

# Wash Your Hands, Know Your History — Revisiting AIDS in the Time of COVID

[View from Somewhere Episode 12, publishes Thursday April 16]

**Episode description:** Journalist and professor Steven Thrasher draws out the connections between coverage of HIV/AIDS and coverage of the COVID-19 pandemic in the United States. Thrasher joined us for Episode 8 about queer media history and AIDS. Also: How handwashing is a symbol for trust and the ability to be changed by new information.

## **Episode 12 Revisiting AIDS in the Time of COVID Credits:**

**Host and creator:** Lewis Raven Wallace

**Producer:** Ramona Martinez

**Guests:** Steven Thrasher, Billy Dee cameo

**Music:** Dogbotic and Podington Bear

**Logo and Kickstarter art:** Billy Dee

**Special thanks:** Billy Dee for recording and hand-washing skillz

## **Episode 12 Revisiting AIDS in the Time of COVID Links:**

[“I study prisons and AIDS history. Here’s why self-isolation really scares me.”](#) by Steven Thrasher, Slate, March 20, 2020

[Dr. Steven W. Thrasher on Twitter](#)

[COVID-19 Mutual Aid Fund for LGBTQI+ BIPOC Folks](#)

[“Neighbors helping neighbors: a list of coronavirus mutual aid efforts in the South.”](#) by Carly Berlin, Scalawag Magazine, March 20, 2020

[The View from Somewhere: Undoing the Myth of Journalistic Objectivity.](#) by Lewis Raven Wallace (University of Chicago Press, 2019)

[Mutual Aid 101](#) by Mariame Kaba and Alexandria Ocasio-Cortez

[“Solidarity Not Charity: Mutual Aid & How to Organize in the Age of Coronavirus”](#) Democracy Now! March 20, 2020)

## TRANSCRIPT:

[handwashing sounds]

**Lewis Raven Wallace:** 1-2-3- go!... Gettin’ a lot of soap...going between the fingers...scrubbing, fingernails, finger tips

**Billy Dee:** That’s 20!

**Lewis:**...see, I'm gonna go long, because it can't hurt..

**Billy Dee:** Yeah, get into it!

**Lewis:** Getting my wrists, a little bit, and the palms of my hands. Okay...now I'm gonna rinse...

**Lewis VO:** I used to think that my best friend Billy Dee, who I live with, was *such* an obsessive handwasher...like, using so much soap and taking such a *long time* to wash their hands. And now, that's literally what we all have to do is be more like Billy, with the handwashing.

The reason why I bring this up is because I feel like it's important to be able to learn and to change our minds in this time and all the time...like I have not always been such a careful handwasher, even just a few weeks ago. I didn't have all the information about this pandemic, and then I got more information and I changed not only my opinion but my behavior, which is what we're all being asked to do right now.

And because I have trust, with Billy, it's totally fine to be like you were right. And update my files. I can even admit that I was wrong to be so judgy about how long Billy takes to wash their hands. They were ahead of the curve...

The connection in my mind to *journalism* in this time is that journalism about science is kind of inherently like this...people think of science or doctor stuff as the most *fact*-based but it's actually always changing, you *never* have all the information and you have to keep updating your files and changing the message, especially in a situation like this with a *novel*, new virus. At a public health level the whole thing only works if there is trust in the relationship between journalists and the public or government officials and the public. But realistically, I'm sure you've seen this, a lot of people didn't change their behavior around coronavirus until their friends, their community, someone they *trusted* told them to. Everyone has their own Billy Dee, in a way.

I do believe that trust between journalists and people is *possible*. But we're also living the consequences of how much of it is *broken*.

This is the View from Somewhere. Our next couple of episodes are gonna be about reporting in pandemic times...in general, we're a history podcast, and just a few episodes ago we talked about AIDS coverage...if you're just joining us for the first time, this podcast is serialized and we do recommend listening in order from the very start—anyhow, today, to try to tease out the connections between HIV and coronavirus, we're bringing back our friend, Steven Thrasher, who's the Renberg Chair of Social Justice Journalism at Northwestern University's Medill Journalism school and has both reported on and studied the AIDS epidemic.

He had a piece out a couple weeks ago in Slate about pandemic dynamics that we will link on view from somewhere dot com. And he graciously agreed to record himself at home with his

phone. We asked him first off to explain how COVID-19 now is and is *not* like HIV when it first hit the U.S. 40 years ago...

**THRASHER:** There are interesting similarities and dissimilarities between these two viruses to think about, and it's helpful to understand their differences by actually thinking about the virus itself. They're very different viruses. They share some similarities. They have an incubation period that does not match obvious symptoms. This is actually true of most viruses, but we often imagine we can obviously tell if we're sick and if we're transmitting or not. That's usually not true, and so there is a similarity there between them. But the time difference is very different. While HIV will take 10 to 15 years to start showing perhaps obvious manifestations, sometimes that it creates flu-like symptoms in the beginning, but not always. But for its obvious manifestation, it takes many years. This is taking days, and the whole lifecycle of the virus as it was, is just happening in a much more compressed fashion. So I think the media coverage around that is also much more obvious, much more quickly.

And COVID can be transmitted to anyone from, you know, Prince Charles in England to anyone in the world, but they are similar in that similar kinds of populations are the most at risk for transmission and importantly for post-transmission treatment.

**LEWIS:** Can you say more about that, "Similar kinds of populations are most at risk for transmission and post-transmission treatment?"

**THRASHER:** Yeah so um, a lot of how I've been looking at HIV and AIDS in the past five, six years is seeing why and how it's located within Black communities, homeless communities, people who don't have health insurance and access to gainful employment, people who have been incarcerated. That's where the virus is really located within the United States right now. And as I'm starting to do some research internationally, I was looking at how the same dynamic was playing out in Athens, Greece, in a very different environment than I normally work in. But I saw similar forces and the root causes of it, even though it plays out kind of different racially in two different countries, but the root causes around this risk have to do with austerity and whose bodies are considered disposable.

And I think that.. the prison is a huge...in countries around the world, the prison is a huge site of vulnerability to HIV, both because there's poor health inside the prison, but because prisons are the places where the people who have the most vulnerability inside in the first place are gathered together and concentrated in one place. And we're definitely seeing the same thing with COVID. I mean, I started...when I was in Greece in February, I started understanding, oh the migrant camps are both places of high HIV danger and also COVID danger. And we're seeing the same thing here in New York State, in Cook County and prisons and jails around the country that...actually, I would say acceleratedly and more so than HIV, that people being in very tight places who are not allowed the social distance at all and don't have access to any kind of sanitation are going to really be decimated as this virus moves.

**LEWIS:** Yeah, and I, you know...even though it affects a general population, I think COVID-19 has not been without...some of this rhetoric around disposability, right? Like people saying, "Oh, it's only old people and people with preexisting conditions who are likely to die." Um...

**THRASHER:** Yeah, yeah.

**LEWIS:** That basically is code for people for people with disabilities. It's like saying, "Oh, it's not as big of a deal because...it's only certain people who die. But these are people who are considered disposable in one way or another. And even more so if they're in prison or living on the streets.

**THRASHER:** Yeah, I mean, I... I'd had senses of what was happening, but it became much more clear for me when I was...when I was in Greece doing field research and...and thinking about how prior to Greece's economic collapse, which was fueled by debt burden, that was the reason what triggered it, that they'd had very effective HIV prevention measures around intravenous drug use. They'd gotten down to...in Athens, a huge city of four to five million people, they'd gotten down to about 15 new HIV transmissions a year through IV drug use, through robust syringe exchange and street programs, which weren't particularly expensive. But when their debt bubble burst, most of these programs were cut, and funding was cut drastically and HIV rates went up three thousand percent in just four years. And so, those peoples' bodies were considered disposable for the cost of...of whatever little money, you know, it took to have that prevention. And we're seeing something very similar with COVID, that we can dispose of the old people, we can dispose of people with compromised immune systems, in order to now to, quote unquote, reopen the economy. That's that's the price that's being tossed around.

Pointedly, people who have lived with or survived HIV and AIDS, who...many of whom have compromised immune systems, that puts them back. And I was thinking about this a lot with the death of Terrence McNally, who, the playwright who, you know, who documented AIDS and HIV and gay life for many decades. That he saw so much death and is now...died with complications of COVID himself. And I've been thinking a lot about elder...elder gay people and people living with HIV. You know for some of them, if your...your medications are working, your threat level is no different than anyone else, which is still high. But...But many of them have picked up lots of other things along the way, because their health has been so battered, particularly people who are getting experimental medications before the cocktail was available in 96. A lot of them have had their health compromised in such ways that they are at increased risk now. And that feels particularly sad to think about seeing a plague coming in to elder gays and elder people living with HIV who've already lost so much.

**LEWIS:** Yeah totally, and as a younger queer person, the fact that we already don't have elders, like so many of the elders that we would have...and this idea that our elders who remain are people who could just be left to die...like....Because they're old? [laughs] Like, do you know what it took to survive that long, for gay people? I just...ugh.

**THRASHER:** [And another thing I've been thinking about, we're early, early ways that media addressed the epidemic of HIV, which it was known as gay cancer and GRID before that, because no one even knew it was a virus, initially. There was sort of a knowledge building that a critical mass of gay men were becoming sick with pneumonia prematurely, when they shouldn't, age wise. And the first report on that's from a New York Native, it's actually before the oft-cited New York Times piece, it was from a community newspaper. So that creates an interesting paradigm for us to think about what...how we've been, how have we in the media, broadly in the US been taking or not taking this crisis seriously. And the sort of equivalent, I would say to the gay press noticing a quote unquote, gay cancer early, is that there there was reporting out of Asia. There was lots of Asian-led and Asian-American led reporting out of Asia.

And ...Anti-Asian sentiment is a lot of what we're going to have to assess about this moment media wise, and why it wasn't really...didn't start to get taken seriously, I think, until it moved to Italy, a country that is conceived of as white, although within European politics, it's it's it's southern European so... bears some of the stigma that that people of color bear in the United States, too.

**LEWIS:** Yeah, and I feel like it's hard to have any...I mean, someone would have to go back to do sort of a comprehensive analysis, right, of media coverage and who said what when, and whatever. I think I feel a lot of compassion and sort of...allegiance with a lot of the reporters who...in some ways, I feel like, people were sounding the alarm and saying, This is happening! This is happening! And that it was like the broad culture of racism, anti Asian racism...and people in the US not taking something seriously that they felt was coming from China and stuff...I don't know just, I'm kind of thinking aloud about...I feel like there have been reporters who earlier on in this it was like, Oh the media is just hyping this fear. They're just hyping it up. And then someone would hear from their friend that their friend had Coronavirus and start taking it seriously, but...

**THRASHER:** Yeah, a colleague of mine described this as the first pandemic that's really happened in the age of social media. And pandemic is a very technical term for, you know, a global epidemic. I mean, there have been...there've been large scale deaths that have happened to viruses in the past few years.

But certainly this is the first global pandemic that's happened as parallel, you know, peer to peer information is being shared outside of traditional news outlets between people who know people in other places. That's the first time in the world I've been thinking about...the first time in history that...that you can call up anyone anywhere in the world. And they're going through something similar. It seems like...within a four week window, you can kind of see where people are within this four week window. It's either come to their place, it's going to come to their place.

But there's a lot of information sloshing around that's not properly contextualized, raises false hopes and gives kind of a bad understanding of science. And that's something to...to really be concerned about.

**LEWIS:** Yeah, I mean, overall, I feel like my takeaway these last few weeks has been like, Thank God for social media, you know, just overall. I mean, with the mainstream media covering these Trump press conferences and stuff, and he just says whatever and lies, and then you know, people have to come in and correct it from every angle, and those corrections are happening on social media. I mean, I'm so grateful that those channels are still available to us..

**THRASHER:** I don't...I'm not saying it's bad. It's just, you know, it's complicated. And one of the things I'm trying to think about...I'm working on a piece right now about language that normally it's the kind of thing I would maybe write towards journalists, and I am. But I'm also trying to write it towards users of social media. Because good language and bad language and how it will stigmatize and or destigmatize is...is a tool of many people broadly right now. And I've also been thinking about how professional journalism really struggles with presentism, with only looking at the exact moment.

You often can't place things in mainstream publications until the house is on fire. Even if you see the fire down the road, you've covered the fires before, you understand the fire historically. It's not until the house is actually on fire, which is makes it a little hard to get sandbags and hoses at that point. [Lewis: Yeah] And that's something that I think we're seeing happen politically, culturally, economically, you know, supply chains—so much of the American supply chain is oriented towards avoiding the cost of warehousing. And so that's one reason why we don't have lots of these products, because it's just...only addressed at the second that you need the demand. And I think a lot of journalism works that way, too. Which takes away our power to try to help people understand the world in such a way that things don't have to be on fire before addressing them.

**LEWIS:** I want to talk about ACT UP, because we talked about ACT UP a few episodes ago in talking about AIDS and how much of ACT UP's strategy had to do with pushing for media coverage and insisting on it through direct action. And now ACT UP is still around, putting out demands around coronavirus, and I saw that you had been, you know, going to meetings and participating with ACT UP in New York. Um...so...although the meetings are now on google hangouts, right?

**THRASHER:** Yeah, I went to the last in person meeting, which is hopefully not the last in person meeting forever, but it is for now.

**LEWIS:** Right, the last one for now. So what...you know, what are the implications for ACT UP's voice in this whole conversation?

**THRASHER:** Well ACT UP has been meeting, they just had their 33rd birthday, last week I think, they've been meeting since March of 1987. But ACT-UP is...continued to be in the conversation. They have transitioned to a pretty robust social media presence, which has been great. And they've been dragging Gilead and...Gilead is the manufacturer, main manufacturer of

HIV medication in the United States. Gilead is also, as of the last time I checked, the pharma-corporation that's fastest on track with trials with COVID potential medication. So they're somebody to really keep an eye on. And we should certainly pay attention to this organization that's had, ACT-UP, that's had some success in trying to address them and..

And I think that we would be, you know, it would behoove us to look at how they operate. But...as I called in my piece: the ACT-UP conundrum is that at the heart of what they do, it's...it's about bodies in space, and using physical bodies in space. And as any disability activist can tell you, you don't have to have your physical body in space to, you know, to engage in politics. But ACT UP's politics have really been rooted in that way. And I think...which is a really central political, social, and dare I say, even spiritual problem of our time right now is dealing with loneliness, and trying to combat the ways that the status quo wants us to feel segregated and separated from each other.

So looking at the ACT UP oral history, which I've spent a lot of time doing, I've grown to understand that a huge amount of their power, which wasn't, you know, wasn't that many people. It's heyday was a few hundred people that enacted massive change in the United States. Before those few hundred people, in addition to being together for politics, really key to what they were able to do was being together socially. And not feeling alone, even as the Reagan administration, the Koch administration, and the status quo in their time wanted them to feel alone and despised for being sick. That they were able to be together, and expressing love and community, and compassion.

And that's a really, really tough thing that we're dealing with right now. I think everyone being home raises psychological questions. It raises domestic violence questions. But I've also been trying to call people I can see are...so they can hear voice, who are struggling on social media, because being alone, they're just being physically alone, is a lot to bear, particularly around health scares.

**LEWIS:** Yeah, and I just...I can't stop thinking about how intense the particular conditions of this are for queer and trans people, and...you know, really anybody who is in a vulnerable situation relative to questions of home and community, like...being asked to, yeah, just stay home, is so...complicated and it can be triggering, and it can be terrible for people's mental health and people don't have safe homes...And yeah, that feels like just a huge difference from the environment around HIV like and AIDS and protests just that...we can't get together, um...I was really glad that you wrote about that in your slate piece, about just how much you love spending time with people, and what it brings up for you to be asked to stay home. Could you talk about that a little?

**THRASHER:** Thank you. Yeah, You know, I'm...I'm pretty introverted by nature. I spend a lot of time alone. I am a writer before I became a professor. Particularly the last couple years, before I became a professor, I would spend 8, 10, 12, 14 hours a day reading and writing, which was a

bit too much. But I don't mind writing all day. But at the end of the day, I do like to socialize with other people.

And so for me, it was like quite frightening to think about being entirely alone. And I am fortunate right now, I am actually staying in a house with other friends, which I think is kind of saving my sanity a little bit. But to think about spending, you know, months, weeks or a year, year and half of not being able to socialize with other people has a...it's a big sacrifice. And I'm not saying it's a sacrifice not worth making, but it's really insulting and frustrating when that sacrifice is not being shared by the state massively testing people and the state supporting people so they can stay at home financially, rather than letting all that all that fall on to us as we're isolated.

And in the long term, one of the things I was thinking about terms of my own social isolation, is that the socializing I'm doing now is mostly happening through private platforms, through Zoom...like Zoom and online platforms that increase surveillance. My teaching is happening that way, too. This increases surveillance, it increases vulnerability. And I know this from my media background, and I've seen right-wing, you know, quote unquote, journalists saying you know ...telling college students to record your classes so we can expose...so we can expose people who are indoctrinating students.

And that makes me very concerned for my own teaching, but also for my students who often reveal Internet things about themselves when I have discussions about race or sexuality. And so, you know that the modes of socializing have really been taken away except for the site of the imagined nuclear family is really concerning to me.

**LEWIS:** You wrote that this COVID 19 Crisis, this moment we're in, is going to change everything, that we're not going back. And I completely agree. And I feel like that brings up a lot of fear and anxiety, but also hope and possibility. What are your highest hopes for what could come out of this, sort of, permanent transformation that we're undergoing.

**THRASHER:** A lot of fictions have been exposed that are going to be hard to tell again. So, for instance, San Francisco has found a place to put all their people who are living without homes. It wasn't that hard to do, even though they were one of the cities, if not the city, with the highest rates of homelessness. And they can't just turn them on to the street so easily, now, once the crisis is over. We have to reckon with the fact that perhaps hotels are fine to let people live in...

And so like I'm hopeful about things like that. It's going to be...that the meager reforms that have been happening so far in terms of decarcerating and not putting people in jail who...needlessly, who could safely be out, particularly pre-trial detention, people who just can't afford bail. I'm hoping that will make for a better world.



I think that we will address each other probably with a bit more appreciation and kindness after this, that that, you know, if we're able to go out and gather again in public, that's going to be something we really cherish.

And a lot of the myths about capitalism have been extremely debunked. Wall Street traders, and, you know, “innovators” are not the people keeping the world going. It's the people who maintain the world, as it is, you know, the people who keep our streets clean and who teach our students, who take care of us, who sell food. The myth that there's anything like “unskilled labor” has been put to rest, the labor of people working as cashiers and delivering our food and working in stores is so valuable to what we do.

And I hope that the myth of, you know, we can still get done the things we need for a society with less labor. If we just reorganize how it's valued that we could have more time. But there are lots of tasks we've spent our time doing that are not particularly necessary and that the sky didn't fall in and for that reason.

So those are kind of some of my hopes and those in a similar way that I've seen shifts in queer thinking centered, and then the thinking of black scholars and people of color centered, I am hopeful that this moment will center people who study ableism and disability as a mode of thinking. Not only as a tactic of how do we get through this moment with limited mobility, but if we center the thinking of people who have done this, that can actually give us better ways to be in the world, to organize our politics and to figure out how to relate to one another. And so those are some of the ways that I feel optimistic about what's possible as people have time and opportunity to kind of reflect on the nature of existence.

**Lewis:** Thanks for listening to The View from Somewhere, y'all. That was Steven Thrasher, he's amazing, you can read his work and learn more about him through the episode links on our website, view from somewhere dot com. And we also have links to mutual aid efforts that you can support. There are also full transcripts and all the other episodes there, and you can order my book the View from Somewhere.

This podcast is produced by Ramona Martinez and distributed by Critical Frequency. Our art is by Billy Dee and theme music is by Dogbotic, with additional music by Podington Bear. Our support to make it all happen comes from hundreds of individual donors on Kickstarter—thank you so much. Ad we'll talk to you in a couple weeks!

**Lewis:** *So the moral of this podcast is...Billy Dee was right!*

**Billy:** *I never thought that you would ever say those words [laughter]*

**Lewis:** *I can be self-righteous in the home...thank you, that was perfect [laughter]*

**Billy:** *Thank you. That was very funny.*