individuals’ access and adherence to the once-a-day preventative pill preexposure prophylaxis (PrEP) instead of diagnosing a failing globalized system and, in turn, renewing strategies for collective survival, then we ignore the lived realities under stark systems of globalized inequality that have made AIDS a nexus of ongoing crises. Stanley beseeches us to consider the role of the West in spurring racial capitalism such that “what we have come to know of ‘HIV/AIDS’ are the haunts of conquest and chattel slavery,” especially when considering the punishment exacted upon Haiti for staging the “first successful slave revolt in the Western Hemisphere.” Similarly, within the same conversation, provocations by Sarah Schulman on Russia and Catherine Yuk-ping Lo on China remind us that HIV/AIDS forms what Lo calls a *security nexus* that stems from Cold War politics, if not earlier, and governmental policies embedded in nationalism, military defense, willful ignorance, and enduring AIDS stigma.

Theorizing the Distribution of Crises from the Gaps of Histories

An attention to these transnational dispersals and hemispheric implications, however, cannot replace the focus on regional particularities within the West—an equally generalized cartography. In “America’s Hidden H.I.V.

Epidemic,” Linda Villarosa’s *New York Times* feature on gay and bisexual Black men in the US South, she points to accelerated rates of HIV-related deaths in Louisiana and Mississippi in the last decade. While the United States President’s Emergency Plan for AIDS Relief (PEPFAR) legislation provided \$15 billion global funds for treatment and prevention in African nations, Villarosa writes, “Black America, however, never got a Pefpar.” The citizens she encounters exist out of national time, within states of exception that are paradoxically mundane. They appear to have “stepped out of the early years of the epidemic,” inhabiting “a present that looks like the past.”

How it feels to step into a Black future falling into the past, for visitors to and residents of the American South, is what is depicted in *DiAna’s Hair Ego Remix* (2017), a short video that Juhasz worked on with fellow queer/feminist videomakers Cheryl Dunye and Ellen Spiro (and editor and coproducer Jennifer Steinman). Visual AIDS commissioned the video as part of their annual Day With(out) Art 2017 series, *Alternate Endings, Radical Beginnings*, that prioritized Black narratives within the ongoing AIDS epidemic by commissioning seven videos by and about Black Americans. When Cheryl was invited to contribute, she connected to her friend Ellen, and then the two of them reached out to Alex. They conceived of a video where Cheryl and Ellen would go to South Carolina to find out the following: “What has changed here, in the context of HIV/AIDS, from thirty years ago until today?” The answer was as clear and ominous as the subject was invisibilized: “There was a white epidemic, and there is an African American, person of color epidemic,” answers Dr. Bambi Gaddist on camera. “There was an interest when it was a white epidemic. But somehow over these past thirty years, as it’s changed its face, there’s a lack of discussion and interest.”

Bambi and fellow activist DiAna DiAna began organizing together in the 1980s in their local community of African American feminists in South Carolina, later building connections across the South and the United States, because at that time support from governmental agencies was not available. DiAna and Bambi first revved up their AIDS educational efforts in DiAna’s beauty salon, *DiAna’s Hair Ego*. Ellen’s video (1989), of this same name, tracked a group of AIDS activists from NYC who visited the salon to learn about the radical, Black female-focused, local activism happening there. A friendship and commitment to sharing this work outside South Carolina ensued.

As is true for many AIDS activists, everyone’s work continued and adapted over the three decades of the struggle. Some of these women moved on to other local or social issues, while Bambi stayed the AIDS course. She

is currently the executive director of the South Carolina HIV/AIDS Council, one of the only AIDS nonprofits still extant in the region and currently under real peril because of the ongoing defunding efforts of that state's republican leadership. With the only mobile outreach unit in the state, her nonprofit has provided free, confidential HIV testing to more than 8,600 people. That, and much more, is under attack.

Ellen had made two videos about the hair salon and the safer sex parties that DiAna and Bambi were throwing in the 1980s. The images, activities, and energy of these women, engaging on the local level with bravado, humor, and power, felt and still feels game-changing. The choice, in 2017, to revisit Ellen's friends and comrades is consistent with the logic of AIDS Crisis Revisitation, a term we credit to Theodore (Ted) Kerr: a hope to herald, remember, and learn from the powerful efforts of the past (including, in this case, her own video footage and experience). This time, however, Ellen partnered with Cheryl (figure I.1). Given what we have learned about the perils of appropriation and the powers of collaboration to build the insights, experience, and energy we need to best learn from Black women's power, Cheryl's contributions as a Black lesbian artist, on screen and off, invested the remix project and visit with a dynamism and authenticity crucial for this moment. The videomakers were most interested in asking DiAna and Bambi, as well as their local Black friends and activists who dropped by the salon while Cheryl and Ellen were in town—Bailey, Greg, Ernest, Stacey: activists, people living with HIV, AIDS-prevention educators—about their experiences as Black women and queer people in today's South: What are the experiences of HIV for Black women in your community today? Does this align with Black Lives Matter? How do the changing norms of gender identity and sexuality affect Black/queer women's experience and understanding of HIV and AIDS activism at the salon, in your town, AIDS service organizations, and organizing?

In a compelling cry to be asked, heard, and understood, Bambi Gaddist explains in her interview from 2017 that there are two AIDS crises in America—or more precisely one, the other having receded from view: one for white people and one for Blacks. The timeline and analysis she relays, from her own work over three decades, breaks along color lines: “In the '80s we were talking about gay people, but we were talking about white gay people. Everything that we did in the '80s, when she and I went out, had to do with looking into the future and knowing that if we did not do something it was going to be Black people.” And they did something monumental and profound, and the AIDS crisis in the South “is still Black people.” According to DiAna, Bambi, and their crew, the toxic brew of anti-Black defunding efforts on the state and



FIGURE I.1 Salon owner DiAna DiAna and Dr. Bambi Gaddist discuss their HIV-prevention work thirty years prior. Film still from *DiAna's Hair Ego Remix* (dir. Cheryl Dunye and Ellen Spiro, 2017). Courtesy of Alexandra Juhasz.

national level, mixed with antiequeer and also sexist patterns of socialization among religious Black folks in the South, has decimated the very AIDS services, community, and visibility that these devoted activists and their cadre of friends have worked and work for: “I’m really frustrated. You spend thirty-five years of your life doing a body of work, only to sit here in 2017,” says Gaddist at the video’s conclusion, “and I’m sitting with my colleagues in all these national meetings and we’re all saying the same thing: ‘This sounds like déjà vu. This sounds like 1985.’” The clear vision of Black women about their AIDS temporalities—this sounds like 1985—attests to the ways that crisis ordinariness both constructs and is constructed from multiple temporalities, situations, identities, affinities, and possible connections: those who are left out of progressive time (due to blackness, or region, or education, or gender, or funding priorities) and those who have been “fortunate” to survive, however tenuously within it, in the shadows of a plague.

In attempting to make sense of these contrasting but coexisting temporalities, several contributors mobilize different interpretations of political economy and neoliberalism to attend to topics as varied as settler colonialism, internet regulation, forced migration, the war on drugs, and the pathologization of Black bodies. Throughout the volume (and the dispatches in

particular), contributors point to putative forms of progress that are, in fact, inextricably linked to neoliberalism's investments in the privatization of public goods, the gutting of social safety nets, an enhanced investment in surveillance and security regimes, the professionalization of activism, and the gentrification of populations.

These legacies of the Ronald Reagan, George H. W. Bush, Bill Clinton, and George W. Bush eras assumed new and more insidiously multicultural forms under the Barack Obama years, so that neoliberal forms of *capitalist apartheid*s appeared to be more benevolent, benign, and even progressive.²⁴ For example, in "Dispatches on the Globalizations of AIDS," Ian Bradley-Perrin points to the self-serving reciprocity between pharmaceutical companies and mainstream AIDS service organizations as well as Pride Parades, in which the latter were sponsored by drug profits, which in turn offered up target populations for market expansion and clinical trials. The amelioration of crisis thus becomes the narrative and epidemiological framework through which multinational pharmaceutical companies manage chronic illness. At the same time, large corporatized US AIDS service organizations (ASOs), such as the AIDS Healthcare Foundation, act as rainbow or activist alibis for drug profiteering, patent law evergreening (i.e., the minor molecular modification of drug composition that legally justifies patent monopoly), and/or exerting an ever-growing sphere of influence on local and global politics. While critiques of gay assimilation are conventionally associated with marriage equality and military inclusion in the new millennium, it is crucial to historicize contemporary mainstreaming and commodification of lesbian, gay, bisexual, and transgender culture and politics in relation to the creation of niche markets for people with HIV/AIDS, cultivated and maintained as consumers. Such marketing includes not just drugs and medicine but also the construction of lifestyle politics and brand loyalty, as Sarah Schulman has pointed out in her book *Stagestruck*.²⁵

To intervene into such market-driven global(ized) views, this volume heeds the local and specific struggles that are often rendered invisible by master narratives. The aim is not to simply represent marginalized perspectives or bring these struggles to light. Rather, the volume proceeds under the belief that the political will and strategies of those most vulnerable to violence, illness, and death yield insights into the enduring, immeasurable, and impactful ways of being and organizing for collective survival. As Roger Hallas points out in "Dispatches from the Pasts/Memories of AIDS," the particularities of "local micronarratives provide powerful, comparative testimony to the global inequities of access to health care." Thus, we recognize

the importance of antiracist intersectional feminisms to many of the authors' thinking as a powerful means to address the localizations and globalizations of crises. In the words of Black feminist and queer intellectuals and activists recorded in the 1977 Combahee River Collective Statement, "We realize that the liberation of all oppressed peoples necessitates the destruction of the political-economic systems of capitalism and imperialism as well as patriarchy."²⁶ They continue: "We realize that the only people who care enough about us to work consistently for our liberation are us. . . . We might use our position at the bottom, however, to make a clear leap into revolutionary action. If Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression."²⁷

It is important to note that AIDS would not be a crisis if we did not dismiss, as exceptions, the experiences of Black women, Black queer women, Black trans subjects, and those racialized and gendered as Black women and/or trans people in the Global South. As Black feminists have long argued, when we center Black women we are faced with the challenge of innovating upon our epistemological, methodological, and political interventions to generate new ways of knowing, acting, and organizing. As antiracist feminists continue to clarify that intersectionality is a critique of oppression and power and not just about identity and difference, Jih-Fei Cheng's chapter reflecting upon the crises in knowledge production reminds us to keep in view how historical and ongoing AIDS activism reflects the calls by today's #BlackLivesMatter movement founders Alicia Garza, Opal Tometi, and Patrisse Cullors; the #MeToo movement founder Tarana Burke; and the #NoDAPL movement founded by the Women of the Oceti Sakowin, or the Seven Council Fires, among many other contemporary movements, to remember and reclaim women of color feminist scholar-activisms as historically and continuously central to addressing global crises, including AIDS.²⁸

Viviane Namaste underscores how historical antiblackness and the falsified origins for HIV/AIDS have been fundamental to the decades-long proliferation of the pandemic. Furthermore, the repetition of white men's centrality to AIDS history elides the variety and effectiveness of Black political struggles and resistances. Namaste asks us to reconsider the definitions and salience for the terms *AIDS*, (white) *gay men*, and *AIDS activism* in the context of Haitian political organizing across national boundaries. Collectively, our authors demonstrate how AIDS origin stories can and must be challenged, and call for further interventions that center people of color, especially Black diasporic peoples. To do so, Marlon Bailey's contribution invites us to think

beyond AIDS Inc.'s stultifying and vilifying categories for risk by considering how Black gay/queer men eroticize sexual intimacies and community in the midst of, in spite of, and through multiple crises.

Who is the exception and who is the rule? Whose words and experiences define safety and/or risk? As editors, we remained attentive to our own role in distributing attention or in reproducing known and yet persistent gaps in AIDS knowledge within the volume. When we attend closely, as we do here across a series of chapters, to Black gay/men's sexual intimacies, do other practices and pleasures evaporate from view? We keep Cathy J. Cohen's *Boundaries of Blackness: AIDS and the Breakdown of Politics* as a foundational and continually edifying frame, centering, as she does, blackness, AIDS, and Black queer women's AIDS activism. While referencing the Combahee River Collective Statement, Cohen has argued in her influential 1997 essay "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics?" that in order for queer scholarship and activism to challenge white supremacy and heteropatriarchy, it must historicize the production of blackness, Black sexuality, Black families, Black women, and Black motherhood as deviant and queer. By tying together intersectionality and queer theory and politics, Cohen documented the history of AIDS activism and its multi-issued approach to the pandemic, ranging from its involvement in needle exchange programs to antiprison movements to women's health-care rights.

We attend to the boundaries of blackness and wonder how this distributes to other linked crises of identity, activism, care, and community in the enduring shadow of AIDS for those most affected. Thus, we also chose to republish from *Queer Latinidad: Identity Practices, Discursive Spaces*, Juana María Rodríguez's chapter "Activism and Identity in the Ruins of Representation," accompanied here with a postscript that revisits her earlier assertions on how identity politics is creatively "reimagined and negotiated" by foregrounding "marginalized cultural production."²⁹ In the present, Rodríguez deliberates on the end of organizations, such as the ones on which she once wrote, and the "failed" efforts that, like relations(hips), come to an end. Instead, she finds traces of the hauntings of ghosts attending to the rituals of mourning as today's cultural workers call back the earlier Latinx queer and trans artists-activists, who have since been displaced by the Bay Area tech boom, to counter the tidying of history and memory by the onslaught of gentrification.

While Cheng argues that the co-optation of women of color feminisms into the academy also yields pedagogical and praxis-oriented interventional tools, Julia S. Jordan-Zachery proclaims that "in the face of #BlackLivesMatter,

we see the assertion of #Sayhername, which is a call to insert Black girls and women into the narratives of Black death that result from state-sanctioned violence.” Both Jordan-Zachery and Cheng remark upon the insidious manner in which—even as Black women actively engage in scholarship, electoral politics, and direct action—they are, in the words of Jordan-Zachery, “somehow . . . simultaneously disappearing.” Thus, Jordan-Zachery continues, “while it is important to study the mechanics of this disappearance, we need to come back to the question of who gets to be in the center.” As argued by Evelyn Hammonds, the “culture of dissemblance” and a “politics of silence by black women on the issue of their sexuality” are a form of resistance to historical sexual and medical violence practiced on Black women during and after the formal period of chattel slavery, and continued through the stereotypes and states of policing and surveillance that oversexualize, pathologize, and criminalize Black women.³⁰ Hammonds writes: “The identification of a black hole requires the use of sensitive detectors of energy and distortion. In the case of black female sexualities, this implies that we need to develop reading strategies that allow us to make visible the distorting and productive effects these sexualities produce in relation to more visible sexualities.”³¹ Thus, in recognizing and forwarding Black and other women of color feminisms that have been foundational to queer and AIDS theory and politics, this volume foregrounds the disturbances that seem to operate in the periphery or in tangential ways to the centering of North American white men.

Ethics of Care, Healing, and Radical Love

The intention of this volume to mark and then theorize from historical, regional, political, and representational gaps is not intended to generate more master narratives about HIV/AIDS. To repeat: AIDS is not *a* crisis. It is the global distribution of networked *crises*. In attending to these modes of globally distributed moments of extraordinary and yet persistent rupture, our volume does not, however, lose sight of what is being done and what must become different across the vast array of space, time, and experience represented here. In one of the most provocative statements expressed in this anthology, Dredge Byung’chu Kang-Nguyễn sets forth a reversal of terms that has helped him, and others, understand the changed stakes of some of our most contemporary iterations of the AIDS crisis: “HIV is not just about what you do but who you are.” This statement is stunning in its almost sacrilege, at least for activists from the first (and later) generations, against a well-known, commonly held, activist-created belief system.

One of the primary orientations of the earliest segments of the AIDS crisis was a go-to analysis, and its associated set of procedures, policies, and politics, that insisted on the disarticulation of disease or infection from identity. At the time, and moving forward across the crises, this became a fundamental orientation and response to the bigoted and scientifically unsound underpinnings and ongoing manifestations of the epidemic where stigma was the underserved outcome for entire classes of humans, producing immense violence and oceans of bad information in one stupid, lasting swipe (initially about and against homosexuals, heroin users, hemophiliacs, and Haitians but eventually and quickly crystallizing and sticking to gay men). The earlier activist credo—AIDS is not about who you are but what you do—armed people to better understand that safer sex practices, attempts at healthy living, and clean-needle use (to name a few of what you do) mattered above identity categories. When Kang-Nguyễn turns this doctrine on its head, he sets the stage for much of what defines the analysis and action described throughout this anthology. Jessica Whitbread reminds us that personal health—who you are—is the first step to individual and then communal well-being: “When we talk about wellness, where do self-care and self-preservation fit in?”

Working from the belief that AIDS is who you are allows for much that follows: chapters built from close attention to disenfranchised communities who have been and continue to be unduly impacted by HIV/AIDS because it is inextricably linked to poverty, and poverty’s attendant denials of access to education, health care, and well-being. Hence Bailey’s explanation of his ethnographic method: “I query what sexual health actually means to Black gay men on their own terms and what it looks like in their quotidian lives from their own perspectives.” Of course, for Black gay men, and the many other disenfranchised and heavily impacted communities attended to in this anthology, this who you are, while highly and decidedly personal and commonplace, is the result of systematic, ongoing colonial and racist oppressions.

What to do as HIV/AIDS seems intractable for so many of humans damaged as much if not more from the systematic violence and dismantling of collective care by racism, colonialism, poverty, and ill health? A good many of our authors suggest that healing, ritual, teaching, radical love, and sexuality become necessary responses to this, a racist crisis manifested as damaged humans. If AIDS is who you are, and you are unwell because of poverty and/or racism and/or colonialism, there is work to be done. Many of our authors attest that finding positive personal health outcomes in these seemingly unmanageable environments might initiate from working toward a core sense

of self-love and self-knowledge, and its attendant connection to others, which remains hard to find and harder still to maintain.

Our authors attest that this work must move deeper than the local and wider than the personal. The chapters thus theorize and practice forms of knowing—artistic, sexual, spiritual, interpersonal—that not only remain homegrown and private but are modeled in proximity and intimacy with others. These practices of well-being commencing from who you are—a proud, self-aware, defiant person with AIDS (PWA) who is Haitian in Montreal, indigenous in San Francisco, or Chicano from Los Angeles—are built and maintained by a hard-learned sense of where you come from, historically, culturally, and spatially, and then the harder work of expressing beyond yourself and to/with your community. Darius Bost, for example, explains: “The languages readily available to [Assotto] Saint are insufficient because they deny him access to selfhood.” Saint and his creative praxis demand that we take stock of “memories of resistance and alternative modes of being that already exist,” which reveal the potential ends to capitalism and crises. Through his testimony on HIV seroconversion and ceremony, Andrew Jolivet prompts us to regard how the sacred leadership of Two-Spirit Native peoples is necessary for addressing histories of Indigenous dispossession as well as the individual and communal healing of those most affected by the pandemic.

Given that a central method of racist colonialism is to rip away and destroy local tradition, culture, knowledge, and self-love from the colonized, a core tactic of contemporary AIDS analysis and activism is to better understand, reinstate, and honor local knowledge and experience. Thus Jolivet suggests: “Ceremony is an art. It requires balance, good intentions, and people who participate must be willing to move away from colonial perspectives that reduce the experiences of those at risk for HIV to Western constructs of heteropatriarchy.” Many of our authors locate sex itself as one such radical ceremony. Overcoming obstacles to sexual pleasure and joy are a necessary step in gaining good health. Bailey writes about the ways that “unsafe” sexual practices are in pursuit of something core to well-being: “a deep intimacy, a closeness and a ‘being desired and wanted’ in a world in which Black gay men are rarely desired and wanted.” These connections and intimacies are open, promiscuous, fun, joyous, and necessary. Feminism, including the work of poet, intellectual, and activist Audre Lorde, reminds us that these personal, sexual, private, local forms of being, erotics, and knowing are also always political and structural, and are produced and experienced in ways and places well beyond, if including, the agency of the individual.³²

Our authors, on their own, but more so as a working collection, draw discrete maps that model how to link time, place, and people who need each other locally, sexually, spiritually, politically, and artistically as they also need each other across borders of nation, space, and time. As just one example, in the second set of dispatches in the anthology, focusing on the uses and meanings of the past, Pablo Alvarez contributes some of his doctoral research into, and daily knowledge of, the experience of Latinx gay men, AIDS, and Los Angeles. Rereading “There Are Places You Don’t Walk at Night, Alone,” a poem by Gil Cuadros published in the book *City of God* in 1994, Alvarez writes how Cuadros, one of the authors Alvarez’s work considers, “documents the reality of AIDS signification, homophobic violence, love, and Chicano desire on the streets of Los Angeles. Written in three parts, each part locates main intersections of Los Angeles that are located near my home. These are the streets that I have traveled throughout my life.” In the original version of her chapter, Rodríguez seems to respond: “Maps are useful guides but they are site-specific ideological constructions and are quickly dated by the earthquakes of history.”³³ Our collection connects across earthquakes. In “Dispatches from the Pasts/Memories of AIDS,” Cecilia Aldarondo explains her AIDS pedagogy to young students who seem almost fully unaware of the history or ongoing reality of the epidemic: “[Their] questions are openings—cracks in time that allow for transformation.”

The many places of rubble, the tiny and large fissures in time identified here, have important and notable connectivities. Each interaction between an author (as activist, researcher, scholar, and/or artist) and a community manifests a particular, refined answer to Viviane Namaste’s founding question: “How do we tell the history of AIDS, locally and globally?” As diverse as are the answers to this question and the approaches of our authors to get there, we can highlight one characteristic move and another distinguishing place: our authors invest in the local, the daily, and the quotidian experiences of HIV/AIDS by attending to histories, people, and places in the world and across time that have hitherto been understood as “marginal” for reasons that feel almost too painful, common, or self-evident to restate here. And yet state, explain, embellish, disqualify, respond to we must and we will. As stated by Ghosh: “Mothers, working people, tax-paying citizens, and property owners have the right to medical recourse, and can demand it—not so easy for those who live on the edge, [and] migrate constantly for employment.” Citing Cohen, Bost reminds us that “Black leaders could have used their bully pulpits to make AIDS a priority for their constituency, but instead they pursued a more aggressive campaign of denial and distance that marked

Black people with AIDS as outside the community.” In “Dispatches on the Globalizations of AIDS,” Theodore (Ted) Kerr explains what emerges from the cracks, the ruptures, and the margins of crises thus: “How might we think, which is say how might we respond to HIV/AIDS differently, if these were among the places we began questions of globalized AIDS?” When we start with migrants, or Black gay men, or Latinx peoples in Los Angeles or in San Francisco, what do we learn, what do we see, what can we know, and best yet, what can we do about the crises of AIDS? As Cait McKinney writes about the formative years of the public use of the internet in AIDS organizing, “Critical Path’s model placed vulnerable users at infrastructure development’s center.” Bost continues, “Writing from the shadows also provides possibilities for reimagining the racial, class, gender, and sexual ideologies that undergird the neoliberal urban landscape.”

Summaries of the Chapters and Dispatches

By “writing from the shadows” and looking to new centers or “pockets of crisis” that have been too-little attended to thus far, the collected work of this anthology does much more than simply accumulate a set of new, varied, and less-attended-to perspectives or subjects. Instead, our aligned but distinct orientations allow us to see AIDS with a chilling shared clarity: as an ongoing, global crisis—experienced locally and with specificity—of enduring, structuring colonialism and racism, and all the violence to person, place, health, and self-knowledge that such systems wreak. As Namaste explains, “If we take for granted the conventional framework for writing history, we risk neglecting entire populations of people and their experience with this disease.” And of course, it is not coincidental that “the historical telling of an epidemic in which white male bodies are at the center is, to say the least, not the best model for understanding the complex relations between Black bodies, migration, and infectious disease.”

Bishnupriya Ghosh, a scholar of English and media studies, begins our anthology with “The Costs of Living: Reflections on Global Health Crises,” by performing the kind of decentering that Namaste calls for. Her chapter holds the uses and values of large-scale, global economic and political cost-benefit analysis systems against a series of specific, local health emergencies and their resident responses in the northeastern Indian state of Manipur. Ghosh examines how local NGOs and activist networks have responded to the region’s long state of exception to work on their own local calculus of health, one that counts the loss and value of even one life as incalculable.

To follow, feminist, queer, and science studies scholar Jih-Fei Cheng considers why and how women of color feminisms is foundational to AIDS scholar activism and yet why women of color—particularly Black and Indigenous women—rarely remain the subjects of AIDS historiography and studies. In “AIDS, Women of Color Feminisms, Queer and Trans of Color Critiques, and the Crises of Knowledge Production,” Cheng maintains that we cannot address the AIDS pandemic by focusing on it as such. Rather, we must center attention on how AIDS can be better and more comprehensively known. For instance, women of color feminisms, taught within academic institutions and drawn upon by a number of social movements, can enable us to follow already existing roadmaps laid out by intersectional feminists to navigate a host of structural violences that shape their lives, including AIDS.

In “Safe, Soulful Sex: HIV/AIDS Talk,” political scientist and professor of public and community service Julia S. Jordan-Zachery shares a new introduction to her reprinted chapter, which traces how Black women commonly address AIDS through electoral political stumping and corporate welfare rather than through the structural discrimination they experience as Black women, lesbians, and transfeminine peoples. Jordan-Zachery’s inquiry into media and media images highlights the dual hypervisibility/invisibility experienced by many Black women, especially those who are constituted as *shadow bodies* (i.e., HIV positive, lesbian, trans, poor) of public discourse and the politics of respectability.

In “AIDS Histories Otherwise: The Case of Haitians in Montreal,” Vivian Namaste, a scholar of HIV/AIDS and sexual health, learns from “research located in sites of migrant communities themselves” by looking at epidemiological statistics, clinical observations, and community organizing around the impact of AIDS in Montreal’s Haitian communities during the first years of the epidemic.

Several close looks at the work of radical activists follow. In his chapter, “‘A Voice Demonic and Proud’: Shifting the Geographies of Blame in Assotto Saint’s ‘Sacred Life: Art and AIDS,’” Darius Bost, a scholar of sexuality studies, works through readings of Saint’s 1980s and 1990s writings. Bost finds Saint’s radical project—gaining selfhood and self-respect while grounded within local community—as a necessary response to the stigma, ill-health, and risk bred by systematic racism, homophobia, and marginality. Cait McKinney, an information and media studies scholar, also engages in close readings in the chapter “Crisis Infrastructures: AIDS Activism Meets Internet Regulation.” Looking at one early AIDS activist internet website, and the court testimony about its structuring logic given by Kiyoshi Kuromiya,

director of Philadelphia's Critical Path AIDS Project, in a field-defining case against it, McKinney connects activists' demands for critical paths to AIDS knowledge and another struggle, one for open routes to information online. Of course, paths can open or close knowledge. Several of the chapters in this volume perform a genealogical retracing written through a spatial logic. They consider how any unfolding of the history of AIDS forced to commence in Africa or Haiti will create frameworks that fuel and perpetuate ongoing crises within Black communities.

How then do people of color take care given this violence? Marlon M. Bailey, a scholar of African American and gender and sexuality studies, in his contribution "Black Gay Men's Sexual Health and the Means of Pleasure in the Age of AIDS," studies local cures in relation to the racialized distribution of risk and sexual (ill-)health. By focusing on the suffering disproportionately felt by African American gay men, Bailey's work homes in on desires for intimacy and love and suggests that an erotic subjectivity and autonomy based in pleasure can serve as a foundation for a Black gay male epistemology of self-care. In "HIV, Indigeneity, and Settler Colonialism: Understanding PTIS, Crisis Resolution, and the Art of Ceremony," Andrew J. Jolivet, a scholar of American Indian studies, continues this focus upon causes and ever more imaginative remedies for the uneven distribution of ill-health, trauma, and HIV risk with a particular focus on Indigenous communities. He maps the clear through lines between the *longue durée* of colonialism and the local, present, and personal manifestations of risk behaviors, including his own. Juana María Rodríguez, a professor of gender and women's studies, engages in similar, if entirely differently situated, work, by looking to the promotional and educational efforts and materials of one local AIDS activist nonprofit, "Proyecto ContraSIDA Por Vida," serving Latinx and Chicana communities in San Francisco's Mission District since the earliest years of the crisis. In this reprinted chapter, "Activism and Identity in the Ruins of Representation," from *Queer Latinidad* (2003) and also in her timely update, Rodríguez challenges the relations between theories of postmodern identity and politics and practices of community-based projects of well-being.

Interspersed between these chapters, our dispatches similarly engage with the anthology's core interests through three interactions focused, at least ostensibly, around the themes of HIV/AIDS and globalization, the past, and the future. Our dispatches on the globalizations of AIDS, from the pasts/memories of AIDS, and from the futures of AIDS are critical to our larger project because they provide alternative pathways for talking, engaging, and knowing HIV/AIDS (to learn from Kuromiya in McKinney's

chapter), attending to diverse knowledge frameworks (à la Namaste), and making use of tabulations and calculations at other scales and registers (Ghosh's hope) than have been true for more typical scholarly essays on what Ian Bradley-Perrin names the *neoliberal pharmaceutical state industrial complex*. The three editors each led, edited, and introduced one of the dispatches, although we selected and invited our participants with a shared understanding of the reach of the volume as a whole. Given our core orientation to the crises of AIDS as always local, situated, and changing, we felt it was imperative to open out into the density of HIV/AIDS by including a range of voices, approaches, and styles. The dispatches also offer a time capsule of sorts since they were conducted either right before or in the aftermath of the Trump election in 2016. However, their order of appearance in the collection does not necessarily replicate the sequence in which they were conducted, so that the anxieties, frustrations, and fears of this moment are scattered in different moods, scales, and registers throughout the three dispatches. Perhaps there is something apposite about these peaks and dips in that they replicate the logics of crises, which by definition are uneven in temporal scope—heightened and intensified in some moments and attenuated and atrophied in others.

Given the definitive diversity of these voices, many of whom we have already quoted in this introduction, it seems less useful to try to summarize here the rich and definitive variety of what can be discussed in a conversational format and instead simply signal that our contributors (some of whom are scholars and professors, many of whom are not) have been authorized to speak about broad topics as they wish while using the range of vernaculars that best suit their (and our) HIV/AIDS practice. Their diverse voices add to our anthology the urgency and energy of fellow activists who engage in the theorizing and the doing of AIDS culture. For instance, in “Dispatches from Pasts/Memories of AIDS,” Jim Hubbard rallies: “Finally, if you are dissatisfied with the media being made now about the AIDS crisis, there is a solution—make your own. That’s what AIDS activists did in the 1980s and ’90s and with the ubiquity of cell phones and computerized editing systems, it’s even more possible today.” Just so, scholar, activist, and poet Margaret Rhee creates her vision of limitless care by quoting others’ words from the “Dispatches from the Futures of AIDS.”

For a world of limitless care for Indigenous people,
We fight for care, resist the cutbacks, and the incarceration.
(Elton Naswood)

“I believe acts of kindness are stronger than acts of fear.”
(Jessica Whitbread)

Your words are kindness. So I release, fear. Fear runs as
We organize, convene, disseminate,
“... and follow the lead of new waves of leadership . . .”
(Pato Hebert)

Given our core understanding that the crises of AIDS are always local, situated, and changing, we felt it was imperative for our collection to open out into the density of this diversity, multiplicity, and specificity by including a range of voices, approaches, and styles, while also thereby modeling in the anthology’s structure the possibility and need for dialogue and community across the specific and local knowledge frameworks and experiences of AIDS.

Conclusion

“Dispatches from the Futures of AIDS” focuses on voices, projects, and contributions, like Rhee’s above, that learn from, share, and imagine the best for and of us. We hope that this can also be read across the volume as a whole even as it is being written and edited during remarkably bleak and terrifying times for all humans, and particularly for those impacted by HIV/AIDS. Thus, rather than ask, Where did AIDS begin? or When will it end? the dispatches—like the entire volume—ask, How has it come to scatter and proliferate? and What will we do? Drawing a parallel between the development of Christianity and the development of the AIDS pandemic, Kerr inquires in the first dispatch: “How did a religion started as a cult of outsiders in the Middle East come to be so closely associated with dominance and white supremacy within the southern United States?” and “How has a virus that began in a southeast corner of Cameroon possibly as early as the late nineteenth century come to be so closely associated with white gay men living on the coasts of the United States in the late twentieth century?” By stringing together past, present, and future in the dispatches and chapters, the volume does not merely supply etiological, temporal, spatial, or etymological corrections to HIV/AIDS. Instead, the book’s intent is to leave its readers with what Stanley calls a dreaming project—one that continues to challenge the limits of our artistic and political imaginations around HIV/AIDS. Even while resisting the temporalities of global capitalism that demand instantaneous solutions or magic bullet cures, these dreaming projects are not simply deferred to speculative moments of postponed futures. They exist in the here

and now beyond the normative logics of state-driven “solutions,” drugs into bodies “victories,” whitewashed gay hagiographies, and AIDS service industries. They exist in Zoe Leonard’s call for “a president who lost their last lover to AIDS” as well as the image on our cover of her installation “Strange Fruit” which so beautifully manifests the scatterings, distributions, and crises that we consider; in Marlon Riggs’s reminders about the revolutionary possibilities of “black men loving black men”; in Kiyoshi Kuromiya’s promiscuous media pedagogies; in Assotto Saint’s “otherwise possibilities”; in the rejections of “homosex-normativity”; in the demands to be realistic by asking for the impossible; in the healing practices of Two-Spirit communities; in Quito Ziegler’s injunctions to “live the future now,” to “imagine liberation,” to imagine futures without HIV, and without prisons.³⁴

This volume thus seeks epistemological and political connections, and new horizons for understanding and addressing the globally networked crises of AIDS without false promises derived from false premises.

Notes

- 1 *Online Etymology Dictionary*, s.v. “crisis,” accessed July 18, 2017, <http://www.etymonline.com/index.php?term=crisis>.
- 2 Roitman, *Anti-Crisis*, 6, emphasis added.
- 3 Roitman, *Anti-Crisis*, 43.
- 4 Cazdyn, *Already Dead*, 2.
- 5 Berlant, *Cruel Optimism*, 101, emphasis added.
- 6 Agamben, *State of Exception*.
- 7 Mbembe, “Necropolitics,” 40.
- 8 Banerjee, “Necrocapitalism,” 1542.
- 9 Stanley, “Blood Lines.”
- 10 Chin, “Undetectable,” 11.
- 11 Chin, “Undetectable,” 12.
- 12 Centers for Disease Control and Prevention, “HIV in the United States”; “Global HIV and AIDS Statistics.”
- 13 Centers for Disease Control and Prevention, “Opportunistic Infections.”
- 14 Barré-Sinoussi et al., “Isolation of a T-lymphotropic Retrovirus”; Gallo et al., “Isolation of Human T-cell Leukemia Virus.”
- 15 Edwards, “Diaspora,” 77.
- 16 Edwards, “Diaspora,” 77.
- 17 Edwards, *The Practice of Diaspora*, 12.
- 18 Wojnarowicz, *Close to the Knives*, 122.
- 19 Herbert, “In America.”
- 20 Appadurai, “Disjuncture and Difference,” 50.
- 21 Sassen, “Local Actors in Global Politics,” 649.

- 22 Appadurai, "Disjuncture and Difference," 47.
- 23 Ong, *Flexible Citizenship*.
- 24 Berlant, *Cruel Optimism*, 55.
- 25 Schulman, *Stagestruck*, 138.
- 26 Combahee River Collective, "The Combahee River Collective Statement," 29.
- 27 Combahee River Collective, "The Combahee River Collective Statement," 29–30.
- 28 On Women of the Oceti Sakowin, see TallBear, "Badass (Indigenous) Women Caretake Relations."
- 29 Rodríguez, "Activism and Identity," 47–48 (original publication).
- 30 Hammonds, "Geometry of Black Female Sexuality," 128.
- 31 Hammonds, "Geometry of Black Female Sexuality," 144–45.
- 32 Lorde, *Uses of the Erotic*.
- 33 Rodríguez, "Activism and Identity," 38.
- 34 Leonard, "I Want a President"; Riggs, *Tongues Untied*.

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