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Dispatches from the Pasts/Memories of AIDS

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Authors

Aldarondo, Cecilia

Hallas, Roger

Alvarez, Pablo

et al.

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EIGHT DISPATCHES FROM THE PASTS/MEMORIES OF AIDS

A Dialogue between Cecilia Aldarondo, Roger Hallas,
Pablo Alvarez, Jim Hubbard, and Dredge Byung'chu Kang-Nguyễn,
with an Introduction by Jih-Fei Cheng

If I were not “queer,” I would not know AIDS. Without knowing AIDS, I could not be “queer.” I would also not be “queer” if it were not for the Cold War. If it were not for the Cold War, AIDS could not exist. The past lives in memories like a narrative missing transitions.

As Marita Sturken writes, “Both the Vietnam War and the AIDS epidemic have profoundly affected the experience of nationality. America is inconceivable without them.”¹ Sturken explains that the traumas borne of the Vietnam War and AIDS interrupted once commonly held “truths” as well as progress narratives: “those of American imperialism, technology, science, and masculinity.”² In turn, there has been widespread cultural productions to revisit these memories and traumas in order to seek a modicum of healing, even where healing must first draw anger, and even when healing—nevertheless a cure—has remained impossible.

Both of my parents were born in Nanjing, China, during World War II. At the end of World War II, followed by the Civil War and the ascendancy of the People’s Republic of China under Mao, they evacuated to Taiwan as children of the politically privileged Nationalist Party of China (Kuomintang, or KMT). Although they grew up under what they would describe as modest means, they did not experience the most devastating effects of more than thirty-eight years of martial law—the second-longest period of military rule in modern history after Syria and Israel—installed by the KMT to violently suppress Native resistance, leftists, Taiwanese independence, and/or pro-Japanese agitators.

As adults, my parents immigrated individually and met in the United States, where my mother pursued the field of nonprofit finance and my father public health. Despite their own careers, they never predicted that their eldest son would not only be “queer” but also work at the intersections of nonprofit and public health in AIDS social services and research.

My first intimate encounter took place in 1995 and was with an older HIV-positive white gay man and graduate student of anthropology who emphasized his fetish for, and research interests in, Asians. For our first date, he rented on VHS director Lino Brocka’s *Macho Dancer* (1988), a pivotal and controversial film about the queer and trans sex industry in the Philippines made possible by the exploitations of ethnic, regional, and class differences; tourism; and the long arms of Spanish and US empires and military occupation. In the context of my first sexual experience, and prior to the advent of highly active antiretroviral therapy (HAART) to effectively treat HIV infection, viewing the film through this white man’s anthropological gaze organized much of my psychic, emotional, and intimate world into the seemingly inextricably tied categories of “queer,” “Asian,” “HIV/AIDS,” “tragedy,” and enduring “loneliness.” Tom stopped returning my phone calls after our second encounter. However, he had also taught me how to use condoms.

In 1996, during my second year in college, gynecologist Dr. Gao Yaojie discovered that her patient had become infected with HIV from a blood transfusion supplied by my paternal grandfather’s home province of Henan, China. Pervasive poverty led many in Henan to sell blood that was left un-screened or contaminated during the collection process, which transformed my grandfather’s province into an epicenter for the People’s Republic of China’s AIDS epidemic, if not an epicenter for the global pandemic.

As an undergraduate student, I led multiple queer and trans student organizations and volunteered as a peer counselor facilitating weekly support groups for gay/bi/questioning men. I also took courses in ethnic studies, feminism, and queer theory and became involved in AIDS initiatives as a community advisory board member for Kyung-Hee Choi’s early research on HIV prevention among men who have sex with men (MSM). I continued my involvement and research on HIV/AIDS literary productions as an MA student in Asian American studies at the University of California, Los Angeles. Meanwhile, I worked in HIV-prevention outreach and education, and then emotional support services for people living with HIV/AIDS, at the Asian Pacific AIDS Intervention Team in Los Angeles. That was followed by several years of work at the Asian & Pacific Islander Coalition on HIV/AIDS in New York City, where I was also involved in the Fabulous Independent Educated

Radicals for Community Empowerment (FIERCE!) and the Gay Asian & Pacific Islander Men of New York (GAPIMNY).

It would take me two more decades to realize that coming out in the mid-1990s as a teenager meant that I was walking into a war zone where the bombs are still going off and everyone is scattering. I did not realize that arriving in the midst of the precocktail AIDS epidemic would so closely mirror what it was like growing up in an immigrant family that still seemed focused on how to survive war. You hear about family, neighbors, and community members who live afar, some who have disappeared, and those whose remains may never resurface except through the occasional memories told late at night across the kitchen table or when the DJ plays an old song. Do not ask questions. No one will answer them. Just feel lucky that you are here. Meanwhile, be ready, again, for war.

I was trained and politicized vis-à-vis AIDS, women of color feminist, queer of color, and trans of color politics. I have lost lovers, friends, colleagues, mentors, comrades, and leaders to HIV/AIDS—all women, queer, and trans people of color—during a period when HIV/AIDS was no longer supposed to be a death sentence because of HAART. I have also lost *potential* lovers, friends, colleagues, mentors, comrades, and leaders to the systematization of HIV stigma and criminalization; compulsory serosorting; biomedical interventions that simultaneously save some lives while also embedding toxins deep within our bodies, psyches, and communities; as well as the violences of racism, misogyny, transphobia, classism, ableism, and more that imbue the pandemic with its force. There are many times where I have felt that I lost my immediate blood kin, who see me as selfish and even turn their anger and violence upon me because they cannot understand what I have endured and why I have spent so much time away from them while failing to fulfill their expectations. Ethnic studies, feminism, and queer theory, alongside films, poetry, novels, and short stories produced by those women, queer, and trans people of color who came before me, have served as my teachers, my guides to help me navigate loss, and my connections to communities of the past. These pasts, and their memories, matter to the present because they reveal the interruptions into imperial, capitalist, nationalist, military, patrilineal, and technoscientific narratives of progress.

“Dispatches from the Pasts/Memories of AIDS” figures between individual and collective experiences with HIV/AIDS. As you will see, the section title itself ignited pain, fury, resentment, fear, determination, and more. The first prompt for this asynchronous set of “dispatches” commenced in September 2016. The second prompt was initiated in December 2017 and registers

the anxiety and impassioned responses to what was then the new election of US president Donald Trump. For reasons delineated in some responses, there is also anger expressed toward me and toward others who were not a part of this recorded discussion. There were times during the process of soliciting responses where I quietly fumed at a participant for misunderstanding, mischaracterizing, and even belittling the prompts while seemingly dismissing my experiences and work with HIV/AIDS. Meanwhile, I became further disturbed by a furious email from a somewhat well-known white gay cis-male documentary filmmaker (not featured here), berating me for including his latest AIDS film in my essay critiquing the recent mainstreaming of AIDS activist historiography.³ He accused me of being an irresponsible and opportunistic academic. Furthermore, he called me “racist” for pointing out that he featured only one person of color in his film and in very limited fashion. I offered to have a phone conversation, which he refused and continued angrily demand from me an apology. To critique white men is to face their vehemence, stark entitlement, and the institutional violence they can wield as self-entitled gatekeepers.

During my years in HIV/AIDS social services, behavioral research, cultural productions, and activism, I felt lost, isolated, and extremely frustrated at the corporatization of AIDS and the waning public interest in the pandemic. People of color were still becoming infected at high rates and dying, but in the age of HAART there was a rush to abandon the AIDS crisis in communities of color and the Global South in order to embrace military service and marriage. As a doctoral student in American studies and ethnicity at the University of Southern California, and now assistant professor, I have been treated with some disdain for having left the AIDS industry for academia. Suddenly, I have been constituted as an “outsider” to AIDS by some who remain within AIDS social services, science research, and/or cultural productions precisely because my choice to pursue a humanities approach to the pandemic is read as abstract and idealistic, if not out of touch with AIDS itself.

However, it is precisely the obfuscation of the overlapping pasts of AIDS, queerness, and the Cold War that I continue to pursue in the historicization of cultural memory. Cultural memory, Sturken submits, is distinct from both personal memory and history: “It is a field of contested meanings in which Americans interact with cultural elements to produce concepts of the nation, particularly in events of trauma, where both the structures and the fractures of a culture are exposed. Examining cultural memory thus provides insight into how American culture functions, how oppositional politics engages with nationalism, and how cultural arenas such as art, popular culture, activism, and

consumer culture intersect.”²⁴ Here, you will see these contestations emerge and even sharpen as shards of memory meant to pierce the present. Sometimes, these memories end up cutting even further into already deepened wounds.

I met Cecilia Aldarondo through Facebook, after activist and writer Sarah Schulman posted my article “How to Survive: AIDS and Its Afterlives in Popular Media.” Pablo Alvarez and I became acquainted after my coeditor and mentor Alexandra Juhasz introduced us at one of her talks. I have had the honor of serving as a faculty committee member reviewing his brilliant dissertation proposal. I met Alexandra Juhasz and Nishant Shahani at the 2014 Society for Cinema and Media Studies Conference in Seattle, Washington, where I presented a paper that led to the above article, on a panel formed by Lucas Hilderbrand. I was introduced to Lucas by my friend and peer in graduate school Patty Ahn. Roger Hallas and I have never met, but while in graduate school, I became intimately familiar with his book *Reframing Bodies: AIDS, Bearing Witness, and the Queer Moving Image*. Jim Hubbard and I met upon introduction by Sarah, but, prior to these dispatches, only ever exchanged emails and talked on the phone. In the fall of 2015, I spoke with and interviewed Jim at length as I prepared the research and writing for the article. Dredge Byung’chu Kang-Nguyễn and I have known each other since about 2002 when we both attended a men of color institute in Washington, DC, that commenced prior to the annual National Conference on AIDS. We were assigned as roommates.

Each of these memories invokes the pasts of AIDS. Whether their edges are left coarse or worn soft, these memories refuse to be resembled—to look exactly like one another or simply reflect one another. They also refuse assembly into a singular or coherent past. We trace these memories of shattered pasts with our fingertips. We struggle to love and hold each other with barriers; we struggle to love and hold each other without barriers.

Without the Cold War, there would be no AIDS. If it were not for the Cold War, I would not be queer. If AIDS did not exist, I would not be queer. If I were not queer, I would not know AIDS.

—Jih-Fei Cheng

Prompt 1

Jih-Fei Cheng: The increased visibility of AIDS cultural productions in recent art shows, such as the traveling exhibition *Art AIDS America*, and in widely distributed feature-length films, including *We Were Here* (David Weissman,

2011), *Vito* (Jeffrey Schwarz, 2011), *United in Anger* (Jim Hubbard and Sarah Schulman, 2012), *How to Survive a Plague* (David France, 2012), and *The Normal Heart* (Ryan Murphy, 2014), has prompted inquiries into the AIDS past. Theodore (Ted) Kerr and Alexandra Juhasz, among others, have described this in various ways as “AIDS crisis revisitation.” Is this framing apt? If not, why? If so, what is being revisited and in what forms? Who is prompting this revisitation and who is the audience?

Cecilia Aldarondo: My instinct is to respond to this question in personal terms, because I feel as though I’ve been up to my neck in AIDS revisitation for the last eight years. Since 2008 I’ve been making a film about my uncle Miguel, who died at thirty-one of AIDS when I was only six years old. *Memories of a Penitent Heart* (2016) is a documentary that reexamines Miguel’s death in 1987, specifically the rumor—perpetuated by my ultra-Catholic grandmother—that Miguel “repented” of his homosexuality on his deathbed, thereby securing a righteous place in heaven. Propelled by the sense that there was something amiss in my family’s collective memory of Miguel, I decided to make a film in order to reexamine the conflict around Miguel’s sexuality with a generation’s worth of hindsight.

It’s as though this period—in which I spent years chasing down the remains of my uncle’s life—has cracked open a gateway to the past, enabling my adult self to observe a history I did not directly live. It’s an unruly sort of revisitation, for I was barely old enough to meet Miguel before he died, and at the time I had no idea that his death had anything to do with AIDS. Because of my family’s euphemistic ways of speaking about Miguel’s death—he died of “cancer,” et cetera—I first learned about AIDS through the distorted lens of my parents’ *Newsweek* magazine, and through the public hysteria and moralizing that characterized the 1980s and 1990s in the US. Before making this film, I had only the most superficial understanding of AIDS and its impact. And I was completely unprepared for what I’d encounter when I started asking questions.

By going back to 1987, I’ve been brutally confronted with what I have come to call a “memorial black hole”: not merely the tragedy of Miguel’s death but the added injustice of my family’s obliteration of his life as a gay man. I see it in the euphemisms of Miguel’s death certificate—“natural causes,” “never married”—in the wholesale exclusion of Miguel’s partner from his obituary, and in Miguel’s burial in the family plot in Puerto Rico, while Miguel’s chosen family was left with no public memorials to speak of. It’s as though I have come to sketch the outline of a terrible nothingness, a negative space where Miguel and his rightful memory should have been. And along with

that nothingness, I've come up against a feeling that my family has not simply forgotten Miguel or selectively remembered him—my family has helped to create a mountain of unresolved grief for those friends and lovers who lacked the legitimacy to properly mourn him.

I see an undeniable parallel between my family's very personal forgetting and the national forgetting of AIDS that currently afflicts the United States. I did a great deal of research in preparation for making *Memories of a Penitent Heart*—I read every book on AIDS I could find; I interviewed veteran AIDS activists; I watched and rewatched films such as Derek Jarman's *Blue* (1993) and Gregg Bordowitz's *Fast Trip, Long Drop* (1994). I went to see *How to Survive a Plague* during its New York premiere; I rented *We Were Here* and *Dallas Buyers Club* (Jean-Marc Vallée, 2013) on Netflix. I consumed every primary and secondary text on the AIDS crisis that I could get my hands on.

This research has taught me three things: (1) the space occupied by the AIDS crisis in our national memory is disproportionately tiny relative to its horrors; (2) this national ignorance of AIDS serves to perpetuate the notion that AIDS was never everyone's problem, a fact that helped to create the genocide in the first place; (3) we are at a particularly sensitive cultural moment, with an aging population of survivors actively working to countermand this cultural ignorance before it's too late.

While we seem to need revisitation badly, I'm very concerned that all this focus on AIDS as a historical phenomenon is simultaneously producing a false and dangerous dichotomy between past and present—that the very act of remembering AIDS serves to embalm it, to produce AIDS as a thing of the past when the opposite could not be farther from the truth. While they do undeniably important work, most of the recent cultural texts on AIDS are overwhelmingly white, overwhelmingly male, and overwhelmingly bourgeois. If we allow these representations to dominate this moment of revisitation, then we risk many things. We risk implying that AIDS never touched people of color and non-Americans, those very communities for whom stigma, disclosure, HIV criminalization, access to medical care, and family dynamics are ever present.

I'm reminded of a young Puerto Rican man, maybe twenty years old, who came to see *Memories of a Penitent Heart* when it screened in New York. He'd left the island three months before and was profoundly homesick. After the screening was over he came to talk to me, shaking and crying. Pointing excitedly at the screen, he said, "This is my life!" I think of this kid often—for him, what happened to Miguel is *not* a historical phenomenon. It is not then. It is now.

So how do we “revisit” AIDS without fossilizing it? When, how, and why should we revisit our losses? Is it about vengeance, redemption, closure, or all of the above? What could we gain from this kind of return, and whom do we put at risk?

Roger Hallas: I think this notion of “AIDS crisis revisitation,” which Alex Juhasz and Ted Kerr have elaborated, is a profoundly useful one, but we should also be mindful of what it might potentially obscure or reify. Stripped of its theological baggage, the dual meaning of the term *visitation*, as either official visit or disaster, is strangely apt for the kind of cultural production that has emerged in the last decade.

On the one hand, many of these films and exhibitions work to gain wider recognition of the historical significance of AIDS activism and cultural production not just to the 1980s and 1990s but also to the present. It is about claiming a place of agency and achievement in the national narrative of the epidemic. Here I recall Sarah Schulman’s anecdote about the origins of the ACT UP Oral History Project: in 2001, on the twentieth anniversary of the epidemic, she heard a respected radio program in Los Angeles that completely whitewashed the history of AIDS in the US. It has also been about placing AIDS at the center of American culture, as exemplified in Jonathan Katz and Rock Hushka’s exhibition *Art AIDS America*, which claimed to be “the first exhibition to examine the deep and ongoing influence of the AIDS crisis on American art and culture.”⁵

On the other hand, some of these works articulate how the individual and collective trauma of that time remains open, unresolved. For example, Cecilia’s incredible documentary *Memories of a Penitent Heart* delves into her painful family history around her uncle’s death from AIDS in 1987, which has remained an agonizing trauma, laden with secrets, guilt, and recrimination, for both her family and her uncle’s lover, whom she tracks down at the beginning of the film. The film culminates in Cecilia’s attempt to bring about reconciliation between her mother and her uncle’s lover. But rather than generate the anticipated scene of redemptive bonding between the two, the encounter seems disappointing and anticlimactic. We are left with the poignant image of the mother and the lover sitting separately on a pleasure boat as it meanders through the suburban backwaters of Florida.

Trauma theory also provides a way to understand AIDS crisis revisitation. One of the core arguments I made in my book *Reframing Bodies* was to challenge the idea that the act of bearing witness to historical trauma was intrinsically belated. Unlike the Holocaust, which served as the historical

case upon which trauma studies were founded, the AIDS epidemic generated prolific acts of bearing witness in the immediate midst of the crisis. Now, if we look back, maybe the decade following the arrival of antiretroviral (ARV) combination therapy in the late 1990s, what Ted has dubbed the “second silence,” facilitated the conditions for AIDS crisis revisitation to emerge as a kind of belatedness that followed traumatic silence, numbness, and oblivion.

My experience teaching queer AIDS media in documentary film and queer studies courses has certainly changed over the last decade. In the early 2000s, my undergraduate students were resistant to films like *Zero Patience* (John Greyson, 1993) as “too gay” and AIDS activist videos like *Stop the Church* (Robert Hilferty, 1990) as “too angry.” Their difficulty in recognizing the historical nature of the very recent past caused them to often dismiss the work as “outdated.” In the past few years, student responses have been quite different. Screening *United in Anger* generates in my students a palpable and indignant sense of betrayal by an education and a culture that has denied them access to such a significant social movement for not just queer but also US history. They clearly see the relevance for and continuity with more recent movements like Occupy and Black Lives Matter.

The recent films about AIDS activism, whether documentary or narrative, have all explored—with varying degrees of success—the relationship between individual and collectivity regardless of whether they were focused on a single person (*Vito and Larry Kramer in Love and Anger* [Jean Carlomusto, 2015]), a small group of activists (*We Were Here* and *How to Survive a Plague*) or a whole activist group (*United in Anger* [Hubbard and Schulman]). With the exception of Jim and Sarah’s documentary, these films about activists and artists in the AIDS crisis are overwhelmingly white and male. Where are the films about Essex Hemphill, Rotimi Fani-Kayode, Félix González-Torres, or Zoe Leonard? In that sense, AIDS crisis revisitation is just as much subject to the dynamics of white male privilege as are most contemporary cultural phenomena, queer or otherwise.

As useful as AIDS crisis revisitation is as a mode of historical periodization, it also has its limitations. It is premised on a prior period in which AIDS cultural production was largely absent, the “second silence” that Ted dates from 1996 to 2008. Yet that framework seems rather US-centric if we look at the proliferation of media production around global AIDS activism during this period, especially in relation to Southern Africa: for example, John Greyson’s video installation *Fig Trees* (2003); Anne-Christine D’Adesky, Shanti Avirgan, and Ann T. Rossetti’s *Pills, Profits, Protest: Chronicle of the Global AIDS Movement* (2005); and *Steps for the Future* (2002), the thirty-three-film

series focused on southern Africa produced by Don Edkins. In its stark dialectical montage between his increasingly normalized life on ARVs and the urgency of global activism at the 2000 AIDS conference in Durban, Gregg Bordowitz's video *Habit* (2001) eloquently articulated the geopolitical discontinuities of the global AIDS pandemic at that historical moment. Arguably, one of the most valuable aspects of the recent resurgence in looking back at the AIDS past is precisely the work that rethinks the established historicity of the pandemic, such as Ted's recent piece, "AIDS 1969: HIV, History, and Race," about Robert Rayford, the Black teenager from St. Louis who died from HIV-related causes in 1969.⁶

Pablo Alvarez: As a Brown queer Chicax growing up on the ancestral land of the Indigenous people, the sacred land later named Pico Rivera after the last Mexican governor of California, located thirteen miles southeast of downtown Los Angeles against the backdrop of the San Gabriel Mountains, I ask: What are the stories of AIDS that have yet to be unearthed in this city? What documentations of AIDS reveal the history of the crisis in my neighborhood? How do stories of Chicax AIDS ancestry emerge? Who will visit Latinx histories of AIDS?

As I reflect upon the current cultural production of AIDS and the "AIDS crisis revisitation," my thoughts merge collectively with other activists, artists, writers, and scholars who have critiqued the current moment of AIDS revisitation as a moment all too limiting. I too see these forms of revisitation as moments of reentering dominant representations of the gay white experience or as a return to ACT UP as the standard representation of AIDS activism, and in this regard I revisit Alexandra Juhasz's article "Forgetting ACT UP." Juhasz indicates that "when ACT UP is remembered—again and again and again—other places, people, and forms of AIDS activism are disremembered. . . . When ACT UP is remembered as the pinnacle of postmodern activism, other forms and forums of activism that were taking place during that time—practices that were linked, related, just modern, in dialogue or even opposition to ACT UP's 'confrontational activism'—are forgotten."⁷ Because it is quite obvious who is being revisited and who is doing most of the visiting in the current cultural production of AIDS, except for those brief moments offered to women, gender-fluid, trans people, and people of color activists who continue to be denied full visitation rights, I would like to explore the possibilities of expanding visiting hours.

The late Los Angeles writer Gil Cuadros left us with a collection of short stories and poetry that documents a history of AIDS in Los Angeles through

a Chicana and queer experience. In a poem titled “There Are Places You Don’t Walk at Night, Alone,” published in *City of God* by City Lights in 1994, Cuadros documents the reality of AIDS signification, homophobic violence, love, and Chicana 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. Part 1 of the poem starts: “Whittier Blvd., Beverly, Atlantic, / over by Johnson’s Market, / or the Projects on Brooklyn. (112)” Part 2 begins with “Manzanita, Hoover, Del Mar, / The Detour’s After Hours. (113)” Part 3 begins with “Marengo, Arroyo, Colorado. / I walk like a police man / to the bus bench / and some homeboys are waiting.” Cuadros became one of the very few Chicana to document, through the creative act of writing, a historical time in Los Angeles during the AIDS epidemic of the 1980s and 1990s. His collection of short stories and poetry reflects how the creative act of writing promotes social and cultural survival in a time of great loss. How do we revisit Cuadros’s narratives? Who revisits the street intersection of Los Angeles and AIDS? Or the intersection of Chicana and AIDS?

Los Angeles performance artist Luis Alfaro asks, “Where are my heroes? Where are my saints?” in the literary documentation of “Downtown,” published in 1998 in *O Solo Homo*. The vignette “Heroes and Saints” in “Downtown” begins in a populated dance floor of Circus Disco, the famous Latina queer club of Los Angeles that was established in 1975. (Not too long ago I revisited Circus Disco only to find that it had been demolished, furthering the mechanisms of gentrification and capital investment.) By the closing of “Heroes and Saints,” Alfaro finds the once crowded dance floor virtually empty. Alfaro moves from dancing at the club among other queer Brown bodies to working at an AIDS center in South Central Los Angeles. The shift from dancing among other queer Latina to returning to an empty Circus Disco honors an early history of AIDS among Latina in Los Angeles.

Started working at an
AIDS center in South Central.
But I gotta,
I gotta,
I gotta
get out of here.
'Cause all of my boys
All of my dark-skinned boys

All of my cha-cha boys
are dying on me.
And sometimes I wish
it was like the Circus Disco
of my coming out.

Two thousand square feet
of my men.
Boys like me.
Who speak the languages,
who speak the languages
of the border
and of the other.
The last time I drove
down Santa Monica Boulevard
and I passed by Circus Disco,
hardly anybody was there.
And I ask you,

Where are my heroes?
Where are my saints?⁸

In revisiting Alfaro's and Cuadros's work, I ask: Where are *my* heroes? Where are *my* saints, in the current AIDS crisis revisitation? By revisiting the creative work of Cuadros and Alfaro, I come to understand the ways in which these writers have disrupted the homogenous representation and activist geography of AIDS.

How do we revisit a history that is not visibly present in the current cultural production of AIDS? How do we visit the stories untold? Who will offer ancestral medicine upon visiting? I call upon the ancestry of AIDS, the activist forces, and I seek their guidance; ask for their permission to visit with great gratitude. I am brought to reflect upon Johanna Hedva's "Sick Woman Theory" and recall her memory of the day she lifted her fist. While the rest of her body remained on the bed, she lifted her fist in solidarity to the Black Lives Matter protest happening on the streets below her apartment in MacArthur Park, Los Angeles. Through the complexities of Sick Woman Theory, Hedva asks, "How do you throw a brick through the window of a bank if you can't get out of bed?" According to Hedva, Sick Woman Theory is a political identity. In sickwomanttheory.tumblr.com, the

transcript of Hedva's talk (which includes the memory mentioned) on Sick Woman Theory indicates that "The Sick Women are all of the dysfunctional, dangerous and in danger, badly behaved, crazy, incurable, traumatized, disordered, diseased, chronic, uninsurable, wretched, undesirable, and altogether dysfunctional bodies belonging to women, people of color, poor, ill, neuroatypical, differently-abled, queer, trans, and gender-fluid people, who have been historically pathologized, hospitalized, institutionalized, brutalized, rendered unmanageable, and therefore made culturally illegitimate and politically invisible."⁹ I refer to Hedva's theory in order to prompt other forms of AIDS revisitation and to illuminate the stories of AIDS that have been left outside visiting hours.

When I show the documentary *United in Anger* (a documentary that does not erase the experiences of sick women, of poor people, of people of color) in my Introduction to Gender Studies course, the majority of the students (whose age range is approximately between eighteen and twenty-five) visit the history of AIDS for the first time. During our discussion of the film, a number of students express outrage at the fact that the history of AIDS remained hidden from their previous education. Students express a tremendous sadness and an urgency to organize. Students express anger upon learning that AIDS had been excluded by the state as a critical component to women's reproductive health and as a result, women were misdiagnosed if diagnosed at all. Every semester for the past two years, I revisit the history of AIDS through *United in Anger*; the students in the classroom bear witness through AIDS activist video.

The framing of "AIDS crisis revisitation" offers an opportunity to unpack the forms that visiting AIDS takes shape. The framing offers an opportunity to revisit a historical moment of AIDS activism while simultaneously seeking out the stories that have yet to be remembered.

Jim Hubbard: First, I think the premise of the prompt has it completely turned around. These exhibitions and the films have not prompted inquiries into the AIDS past; they are the result of examinations of the past.

When I first started putting together the AIDS Activist Video Collection of the New York Public Library in 1995, it was because Patrick Moore, the head of the Estate Project for Artists with AIDS, who originated the idea and project, feared that the videos had been forgotten, were being neglected and in grave danger of being lost. In retrospect, this is remarkable because the tapes at that point were only a few years old. The collection and the subsequent interest in other videotapes shot during the period made those films

mentioned in the prompt possible by providing an enormous resource of actuality footage.

In 2001, when Sarah Schulman and I first conceived the ACT UP Oral History Project, we did so because so little accurate information about ACT UP and AIDS activism in general was available. The AIDS activism that saved thousands of lives and changed the world was in danger of being forgotten.

To be generous, one can say that these works have prompted a more general inquiry into the AIDS crisis, but none of the more recent productions would have been possible without this preexisting examination of the past.

Furthermore, you can't just group these works together without an analysis of how they position the past and how they fit into the larger cultural structure. Clearly, the works that adhere most closely to the power structure's accepted narrative are the works that will gain the most support from that power structure, and consequently, the most media attention. Hence, works that focus exclusively on cis white men and present the story as a triumphalist narrative will garner the most positive attention and support.

To take an example that is not on the list, *Dallas Buyers Club*, a film that is a tissue of lies from countdown leader to copyright notice, won three Oscars and was nominated for three others. The buyers' club movement was a direct result of the collective nature of the AIDS movement and a heroic community effort to save the lives of friends and lovers, but the dominant straight white culture would not have been comfortable with—indeed, would not have understood—a story about queers and people of color banding together to help one another in the face of an uncaring government. It was necessary to twist it into some preposterous version of cowboy capitalism embodied by a fabricated bisexual drug addict and an inauthentic portrayal of a trans person in order for it to be lauded by the larger culture.

The tortuous thirty-year route of *The Normal Heart* from Off-Broadway phenomenon to mass media cable TV extravaganza is also illustrative. It offers a fascinating example of how a work transforms so that it is no longer threatening to the power structure. The TV version of *The Normal Heart*, directed by Ryan Murphy, invites an interpretation where the depredations of the government are firmly in the past and not an ongoing pattern of neglect. It allows viewers to think that it was those awful people back then who prevented a better response to AIDS and leaves the audience feeling that we're not like that anymore.

At first I thought "AIDS crisis revisitation" wasn't a frame; it's just a phrase. But the more I thought about it, the more I was upset by it. First, the phrase

is inaccurate. The current efforts to look at the AIDS crises of the 1980s and 1990s are actually a first attempt to understand it historically. To me, the word *revisitation* has a certain nostalgic tinge that I find condescending and an attempt to belittle the efforts of traumatized people to reexamine their past, try to understand what happened, and historicize it. The way Americans perceive the past has a kind of spiral structure, returning periodically to revise and reuse. At its best, a reexamination of the past would correct prior errors and include those who were left out the first time. This effort usually begins twenty or thirty years after the events, so the reexamination of the AIDS crisis is, if anything, a bit overdue.

There is also a tendency for current AIDS activists to feel that this historicization is somehow stealing all the oxygen from the current AIDS movement. The lack of attention to the current social and political problems around AIDS is not the result of trying to understand and make peace with the past but rather a somewhat different manifestation of the same problems that we had to deal with in the 1980s—unequal access to health care, extreme inequality of wealth, pharmaceutical company greed, government indifference, and racism.

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 1990s and with the ubiquity of cell phones and computerized editing systems, it's even more possible today.

Dredge Byung' chu Kang-Nguyễn: In conversing with my partner, film scholar Nguyen Tan Hoang, if we base the “AIDS crisis revisitation” on the examples cited in the prompt (the art exhibition and the cycle of films), it would seem to be a very limited project. Nevertheless, we suggest that this has happened due to several factors: the idea that AIDS is over; AIDS was a long time ago; and the assimilation of LGBT communities into majoritarian culture, most clearly demonstrated by the recent legalization of same-sex marriage. Especially in the films mentioned in the prompt, we see an impulse to present testimony, a witnessing, to put forth a reminder in an era of AIDS amnesia, of active forgetting. In that way, these documentaries' revisitation serves an important pedagogical function. We were also struck by the nostalgia in the tone of the films, in the texture of degenerated archival footage (in the case of the docs), not to mention the passionate reminiscences of the interview subjects. We don't think this nostalgia is a bad thing, for the historical actors and for the contemporary viewers, especially those who did not live through the events narrated. This nostalgia can inspire action; it can be productive—

especially since too often these kinds of sentiments and affects get dismissed as unproductive, idealizing sentimentality.

Going back to the films, it's clear that there is one dominant narrative that is being revisited (not all of them follow this storyline exactly, and some do so more than others): the narrow cast of characters are well-educated, well-heeled white men based in the United States (specifically cities like NYC or San Francisco); they were at the front lines of direct-action activist struggles (ACT UP), who heroically battled the medical establishments, challenged government inaction, and debunked societal stigmatization, who against all odds survived to the present day (David France's *How to Survive a Plague* is exemplary here). For those who are supposed to identify with this narrative arc, AIDS as a crisis is indeed over. We think the histories and stories of these courageous activists are important and necessary, but the danger here is to privilege them as the only narratives worth telling. Where are the other stories, about those who were not so lucky, who did not survive; whose battles with HIV/AIDS were mundane, took place outside urban gay ghettos, and did not have a happy Hollywood ending? What about those folks disenfranchised by race, ethnicity, class, gender, region, whose struggles were not documented and archived; those without institutional connections; those who did not leave anything behind? Perhaps art museums and galleries, international film festivals, arthouse theaters, cable TV, Netflix are not the most appropriate places to find, produce, exhibit, and distribute these missing stories? For instance, we might point to the work of many community-based organizations across the US in the late 1980s and 1990s targeting people of color, sex workers, queer youth in efforts around HIV/AIDS education, prevention, and direct care—that is, a significant part of AIDS responses without clear villains, victims, and heroes; no sexy sound bites or slogans; no spectacular archival footage.

The framing of the prompt as “AIDS crisis revisitation” suggests that there was a specific time and place that certain folks are now returning to, to revisit someone or something that happened at a place in the past. It assumes that there had been an interruption or a cleaving between the AIDS past and the post-AIDS present. For those folks for whom AIDS has never gone away, never ended, the framing of the renewed attention to AIDS as a revisitation would be inaccurate. To be sure, I am aware the phrase is meant to denote that there is now renewed attention to the history of AIDS (whether it be cultural, political, activist, artistic), and this development is welcomed. At the same time, it's important to point out that inequities around HIV/AIDS continue to exist; so it's necessary to resist the knee-jerk embrace of medical developments as an unquestioned good, as progress.

I am not ignoring the medical advances that have rebranded AIDS as a “manageable disease” for some fortunate people. However, it’s the case that HIV/AIDS remains central to gay male communities in the US, in spite of grandiose pronouncements about the “post-AIDS era.” AIDS is not making a comeback, since it has never gone away. The hotness and transgression of barebacking in gay porn video and fucking “bare” or “natural” in real life do not make any sense without the danger and stigma that is still attached to HIV/AIDS. Some people of our generation become very alarmed when they see eighteen-year-old guys on Grindr announce that they refuse to use condoms because they are “clean,” or they want to fuck “bare” because they are on PrEP—as if these were foolproof protection. It’s alarming for me, because we’re not sure whether these are self-determined, informed choices, or they are made without access to information about HIV/AIDS and other sexually transmitted infections (STIs). One might say the project of HIV/AIDS education and prevention is not finished.

To return to my uneasiness about the word *revisitation* and the linear timeline that it implies, it might be more useful to talk about multiple epidemics, with different casts of characters and narratives, within various temporalities (linear or cyclical). Such a consideration allows us to account for epidemics that occur alongside one another, some declining while others are on the rise—thus troubling discourses about progress and development that inevitably center the Global North and marginalize the Global South.

Prompt 2

Cheng: In distinct and powerful ways, each of your responses refuses AIDS memory, and the structural violence in which its crises remain lodged as temporally past. The very act of forgetting and remembering—“AIDS revisitation”—centers white, cisgender male, and North American heroic narratives of survival that obfuscate the ongoing pandemic. AIDS revisitation, then, is a condition of the constellation of globalized crises that *is* AIDS and which most adversely impacts women, queer, and trans people of color and those living in the Global South. Yet each of you recalls the necessary cultural, political, and scholarly work undertaken to collectively sustain perception of the uneven and devastating presence of AIDS. In turn, you offer questions and examples that challenge the enduring racial, gender, and structural violence of AIDS revisitation. This includes intervening narratives, fragments of memory, invocations of those invisibilized in the

pandemic, critical embodied practices, and more. Can you elaborate further upon your specific strategies for resisting totalizing narratives of AIDS? What work needs to be done to underlie the constellation of these crises to prevent their expressions from being consumed as discrete units of culture, politics, or scholarship?

Aldarondo: Something has happened since I first received everyone's comments. Two days ago Donald Trump was elected president of the United States. And I find that I cannot respond to these thought-provoking comments in any other light. In the same way that politics is always already part of intellectual work—a truism that AIDS makes plain—this news about our new world order is necessarily coloring everything I do. And somehow, it makes our conversation all the more urgent.

There are uncanny yet not accidental parallels between Reagan—a two-bit actor to whom no amount of scandal could stick—and our new president, a second-rate attention whore who frames hate speech as free speech, commits flagrantly illegal acts, and yet has managed to become the most powerful person in our country. And in considering the relationship between HIV/AIDS “then” and HIV/AIDS “now,” it occurs to me that there are now glaringly parallel issues of presidential power determining who lives and who dies, who survives and who thrives. Suddenly we are in a situation where HIV-positive people are at risk of losing their health care, their disability benefits, of being deported or thrown in jail, and, indeed, of dying. These were risks before—but in a Trump world, they are all the more acute.

Last night I was on a national conference call that was brainstorming ways to react to a Trump presidency. Although the people on the call represented a variety of constituencies and issues, the call was initiated by HIV/AIDS activists. On the call I heard voices of activists old and young, movement “veterans” and people who weren't even alive when the epidemic first began. This told me several meaningful things: First, AIDS activists have an institutional memory, a wealth of organizational discipline and political knowledge that we will be able to draw on in the coming months and years. Second, I realized that the only way of looking at AIDS, in my mind, is by categorically refusing a divide between past and present. We have to pay attention to time's ability to fold, to repeat, to return. We have to constantly interrogate the way that remembrance relies on forgetting—that when we remember some, we risk obliterating others in material ways. It seems to me more important now than ever to recognize the dangerous correlation between the “AIDS is over” narrative and the constituencies that will be disproportionately vulnerable

under a Trump presidency—people of color, the poor, immigrants, drug users, sex workers, women, trans people.

I also want to say something about pedagogy. This semester I have been teaching a course on HIV/AIDS for the first time. I am doing so at the suggestion of a fellow academic who presented at a symposium on AIDS activism earlier this year. He exhorted any of us in the room who'd ever considered teaching HIV/AIDS to do so. I thought to myself, what do I know about HIV/AIDS? I just made a film about my uncle. But I chose to do it anyway. Now, midsemester, I realize I know a lot more than I thought. And I can honestly say that teaching HIV/AIDS is the most challenging and enlivening thing I've ever done as an educator. Every week my students come to class increasingly dismayed by their ignorance about AIDS. They feel cheated and duped by their education. They come angry. But they also come hungry. They say things like "Why don't I learn these kinds of things more often?" "What are we supposed to do with this knowledge?" These questions are openings—cracks in time that allow for transformation.

The night before the election, I asked my students how they felt. No one was excited. They waxed nostalgic about Obama, wished they had more inspiring choices. But no one, including me, was expecting the outcome we got. Now, my students are at a loss. And now I have to guide them.

It occurs to me that the classroom will be one of the most important spaces we have moving forward. The classroom is a space of oral history. It is a space of mis/remembrance, of communal, corporeal witnessing. Of relying on the archive and resisting its sepulchral effects at the same time. I see my classroom as the hinge between past and present, the space where then and now commingle. And while I may not necessarily feel hope, I feel a sense of purpose in this space. Because a whole generation of young people is coming of age. And in the dark days to come, it will be our responsibility to give them tools, the space to reckon, to remember people and events they never knew in the first place, and, perhaps most importantly, to provide a bulwark against ignorance. Knowledge may just be what saves us.

Hallas: To understand how "AIDS crisis revisitation" could be framed as the commemoration of a past safely anterior to the present, we also need to consider the complementary discourses of futurity pervading the institutions of biomedicine and public health at the same time. The rhetorical temporality of scientific and policy discourses has clear bearings on how the cultural politics of memory play out. When I attended the 2012 International AIDS Conference in Washington, DC, the official conference theme was "Turning

the Tide Together,” and there was much talk of finally envisioning the possibility of the “end of AIDS” through the combination of biomedical advances in treatment, scientific momentum toward a cure, and upscaling treatment access globally. While some global institutions, such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), have continued to promote this future-oriented discourse, others have returned to emphasizing the exigency of the present historical moment. In June 2016, the United Nations (UN) General Assembly adopted a “Political Declaration on Ending AIDS” based on UNAIDS’s “Fast-Track” initiative, which included highly ambitious targets to be reached by 2020, in order to facilitate the possible end of the AIDS epidemic by 2030. However, a month later in Durban, the 2016 International AIDS Conference convened under the theme of “Access Equity Rights Now,” marking a return to an explicit discursive emphasis on the present, which had marked the 2008 and 2010 conferences (respectively “Universal Action Now” and “Right Here, Right Now”). Reports from the conference expressed growing concerns over infection rates, rising drug resistance, and austerity-driven cuts in global funding. Declaring the 2020 target “unrealistic” and potentially “counterproductive,” former UNAIDS director Peter Piot stressed that biomedicine alone could not end the epidemic and that the social and cultural transformations needed to combat stigma, discrimination, and exclusion would take much longer.¹⁰ With all its racism, homophobia, misogyny, and isolationism, the nativist ascension to power in the United States and elsewhere in the Global North will undoubtedly savage the international cooperation necessary to make any real progress in the global struggle against the pandemic.

To offer examples of recent visual works generating complex yet non-totalizing pictures of the epidemic and its history, I want to highlight two very different projects: queer Portuguese filmmaker Joaquim Pinto’s almost three-hour essay film *E Agora? Lembra-me* (What Now? Remind Me, 2013) and *Through Positive Eyes* (2007–16), a participatory photography project by South African photographer and activist Gideon Mendel and David Gere of the UCLA Art and Global Health Center. In *What Now?* Pinto records and reflects upon his yearlong experimental drug treatment for Hepatitis C, which has been complicated by two decades of living with HIV. The film clearly draws from the legacy of queer AIDS cinema from the 1990s: like Tom Joslin and Peter Friedman’s *Silverlake Life: The View from Here* (1993), this autobiographical documentary is constructed around the intimate intersubjective relay of the camera between Pinto and his lover Nuno Leonel (also a filmmaker); like Jarman’s *Blue*, Pinto’s essay film shares his friend’s expansive

vision of sensuous experience, philosophical reflection, and political perception. What I find most impressive about *What Now?* is its sheer ambition not only to articulate the day-to-day challenges of living long-term with HIV but also to try to comprehend such human precarity in relation to a bewildering range of contexts, past and present—from Pinto's personal history in the queer cultural world to the dire impact of European austerity on health-care provision to the biological recency of the human species.¹¹ Although one would hardly consider the film an activist work, it nevertheless faces seropositive precarity with an undoubtedly political expression of queer intimacy, eroticism, and solidarity. Pinto's philosophical and historical reflections are always in the service of sharpening the stakes of the present rather than diffusing them. *What Now?* never devolves HIV/AIDS into a universal allegory of the human condition; human thought and history are complexly brought to bear on HIV/AIDS through Pinto's philosophical engagement with his immediate lived experience of the virus.

Through Positive Eyes also focuses on the everyday lived experience of living with HIV, but its authorship is decentered and collaborative, its scope both local and global. In ten cities across the globe over the period of a decade (including Mumbai, Johannesburg, Rio, London, and Los Angeles), Gideon Mendel and Crispin Hughes ran photography workshops for a small group of people living with HIV/AIDS. Selected by local AIDS service organizations for their willingness to share their seropositive status publicly to fight stigma, more than one hundred participants learned to explore their own worlds and express themselves through photography. Mendel also visited them at work or home to film them and make a moving-image portrait of them. On an aesthetic level, the often uncanny combination of still and moving images in the participants' short videos provides a subtle but powerful means to sensuously convey seropositive experiences with instability, precarity, and alienation. Indebted to the diversified forms and synergies of earlier AIDS cultural activism that were designed to intervene simultaneously into multiple publics and institutions, this multiplatform project has generated a range of forms, including gallery exhibitions with live tours by the local participants, a database-structured website, photo-essays in major print publications, and a forthcoming book publication. Over the course of almost three decades documenting the AIDS pandemic, Mendel has developed a set of practices that can adapt flexibly to local and global frameworks. The specificity of the local is never sacrificed in the service of putting a universal or global "face" to HIV/AIDS. In fact, when organized together in a nonlinear, searchable interface, the specificities of these local micronarratives provide powerful, comparative

testimony to the global inequities of access to health care as well as the variation in the experience of living with HIV/AIDS.

Alvarez: When I read that I would be included in this roundtable, I initially felt that the editors had made a mistake. To be included among remarkable filmmakers, longtime activists, academics, and writers of AIDS is humbling and I enter with great gratitude. I came into AIDS awareness at a young age, and it was limited to registering people to walk and raise funds for AIDS research. As a sophomore in high school, I did a presentation on AIDS in my social history class. The presentation highlighted the racist ideologies embedded within the US's tropical narratives of AIDS. I began my academic research on queer Chicana sexuality and AIDS as a first-generation college student in the McNair Scholars program, a program designed to increase graduate degree admissions among underrepresented students in higher education by providing research opportunities and mentorship. In this research, I mostly came across work from the social sciences that depicted queer Chicana sexuality as a binary of sexual positioning (assertive/passive or top/bottom). These academic writings reinforced patriarchal examinations of Latina sexuality through white lenses. Yet these writings remain insensitive of language, class, citizenship status, culture, and faith. What could I do to resist these representations and to challenge them through my own writing and with the writings of other Brown queer people? In my search for Brown queer storytellers, I came across Gil Cuadros's collection of short stories and poems in *City of God*. I came across the scholarship of Lionel Cantú, who challenged the eroticism of Brown queer men by focusing on the multiple complexities of Latina identity. Like many queer Chicana, I read Francisco X. Alarcón and Gloria Anzaldúa. I found in their writing incredible acts of resistance, a cosmic spiritual invocation of ancestry, a return and departure from home. I found death and an urgency to document our histories of survival as Brown and queer people. What I discovered in this search for other Brown queer storytellers was the sacredness of sexuality. These writings revealed an ancient technology: the sacred act of creating as a tool for survival. I began to understand my own survival, as a queer Chicana, linked to the legacies of queer and AIDS activism. Because of these legacies, I believe that part of my responsibility is to continue the work of resistance. And part of that work is to unearth the stories that remain hidden from larger narratives of survival. Gil Cuadros's writing solidified my commitment.

In one way or another we have all responded to AIDS revisitation in a manner that critiques the white gay representations that dominate the narratives

or current cultural production of AIDS. Following this critique we are asked to elaborate on specific strategies for resisting a totalizing narrative of AIDS. We are asked: What work needs to be done to underlie the constellation of these crises to prevent their expressions from being consumed as discrete units of culture, politics, or scholarship? To this I reference Jim Hubbard and his response to our initial prompt, "Make your own!" We make our own. We create our own. We offer space for people to contribute and create in the same way I was offered space in this roundtable discussion.

I recently had a conversation with a friend regarding both our efforts to produce work that honors queer Chicanx and Latinx ancestry. Though our projects are different, our projects entail revisiting a past. Our methodologies consist of archival investigations, collecting and documenting stories through the tradition of oral histories, and visiting sites connected to our projects. Equally important to our methodologies is the act of ceremony. These ceremonies regard the burning of *copal*, the lighting of a candle, raising an altar, and days of ritual practices. In our conversation we had asked each other: Why are we doing this research at this particular moment in time? Why are we revisiting these past legacies of survival and struggle? We realized that the concerns of that past are the ones that are most important today. We agreed that we are visiting a historical past because it is calling us in the present. It is the present moment of neoliberal capitalist white supremacy in which new technologies of mass deportations, incarcerations, as well as new modes of racism, gendered, and sexual violence are refueling the act of forgetting. It is the present moment that is at stake of eradication. So, then, how do we survive this current time? How do we resist? We do what our ancestors did: we create and we document. We create acts of resistance through writing, filmmaking, storytelling, painting, photography, digital art making, protesting, and through radical acts of self-care, by loving.

I want to end by referencing a recent documentary film that was completed by Dr. Osa Hidalgo de la Riva. Hidalgo de la Riva's film *Me and Mr. Mauri: Turning Poison into Medicine* (2015) unearths and illuminates legacies of Brown queer resistance to illness, shame, homophobia, and colonization. Her work is a sacred act of ceremony and storytelling created through a personal video archive and political consciousness. *Me and Mr. Mauri* is accomplished entirely using raw personal video footage of Hidalgo de la Riva's friends and their experiences impacted by the early AIDS pandemic while living in the Bay Area, California, during the early 1990s. The documentary is not male-centered and revisitation of the past extends further to recall Mayan and Zapotec knowledge of sacred sexualities. The documentary

begins with the ceremonious act of body healing through massage and the burning of sage shared between Hidalgo de la Riva and Mauricio Delgado. Throughout the documentary I came to understand the significance of ancestral medicine; Indigenous and Native American knowledge of nonheteronormative sexualities and healing; ritual, dance, and commitment as the critical manifestations of AIDS political consciousness; and activism that emerges from an intimate place called home. One of the most powerful moments for me in Hubbard and Sarah Schulman's *United in Anger* was the footage of the Ashes Action at the White House lawn staged by ACT UP activists in 1992. Just as powerful was the footage of Hidalgo de la Riva and Veronica Delgado placing the ashes of Mauricio into a pre-Columbian clay sculpture in *Me and Mr. Mauri*. For ACT UP activists, the Ashes Action is significant on multiple levels, ones that place the responsibilities for AIDS-related deaths at the hands of government. I interpret Hidalgo de la Riva and Delgado's action in *Me and Mr. Mauri* as a ceremonious return to ancestry, linking Mauricio to the legacies of his Nicaraguan ancestry, an ancestry that experienced a history of colonization and yet survives through acts of creation, including this film.

At the end of the film, Hidalgo de la Riva offers words to her friend Mauricio and states,

Hey, *flaco* dude, you know for those of us left behind remaining on the plane of the physical, existing on this planet Earth, we need to continue daily to be creative, to act in nonviolent ways, healing eternally ourselves, each other, one another, show love for our planet. We are so far from perfect. I watch the political and economic disasters made by men reflect on the ecological ones as well. We are in a hurricane, in the depths of crevices left by meteors and earthquakes. I live in the memory of your laughter and dancing self, sweet little brother. I'm sitting here writing a script portraying you, Mr. Mauri, one of my contemporary heroes. In this role we simultaneously live and die and live again as brother and sister and friend.

These final words in the documentary, and my recollection of the documentary reiterated in this roundtable discussion, perform the multiple ways we can resist a totalizing narrative of AIDS. When I asked Hidalgo de la Riva why she had decided to complete the documentary in 2015, she said, "Because it is not over."

Hubbard: I wish we were having this interchange in person instead of asynchronously. I feel as if I've been thrown in the deep end and ordered to swim. Perhaps it's because I'm not an academic that I find this all so mystifying.

Perhaps it's because I'm an experimental filmmaker who has never respected the limitations of enforced notions of narrative or documentary filmmaking, nor allowed the extreme limitations on access to larger audiences prevent the work from getting done. Perhaps it's because when I came out it was into the world of 1960s/1970s gay liberation, which sought to transform the way *everyone* felt about sexuality and gender instead of aspiring to assimilate into some humdrum version of pseudo-heterosexuality. Perhaps it's just that I'm old and my ears can no longer hear the dog whistles.

First, I do not refuse AIDS memory. That is all I have left of my dead friends and the extraordinary effort of thousands of AIDS activists of all genders, all colors, and many nations to force the governments of the world to live up to their responsibilities to provide services and health care and to do the research that has, in turn, utterly changed the face of the epidemic. None of this is to say that AIDS is over or that allowing millions of people around the world to struggle with HIV without medicines or proper health care is not a crime. Furthermore, we can't ignore that certain individuals and communities have far greater access to the means of media production than others. I can't help thinking that to an observer anywhere in Africa or Asia, this discussion would seem awfully US-centric. I am also sensitive to the fact that every work mentioned by name in the first prompt was made by a cis white male. Nevertheless, to feel that people remembering their own history and trying to make sense of it steals all the oxygen from present-day efforts to deal with the disease is to surrender too easily to despair and inaction. Nor is that to say that there aren't real political critiques to be made of certain efforts to obscure the true nature of the epidemic and the struggle against it. Nevertheless, it is absolutely crucial to remember that when AIDS was first recognized, it was killing people who had no rights and no power and those people fought back and changed the world.

Further, to refuse AIDS memory is to forget the important lessons of the AIDS crisis of the 1980s and 1990s. It is to forget the triumphs and the losses and to forgo the analysis necessary to understand which strategies and tactics worked and which would not work today and to use that knowledge to further the vital work being done today.

However, I find the assertion that "the very act of forgetting and remembering . . . centers white, cisgender male, and North American heroic narratives of survival that obfuscate the ongoing pandemic" utterly stupefying. Every word in the responses to Prompt #1 belies this. As someone who has spent a lifetime rejecting "North American heroic narratives," I understand the political and social power of those narratives. The accolades and rewards

that accrue from adhering to heroic narratives are powerfully seductive, but it is our responsibility as artists to reject those and tell the stories that reflect our unique understanding of the world and paint the pictures that we truly see.

In making *United in Anger*, I worked extremely diligently to counter heroic and totalizing narratives. In order to reflect accurately the ever-changing membership and leadership of ACT UP, many people had to speak in the film. It was crucial to show how the activism was done, to highlight the nuts and bolts of grassroots political organizing and to emphasize that effective direct action is hard work. When I first began making the film, I was told that I had to choose five or six “characters” to represent ACT UP and through them to tell the story of the AIDS activist movement. However, to do so would have been to reject the reality of ACT UP and the film would have perpetrated a lie. The implied threat, however, was that if I did not present history in the prescribed manner, I would not receive funding and the film would not be shown in the major festivals or on television. In fact, the funding for the film came almost exclusively from social justice organizations, not from film grants, and the film has only shown on one local, independent station.

Furthermore, if there are inaccuracies and lacunae in the recent historicizing of the AIDS crisis, then it is our responsibility to fix them. However, I think it is a terrible strategic error to believe that the HIV epidemic of 2017 is the same as the AIDS crisis of the late 1980s and early 1990s. To think that is to ignore two massive changes since then—the introduction of HAART in 1996 and the bureaucratization of HIV/AIDS. Other aspects of the world’s relationship to HIV/AIDS, such as stigma and lack of access, have been disturbingly persistent. The continuing power of racism, classism, homophobia, and transphobia allows some people to benefit from medical advances but prevents millions of others from having access. I don’t know how to address the lack of access to medication and services outside the larger issue of health-care provision either in the United States or in developing nations. Prevention, in order to be effective, must be culturally specific. Efforts to thwart the creation and dissemination of culturally specific prevention techniques have been a consciously homophobic and erotophobic part of US AIDS policy since the very beginning. I find it astonishing that the stigma of having HIV in your body has persisted and even worsened in some places such as in Canada, with its epidemic of HIV criminalization, but I don’t have any solutions to the problem. What seems to be forgotten is the very foundation of the AIDS activist movement, which fought against the dominant homophobic, racist, sexist power structure and transformed the nature of the epidemic.

Let me speak as a filmmaker. The period when attention is paid to most films is actually very short. If you're doing well on the festival circuit, where most films garner public attention, the life of a film is a year and a half or perhaps two years. Probably, YouTube has extended that somewhat, but it's easy to get lost in the fractiousness and cornucopia of the online world. Of course, a film that's made for television will have a much larger initial audience. Because they are made for that larger audience, they will reflect the politics of the ruling class, but even those films fade away rather quickly. When was the last time anyone seriously considered *An Early Frost* (John Erman, 1985) or even *Philadelphia* (Jonathan Demme, 1993)? It's interesting that the lazy analysis and internalized homophobia of Randy Shilts's 1987 book, *And the Band Played On*, and the 1993 movie of the same name directed by Roger Spottiswoode are finally being exposed for what they were—a glorification of the power of straight white men rather than a useful or insightful exploration of the first years of AIDS.

But where films and books and posters do have an extended life is in academia. Academics have the power to decide what's important and which films get shown, which books are read, and to shape the worldview of the next generation and the next. Academics have the power to resist this totalizing narrative of AIDS by presenting works that tell a more complex, subtle, and diverse set of stories. Of course, it increases your students' media literacy to critique work that obscures the complexity of life in favor of a socially acceptable comforting narrative, but it is far more important and ultimately more inspiring to show and write about work that stands in opposition to that narrative. Show films about people of color and people outside the United States in your classes. If you feel they are not being made now, dig up the ones from the past. The AIDS activist movement generated an extraordinary flowering of angry, smart, creative video making that refused the dominant narrative and told the story of AIDS from the grassroots multiethnic point of view. I know it's difficult to obtain copies, but the demand will create accessibility.

And perhaps, most importantly, encourage your students to make films about AIDS today or about an alternative view of the past. To add to Roger's list of missing work, I would include films about the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA), Brooklyn AIDS Task Force, Treatment Action Campaign, AIDS in Asia, et cetera. Considering the tenor of this discussion, I think it's crucial to make films about the inspiring work of the People with AIDS self-empowerment movement, starting with the Denver Principles and the founding of the People with AIDS Coalition (PWAC) and continuing to the present moment.

There is a current problem in terms of media and that is we live in an era when raw footage instantaneously uploaded to the internet grabs people's attention most of all. I don't know what that means for AIDS media. Unless there are demonstrations that lend themselves to uploading raw footage, I don't know what can be done. I still believe, however, that thoughtful, well-edited documentaries, whether about the current epidemic or the past of the AIDS crisis, can be useful educational tools to garner attention for the movement.

Finally, for me, politics is not simply the way we vote but the way we view and live in the social world. It is not possible to separate culture or scholarship from politics. If you don't continuously, consciously, specifically assert the political nature of your art or your scholarship, you are reinforcing and accepting the dominant worldview and the power of the ruling class. It is to abjure your moral responsibilities as a human being, as a scholar, and as an artist.

Kang-Nguyễn: These responses emphasize the tensions between global/local perspectives and their associated temporalities. There have always been multiple HIV epidemics, each with their own contours, stakeholders, and interests. Each of these is, in turn, made visible or invisible in different ways. In particular, I'm thinking of Cecilia's summary of what she learned in researching her film. Who are the "them" of the "thens" and the "theys" of the "now"? Whose stories get told and pictured? Following Pablo, *ACT UP* is very special, but how is it also representative of broader social justice activism? Roger reminds us of the "second silence" and Jim's rejoinder to point out that the inequitable conditions that structure the AIDS epidemic persist are also important reminders to be vocal and remain angry. Ryan Conrad's analysis of shifting AIDS metaphors, from genocide to plague, state to moral responsibility, and testimony to witnessing, seems very appropriate at this time.¹²

When I remember and imagine AIDS activism during the early crisis years, what comes to mind most readily is the excitement of *ACT UP* from its New York center: Gran Fury, actions there, as well as at the National Institutes of Health (NIH), the White House, and at the Centers for Disease Control (CDC). I came out in 1990 in Washington, DC, started working for the "AIDS Industrial Complex" the year after, and participated in DC protests toward the end of *ACT UP*'s heyday. Queer Nation had also emerged. There were many kiss-ins, die-ins, and other actions that built up to the 1993 March on Washington for Lesbian, Gay and Bi Equal Rights and Liberation. AIDS activism was already waning when I moved to Los Angeles. A few years later,

one of the ACT UP activists I admired in DC threatened many of my San Francisco colleagues and actively advocated with conservative congresspeople to defund HIV prevention in the city. He also supported South African president Thabo Mbeki's AIDS denialism. The latter is estimated to have cost hundreds of thousands of lives. That is when ACT UP was over for me. Two decades later, I've used video from the CDC protests when teaching public health courses at Emory University in a building across the street from the CDC building that no longer exists and has been replaced by a much larger, more modern, more secure facility that no one could get into or climb up any more. I'm reminded of having taught Vito Russo's famous 1988 "Why We Fight" speech. Now, I mourn the irony of the last line: "And then, after we kick the shit out of this disease, we're all going to be alive to kick the shit out of this system, so that this never happens again."¹³ I'm reminded of the postprotease Los Angeles context in which the demand became for "drugs and jobs." I teach what ACT UP and AIDS activism did: produced a system in which patients knew more about the disease than their doctors; reframed patient-doctor interactions, and then moved this to the clinical trials process and beyond; but, most importantly, linked disease status with ideas of social inequality and deservedness. AIDS activism has fundamentally changed how Americans conceive of themselves as diseased/disabled, their health care, and human rights. The changes are fundamental and groundbreaking, though they have also enabled new biocapitalist modes of therapeutic citizenship, ways of being in the world based on disease status and reliance on expensive pharmaceuticals.

I spent most of my years working in HIV/AIDS social services in Los Angeles and San Francisco. Each city had its own way of engaging activism and developed local models for prevention and care. In San Francisco, the epidemic was heavily concentrated among white gay men more so than other cities in the United States. Combined with the existing gay political clout and medical research and service infrastructure, the city fostered a more compassionate and evidence-based system for HIV care. The "San Francisco model" was based on collaboration. There was tremendously concentrated suffering but without the same level of anger seen elsewhere. Great efforts at inclusive access, however, did not always lead to equitable outcomes. There has always been a conflict in HIV work among those who want to stop the epidemic and those who want to alleviate the inequalities in the world that shape the epidemic. This is an oversimplified dichotomy that pits disease intervention against social justice work. Neither strategy, in and of itself, will end the epidemic. But the positions are, for some, intractable. Social justice

work by itself doesn't stop epidemics, but epidemics like HIV take advantage of social vulnerabilities. We've always needed to do both kinds of work simultaneously, but activists have fought over the proportions as the strategies get rationalized into divisible pie charts and Venn diagrams. There has been a move to incorporate sexual health into broader programs, to shift HIV prevention to sexual wellness, but the resources for such work are shrinking all over the world. Funding in the United States and through our international development programs is now under existential threat.

I think that we can identify broad patterns in the HIV pandemic (e.g., the role of structural violence, the attachment of stigma) and also see the specificities of the many local epidemics that we experience. In many ways, HIV has been the exemplary story of the oppressed (I don't like the term *affected* to describe communities) taking control over representations, practices, and policies about ourselves. I'm thinking about the situation for Asian American (or men of color) and Asian (or Global South) gay men more broadly. I think Cecilia's comment about an "aging population of survivors" is apropos in the US context and this is put in tension with her statement about producing "AIDS as a thing of the past when the opposite could not be farther from the truth," both from a minority perspective in the United States and from a Global South perspective. I sit uneasily in this position, living through and being part of multiple localized epidemics among gay men: among Asian and Pacific Islander gay men in the United States and, now, among gay men in Thailand, where I am reliving the epidemic as a crisis. These two epidemics have always been linked, but they also point to how the epidemics are extremely localized and differentiated.

Thailand is one of the global models for HIV prevention, especially in regard to its 100 percent condom use policy among brothel-based sex workers. But the program's success was only attainable because it operationalized under a military dictatorship. That is, strict enforcement was made possible because human rights were not considered. But now the situation has shifted dramatically. Military rule may have reasserted itself, but the "heterosexual" epidemic (injection drug users have never benefited from this progress narrative) has shifted to one that has reemerged among gay men and trans women. During my fieldwork engagements from 2004 to 2011, the prevalence of HIV among gay men in Bangkok rose from less than 5 percent to more than 30 percent. HIV prevention programs sponsored by the US government redirected funds toward the *most* "at risk" populations (MARP) to differentiate the wide array of needs between various populations but concentrated efforts on those who were actually becoming infected: that

is, males who have sex with males (gay/bi men and heterosexual men who work as sex workers with them) and trans women (MSM and TG).

One of my best friends in Thailand is suffering from schizophrenic dementia. She is a trans woman, sex worker, and HIV positive. She has been a migrant sex worker in Singapore and Hong Kong over the years, remitting money to her mother in Thailand. This has prevented her from being able to regularly access anti-HIV drugs through the national Thai scheme. People generally think that she is going crazy. During a visit last year, I brought up the issue with some of her closest friends. I told them that I believe her dementia is caused by HIV. Her Thai friends replied that they think it is methamphetamine-induced dementia. I told them that she is not using drugs frequently anymore but the symptoms are getting worse and that I suspect it is HIV-related as she has not been on medication. In fact, it is probably a synergy of both effects. Her other friends' response was that she is not open about her HIV status, so they can't broach the topic with her. They cannot help her in this situation. Inside, I wanted to scream, but I kept my composure. What I wanted to say was that their inability to even broach the subject could cause her to die faster. I wanted them to stage an intervention on her, to get her on medication and support adherence, and what I got was the perpetuation of the culture of silence on HIV. I've had friends die this way before and now I am seeing this pattern repeating in another context. An ethics of engagement is not negated by cultural respect.

There is increasing recognition that HIV is not just about what you do but who you are, something that was buried in earlier campaigns, which operated under generalized assumptions about the risks suffered by everyone. This partially explains why Black gay men in the United States are still experiencing the epidemic much more brutally, as they are less likely to have regular access to health care, are less likely to be undetectable, and are thus more likely to experience negative health consequences and pass on the virus to their partners, who are more likely to be other Black men. *MARP* sounds weird, but in essence, the term reminds us that groups like "faggots, junkies, and whores" continue to "out-die" others, even where the epidemics currently affect the greater population. The epidemic among MSM and TG is resurging in developed countries and exploding in the developing world. In many parts of the developing world, the HIV-prevalence rates for MSM and TG are fifty times that of other "high-risk" groups.

AIDS activism recast HIV prevention from a biological model to a social model in the United States. This was replicated in much of the developing world. But there is a sense that the social model has failed, been exhausted,

or is too difficult to pursue because it requires too many social changes. With increasing information on the success of treatment as prevention (treating HIV-infected individuals to suppress their viral load so that they do not infect their partners)—postexposure prophylaxis (PEP), preexposure prophylaxis (PrEP), microbicides, and ongoing discoveries in vaccine research—more and more people are promoting biological interventions as prevention (e.g., mobilize all gay men, trans women, sex workers, and other MARPs to take a preventative pill every day rather than use condoms). I think context is really important. In some places, access to medical services is pretty easy, even for relatively disenfranchised groups (not to say it is great or that it can't be improved). Though PrEP advocates often forget that adherence is a behavioral issue, realistically, it is often easier to get people to pop a pill daily than do other things like use a condom for every penetrative sexual act. The danger is we further medicalize society (if you do think that is a bad thing) and create challenges to ongoing access, including costs for the meds (especially where patents and insurance make them relatively inaccessible), provider reluctance to prescribe, and sex stigma. More than two decades ago, I presented a talk: "Let the Semen Flow." In it, I advocated advances in barrier-free semen exchanges (without condoms), modeled at that time on anal microbicides. This was before I ever imagined that PrEP, which is currently only approved using Truvada, might be priced at \$1,000 per month in developed nations.¹⁴ We need to successfully use drugs without letting pharmaceutical companies control the terms. Use of these medications can integrate with or bypass the wellness model of sexual health, which takes a more holistic approach than the prevention of specific diseases like HIV. However, the latter seems more likely.

Back to the issue of representation, I think part of the issue lies in narratives of heroes and villains (the cowboy capitalist embodied in *Dallas Buyers Club* or Patient Zero, Gaëtan Dugas, in *And the Band Played On*). These stories rely on narrative tropes in general: the hero is a person who individually accomplishes amazing things against all odds and should be praised for it. America's focus on individualism naturalizes these stories. These narratives, however, fail to register the power of social institutions and their historical contexts. We don't need another hero, but we do need a lot of action.

Notes

- 1 Sturken, *Tangled Memories*, 14.
- 2 Sturken, *Tangled Memories*, 15.
- 3 Cheng, "How to Survive."

- 4 Sturken, *Tangled Memories*, 2–3.
- 5 Bronx Museum of Arts, “Press Release.”
- 6 Kerr, “AIDS 1969.”
- 7 Juhasz, “Forgetting ACT UP,” 7.
- 8 Alfaro, “Heroes and Saints,” 331.
- 9 Hedva, “My Body Is a Prison.”
- 10 Boseley, “Hope for ‘End of Aids’ Is Disappearing.”
- 11 I am using the term *precarity* in Judith Butler’s sense: “‘Precarity’ designates that politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death.” Butler, “Performativity, Precarity and Sexual Politics,” ii.
- 12 Conrad, “Reviving the Queer Political Imagination,” chapter 2, “Revisiting AIDS and Its Metaphors.”
- 13 Russo, “Why We Fight.”
- 14 In the United States, private health insurance will cover the cost with a copayment of around fifty dollars per month. Some public and community clinics will provide it for free, depending on income and local availability. Activists have been fighting the National Health Service in the United Kingdom to cover the prescription. A generic is available in Thailand for approximately thirty dollars per month through public and private clinics. Gay men in places such as Singapore and Hong Kong can purchase the generic in Thailand and illegally export it for use at home.

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