How to Live With a Virus

The COVID-19 pandemic becomes a part of our ongoing understanding of HIV.

March 23, 2020 By Theodore Kerr

As the news broke that a new coronavirus was beginning to spread within the United States, I received the following Instagram direct message: “What? No AIDS memes?”

The message came from a friend who knew that over the last decade, I’ve been creating art that uses contemporary news and culture to push back against the relative silence around HIV. For example, a few years ago I made a postcard that read, “LANA DEL AIDS.” My hope was that by inserting the idea of HIV into a pop icon, people would be reminded that AIDS is not just a part of our past but also part of our present. With this in mind, my friend reasonably figured that in the face of an emerging and mysterious virus that was stigmatizing specific populations thought to be the cause of the outbreak, I might have a few clever visual op-eds up my sleeve.

Lana Del AIDSCourtesy of Theodore Kerr

But I didn’t. In fact, when I received his message, I was more interested in dissuading people from associating AIDS and COVID-19, the disease caused by the coronavirus. I felt like focusing on HIV was not the most fruitful way forward.

I’d spent the prior week at the SPRING/BREAK Art Show in New York City as the curator of VINCI, a multi-work installation by the artist Jordan Eagles, who is known for using blood and resin in his art. The exhibit included a wall-sized projection of Salvator Mundi—a painting of Jesus portrayed as “Savior of the World” attributed to Leonardo da Vinci that in 2017 was sold for almost half a billion dollars. Eagles rendered the image using the blood of an activist who is living long term with HIV and has an undetectable viral load.

Vinci (Illuminations), 2018 dimensions variable grayscale image of Salvator Mundi printed on plexiglass, blood of an HIV+ undetectable long-term survivor and activist; and UV resin, installation view SPRING/BREAK Art Show (2020)Courtesy of Jordan Eagles

Amid the red glow of Eagles's installation, the art show attendees began to process the news reports of the growing number of COVID-19 cases in the States. Some shared how the inept governmental response, the growing collective fears and the unanswered questions about risk were reminding them of HIV before it had a name, a test or treatment. Most of the people sharing these thoughts were cis gay men and lifelong New Yorkers. For them, the parallels between the early days of AIDS and COVID-19 were unmistakable, and often painfully similar. There was a trauma in their recollection, a visceral understanding of how bad something could be. I wasn't sure yet how I felt about what they were saying, but I knew enough to listen.

On the second night of the art fair, I met friends for dinner in Chinatown. It was a deliberate and humble act to counter the hatred and violence being directed at people from China and across Asia who were being verbally and physically abused and being positioned as vectors of the new pandemic. As a result, Chinese and Asian businesses were suffering. Knowing our dinner plans, another friend joked earlier that we must be members of the Princess Diana posse, referring to how she toured the London AIDS wards in the early days of the epidemic to combat stigma. Later that night, I thought about how meaningful those images of Princess Diana were to people at the time and how they are still meaningful today. The sparkle of the crown communicated to the public how simple gestures of solidarity can assert an ethos of humanity.

Princess Diana visits the London AIDS Wards

I'm not sure what our presence meant to the restaurant staff and owners in Chinatown that night. But a week later, it became a stark reminder of how in the early days of this new pandemic, it was still possible to show solidarity by coming together, rather than staying far apart.

Over the next few days, Eagles's installation continued to inspire COVID-19 conversations as the news unfolded hourly. The comparison to HIV was made again and again, yet I still wasn't sold on

the idea. Although Trump and his administration bungled our national response at every turn, choosing capitalism and America-first rhetoric over the health of the people, at least the current president was engaging the nation about the epidemic—even though his attempts to downplay and ignore the growing crisis will no doubt prove to be deadly. At the onset of the AIDS epidemic in America, President Reagan was silent.

State and local governments, along with some businesses, schools and cultural institutions, soon began to put social distancing protocols in place for employees, customers, students and citizens. A robust response—though often communicated through a haze of confusion and uncertainty—was taking shape. Unlike AIDS, COVID-19 was not being ignored.

Even today, the first wave of AIDS-related deaths remain widely unaccounted for and under-discussed, including the death of Robert Rayford, a Black teenager who was living with HIV in St. Louis in 1969. Like Rayford, there are countless others whose names are largely unknown and whose suffering did not sound an alarm within the medical community that an epidemic was brewing. People were likely dying of AIDS-related causes in the ’70s, but many of these deaths were not investigated and were attributed to what was colloquially known as “junkie flu” or the “dwindles.” Before it became known as HIV, the virus was often seen through the lens of Kaposi sarcoma (KS)—a rare type of cancer often associated with early AIDS cases—and it was referred to as the gay plague or as GRID (gay-related immune deficiency). Even as we learned more about how HIV was transmitted, a narrowness and ignorance remained. Dominant ideology in the early- and mid-’80s suggested that the virus was primarily only a concern for people within certain communities, often referred to as the 4-H Club: hemophiliacs, homosexual men, heroin users and people of Haitian origin.

In those early days, the ignorance and lack of response to HIV was so pervasive that Bobbi Campbell, a white, gay public health nurse living in San Francisco, took matters into his own hands. In October 1981, Campbell took pictures of the KS lesions that covered his body and posted them on a piece of paper with the words GAY CANCER. He urged men with similar marks to seek medical attention. Campbell became the first person to publicly disclose he had the cancer and dubbed himself “the AIDS Poster Boy.”

Bobbi CampbellCourtesy of We Were Here/Marie Ueda

In contrast, within weeks of the first case of COVID-19 in the States, memes about how to prevent the virus started appearing all over social media. Vintage divas Gloria Gaynor and Charo shared videos of themselves promoting the importance of handwashing. Another Campbell became the poster child of viral awareness when supermodel Naomi Campbell posted a photo on Instagram of her wearing a face mask and head-to-toe protective covering at LAX.

Naomi Campbell at LAX

In a recent blog post, long-term survivor Mark King wrote about his frustrations with the comparisons between the two viruses and points out how much harder it was to speak out about HIV prevention in the early days compared with prevention of COVID-19:

> To have any conversation during the early HIV pandemic meant talking about anal sex and sharing needles and condoms and religion and who God was punishing. We had to climb over mountains of social bias in order to educate people on the basic facts of risk and transmission.

In the early days of the HIV epidemic, Campbell and other people with HIV were not only battling an illness eating away at their ability to fight off infection, they were also dealing with a complex web of unresponsiveness that included ignorance, state inaction, fear and cruelty. In his landmark speech “Why We Fight,” writer and activist Vito Russo stated, “Living with AIDS is like living through a war which is happening only for those people who happen to be in the trenches.” This is not true of COVID-19. While not everyone will be cared for with the same regard, all Americans are being conscripted to follow the same pandemic protocols, and all are expected to fall in line.

HIV and coronavirus comparisons risk erasing the specificity of what made the early responses to HIV so devastating. The preliminary silence and narrow casting of who was at risk allowed the stigma surrounding HIV to fester into a social pandemic that remains as powerful as it ever was.

This can prevent us from seeing the progress that has been made. In 1996, with the advent of lifesaving medications, the story of AIDS changed, yet so much of the stigma remains the same. We haven't yet eradicated HIV, but we do have treatment available to render it undetectable. But so far, even amid all our attempts, we have nothing to eradicate HIV-related stigma, discrimination and criminalization.

In the discussions I had about the comparisons between HIV and COVID-19, many people felt it was important to acknowledge the historical echo of how Asian people are being blamed for COVID-19 similar to the way gay people were blamed for HIV. They also pointed out that like HIV, the burden of this new coronavirus will be shouldered mostly by people already marginalized by racism, classism, misogyny and other biases. I conceded these valid points but asked why this coronavirus was any different from other infectious diseases, which also generally cast burden and blame upon marginalized people.

If people want a historical analogy to the early days of the AIDS epidemic, the opioid crisis, the epidemic of missing and murdered indigenous women and the alarming murder rates of Black trans women and trans women of color are all more accurate and poignant examples. Like HIV, these marginalized communities are under attack and their death and suffering is being ignored by those with the power to make lifesaving changes. Instead, the impacted communities are dealing with the trauma themselves and must take matters into their own hands to save lives and make the world a safer place—just like Bobbi Campbell did in 1981.

Beginning in 2009, the cultural production of films like Memories of a Penitent Heart (Cecilia Aldarondo, 2016), United in Anger, (Jim Hubbard, 2012) and How to Survive a Plague (David France, 2012), books like Evidence of Being (Darius Bost, 2018) and Fairyland (Alysia Abbott, 2013) and art exhibitions like ACT UP New York: Activism, Art, and the AIDS Crisis, 1987–1993, Co-curated by Helen Molesworth and Claire Grace, 2009/10) AIDS at Home: Art and Everyday Activism (Stephen Vider, 2017) reexamined the early history of the AIDS epidemic and provided a means for old wounds to be addressed and expressed. Collectively, my colleague Alexandra Juhasz and I refer to this renewed interest in the epidemic's history as AIDS Crisis Revisitation. These historical films, books and exhibits also provided opportunities for interpersonal healing, cross-generational dialogue and reunions between people who suffered and fought back together. Histories, once in danger of being lost, are watering old memories and seeding a new generation of activism.

United in Anger, Fairyland and AIDS at Home: Art and Everyday Activism

But it’s interesting to see the specific time frame of the HIV epidemic that is being reflected in these Revisitation projects and the COVID-19 comparisons. Attention is usually focused on the time prior to the release of lifesaving medication in 1996, which means the majority of the narratives about HIV are around death, loss and isolation. Why is the primary focus only on one part of an ongoing plague? What is lost by not telling the stories of emerging medical breakthroughs, the tenacity of long-term survivors and the generations of people who are living and responding to HIV every day? What is lost by not telling the stories of the ongoing need for access to HIV medications or the underrepresentation of women, people of color and other nonwhite males in the history of the epidemic? There is as much to compare in the current response to HIV as it relates to the coronavirus as there is to our past response.

I started producing AIDS-related cultural art because I was tired of seeing the epidemic referenced only in the past. I knew that my generation needed information about the epidemic not only to bring the past forward but also to embody and reflect the reality of the virus in the present. While I never want us to forget the reality of mass death from AIDS-related causes, I also want to ensure we have the opportunity to bear witness to the power of the world while learning to live with a virus.

A few days after the art show, I attended the opening night of First Look 2020, a film festival at the Museum of the Moving Image in Queens. I sat amid two rows of friends and peers in a packed theater. It was still the early days of our nation’s response to COVID-19, so we measured the shared resiliency to leave the house in the face of fear as more important than self-isolation.

Eric Hynes, the museum’s curator of film, shared his gratitude to the audience for being there and emphasized the amount of cleaning that had been done in the theater, hoping to assuage any lingering fears or regrets of being in a crowded space. He introduced the European film director Hubert Sauper, whose Sundance hit film, Epicentro, about young people growing up in an ever-changing Cuba, was the festival opener.

With a jaunty swagger and a seductive humility buttressed by a hint of hubris, Sauper took the mic and referenced the virus in the room. “People often say I risk my life making films,” he began, “but tonight, you risk your life by seeing one.” The audience laughed. Spurred on, he took it a step further and explained that because he had just gotten back from Cuba—where there hadn’t yet been a reported case of COVID-19—he was the healthiest person in the room. This time his comment landed with a thud. I looked around at the people with whom I was sitting. I saw people who live with HIV, asthma, chronic fatigue and other ailments. Within a week, one of us would be on bed rest, unsure whether we had this new virus. I squeezed the hand of the friend I was sitting next to, he squeezed back. In that moment, our flesh felt safer than the plastic of the freshly disinfected seats.

The film transported us to Cuba, where I was invited to consider the lives of young women living in a very changing society. I completely forgot about COVID-19 and was unaware how quickly things in our own society would soon change. As the theater lights came up and the soft glow of phones began to light people’s faces, I heard gasps. While we were watching the film, President Trump had instituted a travel ban for most European countries, and Tom Hanks and his wife, Rita Wilson, announced that they had tested positive for COVID-19.

On the train ride home, I received a direct message from a friend teasing me with a photo of Tom Hanks from the film Philadelphia along with the caption: “I guess this doesn’t help the conflation.” I wanted to appreciate the irony, but instead, I typed back, “What is it about COVID-19 that makes people want to think about AIDS?” At the next stop, I read his answer: “It’s not that they want to…. It’s that they can’t not.”

“What is it about COVID-19 that makes people want to think about AIDS?”

And then it hit me. I realized the need for comparison of HIV to the coronavirus is not simply a comparison of two viruses or our country’s response to them. By comparing COVID-19 to AIDS, people are finding a way to work out their emerging fears regarding the present health scare as well as to deal with ongoing HIV-related trauma. In the face of our current uncertainty, we are recalling examples of a deadly virus we know from the recesses of our mind, body and soul. We are trying to make sense of what is happening now, by comparing it to the past. When it comes to trauma, time is not a line.

AIDS, for many Americans, is the most recent and most powerful example of a global health scare they can conjure, maybe because SARS, H1N1 and Ebola seemed too far away; maybe because they lived through the earliest days of the HIV epidemic, and it still seems like yesterday; or maybe because they live in fear of contracting HIV now.

Seeing COVID-19 through the lens of AIDS is a reminder that the HIV epidemic continues to hold a

unique place in our collective psyche. AIDS is not over in terms of new cases, the need for a cure or a response to the ongoing social calamities that come with an HIV diagnosis. AIDS is also not over in terms of teaching us what there is to know about the human condition. Comparisons are a way of holding multiple and complex thoughts and feelings together at the same time.

As the news of COVID-19 continues to unfold, the dust still has not settled enough for us to even know what we are learning and not learning about this pandemic. Whose voices are being obscured? What facts aren't yet common knowledge? What don't we know about what we don't know? By looking at HIV—past and present—we have an opportunity to build upon the lessons we have already learned about life with a virus. But we also have the opportunity to name and work through the lingering trauma of the AIDS crisis and the new and emerging feelings being formed in the age of COVID-19. Now that we are in an age of social distancing, how can we continue to provide support to one another?

The night before the need for us all to socially isolate became clear, I met a guy online and went over to his place. What we lacked in a shared language, we made up for in a common desire to connect and feel held. It was exciting, messy and wonderful. He had seven fish in a tank and a pullout bed. His roommates were gone, and the sun was setting as he took off his shirt.

The next day, though, a sense of dread began to creep over me. It was as familiar as it was far away. My throat felt swollen; my flesh felt warm. Was I sick? Did I have COVID-19? Did I give the coronavirus to others on the train ride home? Had I shared it with my hookup, or had he shared it with me?

Back when I was in my 20s, whenever I was unsure about a sexual decision I had made, I would inevitably fear I had a sexually transmitted infection, usually HIV. Later, I came to learn that this reaction was rooted in the cultural script I had grown up with: sex = punishment. There was a price, I had reasoned in my subconscious, to pay for pleasure. As I got older and met better friends, I saw this for the AIDS-phobic narrative it is. But a decade later, in the dawn of a new pandemic, I found myself processing a sexual encounter through the lens of guilt and a virus.

As the spread of this new coronavirus begins to dictate our lives, I want to make a vow not to be afraid of myself or others. I want to survive, thrive and be there with people as a new way of being together unfolds. I am not sure how we will do this, but I think it will include working through old patterns, building upon the wisdom from the past and learning from people living with HIV—about how to live with a virus.

I text the guy a few days after we hook up: "U ok?" A few hours later, he texts back, "Yes. I have much fish food, and a smile from the other day."

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