

FOREWORD

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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

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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