

## *Coda*

### JABS IN THE DARK

#### *Speculations on the Affective Politics of Pandemics*

AS THE LITERARY AND CULTURAL ARCHIVE of the COVID-19 pandemic emerges, what, if anything, can be learned by thinking and imagining the COVID-19 and HIV/AIDS pandemics in tandem? While the HIV/AIDS and COVID-19 pandemics are both global phenomena in their causes, reach, and attempts to ameliorate them, I am parochial, so what follows is largely confined to the two national spaces I know best: South Africa and the United States. Although these two national spaces share bedrock as key spaces in the ongoing histories of settler-colonialism and racial capitalism, there are legion and salient differences between the two. That said, I like to remind people that when the new National Party government in South Africa in 1948 wished to implement the legal system that came to be known as apartheid, they sent a group of lawyers and state functionaries to North Carolina to study Jim Crow. These national histories diverge: South Africa, along with Algeria, is arguably the only country to see a political, albeit not an economic, reversal of settler-colonialism—something difficult to imagine in the context of the United States. In the context of South African and US experiences and imaginaries of these two pandemics, certain temporally disjunct convergences emerge.

At some point in 2020, COVID-19 became a lens/frame for thinking and seeing that felt all-encompassing even though, despite all the talk of the COVID-19 pandemic as the Great Equalizer (if only), or even the Great Revealer (closer), in terms of global structuring power cleavages, it was always going to be more like the Great Exacerbator, though not entirely.<sup>1</sup> The United States, as the world's richest and most powerful country, has endured a higher COVID fatality rate than many poorer and smaller nation-states.<sup>2</sup> This is true even as richer nations tend to hoard vaccines and vaccine equity has been an issue both within and between countries. But as I attempt to think the HIV/AIDS pandemic alongside the COVID one, I need to remember

that for many people, the experience of both pandemics is neither sequential nor comparative but simultaneous, and one of compounding vulnerability and precarity in the more general and terrifying medical euphemism of comorbidity.<sup>3</sup>

In the US, the comparisons of the arrival of COVID-19 with the early onset years of the HIV/AIDS pandemic were inevitable. The respective *New York Times* responses to the first 100,000 deaths from COVID-19 and HIV/AIDS respectively can be taken as emblematic of a deep incommensurateness in terms of urgency and the value placed on those who died. On May 24, 2020, on its front page, under the headline of “An Incalculable Loss,” the *NYT* published the names of a thousand Americans who had died from coronavirus infection.<sup>4</sup> In stark contrast, the soi-disant newspaper of record had reported on January 25, 1991, that 100,000 Americans had died from AIDS, running an Associated Press story on page 18, below the fold, without pictures or the mention of a single name.<sup>5</sup>

On September 17, 2021, some 600,000 white flags were placed on the national mall in Washington, DC, to memorialize the US COVID dead.<sup>6</sup> On October 11, 1987, some 1,924 panels of the AIDS memorial quilt were unfolded on the national mall.<sup>7</sup> The AIDS quilt was placed on the mall by a group of volunteers. The COVID memorial was produced as a public art installation by Suzanne Brennan Firstenberg, funded by a wide range of business, philanthropic, and institutional sponsors. There may be something to learn about the pitfalls and potentials of the professionalization of US social movements in those differences, but the primary point is about disparities in scale, symbolism, and support.

While both memorial events took place on the national mall in the nation’s capital, the differences in style and affect should be noted. The COVID flags suggest a more military remembrance. The quilt, in contrast, is both a more feminine and rustic form, each panel made by an individual quilter and telling an individual story in a mass assemblage. The white flags mark numbers, not names and life narratives. Paradoxically the absence of individual details may allow an easier assimilation into the fantasy of the national body than the mourning and memorial details of the quilt.

However, to risk the obvious, while many Americans received considerable, if insufficient, federal financial assistance during the COVID-19 pandemic, almost none was forthcoming during the height of the ongoing US HIV/AIDS pandemic. As Steven Thrasher argues: “The United States *could* have made sure everyone with HIV had medication freely and easily,



FIGURE 7. COVID Memorial on the National Mall, Washington, DC, 2021. Amaury Laporte, "COVID-19 Memorial Field of White Flags on the Mall 57—Washington Monument," Flickr, September 26, 2021. <https://www.flickr.com/photos/alaporte/51735260440/>. CC BY 2.0 DEED



FIGURE 8. The AIDS Quilt in front of the Washington Monument, Washington, DC. National Institutes of Health. [https://en.wikipedia.org/wiki/NAMES\\_Project\\_AIDS\\_Memorial\\_Quilt#/media/File:Aids\\_Quilt.jpg](https://en.wikipedia.org/wiki/NAMES_Project_AIDS_Memorial_Quilt#/media/File:Aids_Quilt.jpg)

as it did with the COVID-19 vaccine. Equally important, the United States *could* have given people living with HIV the housing and economic support they needed to keep that virus tamped down.”<sup>8</sup> While I wish to avoid what Betita Martinez in 1983 termed the “oppression Olympics,” and despite the truly heroic efforts of generations of AIDS activists, some American lives are clearly more valuable than others.

We did, however, see representational matters line up more congruently in the persistent and intransigent discourses of what cultural critics used to call “othering.” The racism and Orientalism of then president Trump’s Chinavirus and its populist joking variant of the Kungflu provided uneasy echoes of the racist, homophobic, and ableist characterization of HIV as the disease of the four H’s: homosexuals, heroin addicts, hemophiliacs, and Haitians.<sup>9</sup> The imagined purity of the national body politic continues to insist that disease comes from outside and elsewhere or from the most despised elements within. There may be good public health reasons to close borders, but xenophobia always both precedes them and travels in their wake.

The top brass of the US wanted to ignore HIV/AIDS in the 1980s—Ronald Reagan notoriously managed to serve out seven of his eight years as president without mentioning the word AIDS publicly, even once.<sup>10</sup> That was not the case with Donald Trump and COVID-19. Trump produced a series of spectacularly incoherent pronouncements, sometimes with the intention of minimizing the risks of this new coronavirus, but also using the virus to stir the mix of xenophobia and economic protectionism central to the populist tenor of his presidency generally. Since the threat of COVID was perceived as universal and less containable to marginal populations, ignoring the disease was not an option for Trump as it was for Reagan. The cultural and symbolic differences between a disease whose mode of transmission is mostly airborne and one that is mostly sexually transmitted are at play here, particularly in terms of the moral logics of guilt and innocence. In relation to the two very different pandemics, and in terms of an ill-defined phenomenon named denialism, Trump began to look to me more like an earlier South African president, Thabo Mbeki, whom he could not resemble less stylistically or temperamentally. While he subsequently claimed to be joking, when Donald Trump suggested the injection of disinfectants as a possible treatment for the coronavirus—he did not actually say the word “Lysol”—I had an unpleasant flashback.<sup>11</sup>

Thabo Mbeki’s health minister, Manto Tshabalala-Msimang, whom he supported to the hilt throughout her tenure, made the following incendiary

remarks at an HIV/AIDS conference in Durban on June 30, 2005: “Nutrition is the basis of good health and it can stop the progression from HIV to full-blown Aids, and eating garlic, olive oil, beetroot and the African potato boosts the immune system to ensure the body is able to defend itself against the virus and live with it.”<sup>12</sup>

Instead of pushing “garlic, olive oil, beetroot and the African potato,” Trump took to hailing the virtues of hydroxychloroquine and then the horse de-wormer Ivermectin: “I’ve received a lot of positive letters and it seems to have an impact. And maybe it does; maybe it doesn’t. But if it doesn’t, you’re not going to get sick or die. This is a pill that’s been used for a long time—for 30, 40 years on the malaria and on lupus too, and even on arthritis, I guess, from what I understand.”<sup>13</sup> Hydroxychloroquine, unlike “garlic, olive oil, beetroot and the African potato,” is, however, known to have direct serious adverse side-effects. And it is yet to be explained how an antibacterial like Ivermectin would work against a virus.

A refusal to trust or deploy scientific studies and imagine how science should drive public health policy appeared to be shared by the Trump and Mbeki regimes. Minister Tshabalala-Msimang articulated this plainly in 2006: “There is this notion that traditional medicine is some quack thing practised by primitive people. . . . [U]nfortunately 80 percent of our people don’t care about ‘scientifically proven.’”<sup>14</sup> From a range of responses to the pandemic from a variety of sectors of the American populace, it appears “scientifically proven” has as little currency in the United States today as it had in South Africa twenty or so years ago.

Trump’s anti-science agenda was visible from the absence of scientists, bar Fauci, on the president’s coronavirus taskforce. Trump relied initially on Alex Azar, secretary of the Department of Health and Human Services (HHS), who is a lawyer and former drug company boss; followed by Mike Pence, a career politician and evangelical Christian; and then Jared Kushner, the president’s son-in-law, whose expertise lies in real estate.<sup>15</sup> But let us remember here that science is useful on the terrain of politics, and vulnerable populations have and continue to be used for scientific experimentation and drug dumping.

Mbeki’s denialism tragically used science’s racist history to embark on a serious, but disastrously misplaced and contradictory critique of the racialization of the HIV/AIDS pandemic, both trying to find an African cure and revivifying the careers of some of the most visible white AIDS deniers such as German American molecular biologist Peter Duesberg.

Under the Zuma presidency, AIDS denialism in the realm of public policy disappeared, and to his undying credit, the largest national antiretroviral rollout in the world took hold. Superficial similarities notwithstanding, AIDS denialism in South Africa sprung from a very different political set of commitments to COVID denialism in the US, though the false choice between lives and livelihoods seems to drive COVID minimalizing in both spaces. Primarily, through its disruption of global supply chains, the COVID-19 pandemic poses a threat to global capitalism in a way that the HIV/AIDS pandemic did and does not. In key ways, the dominant register of the global response to HIV/AIDS remains humanitarian in contrast to the response to COVID-19, which has been more explicitly political.

To conclude with the most significant fact in terms of treatment. Within a year of the advent of this new coronavirus, there were a number of effective vaccines. After forty years, we are still waiting for one for HIV. Advances in medical science are only a small part of the story. Retroviruses may very well indeed be trickier than coronaviruses, but the bigger story is one of political will, pharmaceutical industry profit margins, international intellectual property law, and the ways the powerful differentially value human life. There is also much to be learned here about the affectively saturated nature of public health and life, but that is a topic for another time, and would require a descent into the interminable rabbit-hole of the vernacular hermeneutics of the proliferating “conspiracy theories” around these two pandemics.