

Introduction: How to Survive a Presidency

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## Introduction: How to Survive a Presidency

Jeffrey A. Bennett

“150,000 DEAD—OFF WITH GEORGE’S HEAD.”

ACT UP and Queer Nation activists chanted those words outside the Astrodome at the 1992 Republican National Convention in Houston. The protestors amassed to scold George H. W. Bush for his mishandling of the AIDS epidemic, which had left scores of LGBTQ people dead since it was first reported in 1981. By the time they arrived in the Lone Star State, queer activists had spent the last decade pushing for policies to expand access to healthcare, implement educational curriculum to stem infection rates, and bolster legal protections for people living with AIDS. While delegates to the convention cheered wildly for Pat Buchanan’s “Culture War” speech and reluctantly absorbed Mary Fisher’s harrowing address “The Whisper of AIDS,” the demonstrators continued their long campaign of compelling the White House to acknowledge its ongoing role in systemic murder. The advocates had long settled into the reality that their cause was a marathon, not a sprint, and that trying to marshal resources and public support would continue to be a dispiritingly daunting endeavor. In the years that followed, many more people would die from AIDS, though no one could predict the unconscionable threshold that would need to be met to motivate the government to act.

As I write this introduction in early August 2020, roughly 150,000 Americans have died from COVID-19 and that is, no doubt, a conservative estimate. The Trump administration has routinely interfered with the accurate reporting of fatalities in an attempt to make the president’s mismanagement of the crisis appear less calamitous. This well-rehearsed sycophantic mendacity has repeatedly inhibited the dissemination of information that would help Americans stay

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well and has replaced the most rudimentary medical advice, such as wearing a mask, with ludicrous conspiracy theories and consequential partisan stonewalling. The chaotic style that has come to define the Trump administration has left millions of people infected, unemployed, uninsured, depressed, and unsure about what the future holds. Trump's inability to rise to the challenges of the presidency, coupled with his deplorable response to the ongoing protests against racism and police brutality following the murders of George Floyd, Breonna Taylor, and Ahmaud Arbery, has had a ruinous effect on American life. It took over ten years for administrative neglect to kill 150,000 people from complications related to AIDS but COVID has already surpassed that gruesome benchmark. It took just six months to realize one of AIDS's deadly milestones.

The momentousness of Trump's failure cannot be overstated. The rapid escalation of infections, hospitalizations, and deaths has not impelled the White House to expand testing, detail plans for contact tracing, or find equitable ways to provide relief to the states. If anything, the constant deferral of confronting the pandemic has given rise to one of its defining rhetorical features: this is a manufactured disaster that is marked by quotidian tumultuousness, but that incessant disorder has not displaced the staying power of the pandemic narrative.<sup>1</sup> The frequent social media refrain, "there is no bottom," points to the endless list of outrages provoked by the president but COVID-19 has been impervious to redefinition and has instead become the interpretative lens through which every issue of the day is processed. The administration has relentlessly attempted to replot the narrative, including with tweets containing videos of racist supporters vocally championing white supremacy, but none of these hurtful tactics has succeeded in altering the looming presence of the novel coronavirus. Months of at-home schooling, business closures, physical distancing, devastating unemployment rates, and international ridicule have cemented themselves as an integral component of Trump's legacy of malpractice. COVID-19 has found refuge in Trump's lies and seized the opportunity to circulate unabated in both the national body and the American psyche.

The president's malfeasance has disproportionately, though unsurprisingly, wreaked havoc on communities of color, LGBTQ people, immigrants, incarcerated people, and those who live with disabilities. The government's response to COVID-19 has reproduced some of the most murderous effects of medical racism and amplified institutional ills such as transphobia and class marginalization. By April, Black communities in Detroit, New Orleans, Milwaukee, and Chicago were being especially hard hit by systemic impediments that furthered the virus's reach.<sup>2</sup> In May, CNN reported that if the Navajo Nation was a federally recognized state, it would rank behind only New York and New Jersey in confirmed coronavirus cases per capita.<sup>3</sup> These struggles were especially potent

for LGBTQ BIPOC, who confront high rates of homelessness, poverty, violence, and exposure to HIV. Rebecca Rolfe, executive director of the San Francisco LGBT Center, told the *New York Times* that trans people of color were already six times more likely than the national average to be unemployed and “five times more likely to have incomes of less than \$24,000.”<sup>4</sup> Barriers to care, erected most explicitly in our country’s insistence on tying health insurance to employment, has exacerbated the pandemic’s repercussions. The magnitude of the COVID-19 outbreak has had immediate ramifications for our most precarious community members but the full extent of those hardships could take years to assess.

As with past public health crises, LGBTQ people have been the locus of stigma and the target of retaliation by straight, cisgender reactionaries who decry us as somehow more contagious than the rest of the population. The historical echoes of discrimination reverberated around the globe as panic settled into the space left by the unknown. In a page straight out of Jerry Falwell’s 1980s play-book, a homophobic pro-Trump minister contended that COVID-19 was sent by God to destroy LGBTQ people.<sup>5</sup> The Food and Drug Administration further relaxed the prohibition on blood donations made by men who have sex with men in order to court new donors, but numerous reports found that queer men were still being turned away based on identification, and not sexual behaviors, despite the revised guidelines. In France, a same-sex couple received an anonymous note from a neighbor who demanded they vacate their home because, “we know you homosexuals are the first to be contaminated by COVID-19.”<sup>6</sup> In South Korea, a man who visited five nightclubs, including one that caters to queer clientele, later tested positive for the virus. The revelation that the man had patronized a gay bar led to a slew of anti-gay content on social media, which blamed him for contributing to Korea’s “second spike.” The Associated Press suggested that stigmatization was making it harder for queers in Korea to come forward for testing.<sup>7</sup> These scattered anecdotes are reminiscent of both past prejudices but also accentuate the ongoing necessity of addressing novel forms of bias. Our toolbox for retorting morally based claims tethered to sexuality and gender is well-stocked, but a respiratory disease unmoored from these typical associations presents new challenges for those who wish to push back on the accusations of alarmist fearmongers.

The invidious harassment confronted by queers is also playing out on the national stage as opportunistic politicians exploit the pandemic to pass legislation that scales back civil rights protections, which assuredly harms LGBTQ people. The Trump administration has made sweeping restrictions on immigration, a policy decision steeped in racism and xenophobia, not public health or sound reasoning. The irony is that the United States’ poor handling of the virus has led numerous countries to restrict American entry for travel. In addition,

voter suppression efforts were ramped up in several states, including in Wisconsin and Kentucky, where government interference threatened to sway the course of elections. Lawmakers also continued to impose burdensome restrictions on a woman's right to choose by passing some of the most sweeping abortion laws the country has ever seen. Fatalistic astroturf campaigners sought to aid these authoritarian efforts as armed protestors stormed state capitols in places such as Michigan and threatened to kill elected representatives who promoted public health measures. As I write this introduction, the federal government has deployed unmarked paramilitary agents into American cities to attack peaceful protestors and passed evermore edicts fetishizing Confederate statues. The virus has furthered, not inhibited, the march of conservative policy initiatives.

Of course, the Trump administration's nihilistic tendencies did not materialize out of thin air. Decades of fringe-right anti-government sentiments, attacks on institutions, and paranoid conspiracy theories have made their way into the mainstream, bringing the country to where it is today. Conservative dogma has espoused a constant assault on science and has fostered an atmosphere where climate change is dismissed as fiction and vaccines positioned as a threat to America's children. It is little surprise that when Trump was confronted with the disastrous effects of COVID-19, he called it a hoax and blamed everyone from Barack Obama to General Motors for his inadequacies. Indeed, the line that stands to shape public memory of the White House's rejoinder to the pandemic was Trump's ill-timed tweet that screeched, "WE CANNOT LET THE CURE BE WORSE THAN THE PROBLEM ITSELF." A keen critic might note the uneven rhetorical parallelism here, not pairing "cure" with "disease," but with "problem," even as "cure" suggests the presence of disease or illness. Even when he's not out-right attacking medical experts, here he attempts to elide the very language that would constitute disease, though clumsily, and in a way that sparks the toxic politicalization of the virus and with it partisan leanings about everything from masks to the use of immunosuppressants that do not actually treat COVID-19. Wearing a mask, in particular, has been shown repeatedly to curtail infection rates, but scripts of whiteness, masculinity, paranoia, and disingenuous appeals to personal liberty and autonomy have prevented a truly communal response to the pandemic.

And still, the staying power of the pandemic narrative does not simply present a political quandary for the president. The slow-motion catastrophe is compelling all of us to grapple with a fundamental crisis of institutions—some of which are novel, but many of which have affected large swaths of the population, including LGBTQ people, for years. The pandemic has had a ravenous effect on people in nursing homes, detention camps, and prisons, all of which are filled with LGBTQ people, but who are often actively erased in the

public sphere. If it true that the pandemic is shading every aspect of American life, from secure housing to domestic violence rates, it can be difficult to know where to first direct our attention. When so many of us are isolating in our homes because of preexisting conditions or to care for loved ones, the limits on our individual actions become clear immediately. For those workers extolled as essential but treated as expendable, reimagining ways to foster actual change can feel unimaginable. Nonetheless, I believe we can cull from the creative impulses of disciplines such as queer theory and disability studies, both of which have told us much about how to be public differently while simultaneously dismantling the obstacles that have long hampered those who identify as such.

Queer history teaches us that surviving this presidency is not a uniform endeavor—it will require both rage and humor, rigidity and flexibility, art and science, local organizing and national attention. I have been humbly relearning the lessons of safer-sex education, which has taught us over the decades that shame and zero tolerance policies are the worst methods for guiding human behavior, even when another's life is at stake.<sup>8</sup> Can we adopt such pedagogies to encourage reticent publics to wear masks and physically distance or are the contexts too dissimilar to cultivate such productive practices? How do we mobilize the lessons of HIV-prevention to incite greater compliance from people who are seemingly unpersuadable? AIDS activism taught us to reduce risk where possible, to test frequently, and to make staying safe both accessible and pleasurable. But it also shows that these are systemic problems, with deep cultural roots that are not easily altered. Organizations such as the NAACP have warned that attempts to enforce the wearing of a mask might disproportionately affect already marginalized groups, especially Black men, who are socially positioned as menacing and who would be more prone to police violence and state surveillance.<sup>9</sup> Rather than discipline or embarrass recalcitrant neighbors, we might need to think through more creative ways to make this most pressing issue more appealing. To be sure, power differentials and modalities of privilege could make the differences between HIV-education and COVID prevention too dissimilar to be fruitful. Still, as a person living with type-1 diabetes and who is indebted to queer accounts of AIDS, I believe strongly that we cannot put all of our eggs into the vaccine basket. The promise of a cure is often a projection of hope as much as it is any actual possibility. Reporting from *The New York Times* found that that over half of Americans would refuse a COVID-19 vaccine because of its rapid development.<sup>10</sup> The troubled introduction of PrEP as a mundane component of everyday life to prevent HIV-infection highlights the necessity of performing not just scientific, but cultural outreach.

We will not survive this presidency by simply going along with the willful misinterpretation of data and the suppression of medical voices. The struggle

to resist Trump's propaganda machine remains vital and high profile organizations such as Black Lives Matter and ACT UP point to the hard work yet to be done. Black Lives Matter, a movement founded by queer women of color, has thoughtfully implemented ways to be public, but safe, during ongoing protests, disrupting networks of racism and disease simultaneously. The collective has innovatively tied the brutality of state violence to the callousness of the COVID-19 response in their rhetoric. In doing so, Black Lives Matter has inspired hundreds of local organizing groups to take up the charge against systemic bias. ACT UP has likewise continued to find inventive ways to retort institutional ills. The activists set off a fierce debate about the parallels between AIDS and COVID-19 when they posted contrasting images from the two pandemics to Instagram. The first is a well-known photo from 1988 of artist David Wojnarowicz wearing a jacket that contains the now infamous pink triangle that reads, "If I Die of AIDS—forget burial—just drop my body on the steps of the F.D.A." Next to that, they presented an image of a black mask with white print against a pink background that declares, "If I die of COVID-19—forget burial—drop my body on the steps of Mar-a-lago." Both organizations illustrate the potency of redressing a government that is recklessly inflicting harm on vulnerable people who are desperate for change.

The contributors to this forum offer fabulous insights for rethinking our approaches to the pandemic. They present myriad possibilities for surviving this presidency and its blatant disregard of human life. We begin with Ted Kerr's article, published early in the pandemic, which explores the sometimes problematic, but decidedly ubiquitous, practice of comparing the emergence of AIDS to COVID-19.<sup>11</sup> His piece provides a snapshot of what was happening in mid-March 2020 as stay-at-home orders and the seriousness of the outbreak settled in over queer communities. On another register, SAGE Metro Detroit presents the challenges confronting aging queers, and especially older queers of color, when kinship networks formulated around families of choice are interrupted. A number of contributors to the forum utilize some of our most prized concepts in queer studies—intimacy, pleasure, and belonging—to think through practices that might enable us to endure COVID-19's long stay. One of the authors featured here writes in alternative forms, employing a nonlinear diary of insights, whereas another offers critical takes of economic policy. In the pages of this forum we encounter both new technologies and a return to past networks of association. The contributors give focus to the precarity of those living on the US/Mexico border and those fighting for racial justice in the streets of America. They enter the conversation about how to approach and rethink the defining event of the modern era without offering easy answers or simple political fixes. They do so in COVID-19's looming shadow, which has shut down this year's

national political conventions, and with the knowledge that thousands more are yet to be lost.

## NOTES

1. For two excellent analyses of the “pandemic narrative,” see Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, NC: Duke University Press, 2008); and Marina Levina, *Pandemics and the Media* (New York: Peter Lang, 2015).
2. See Merlin Chowkwanyun and Adolph Reed, Jr., “Racial Disparities and COVID-19—Caution and Context,” *New England Journal of Medicine*, May 6, 2020.
3. The Lead, *CNN*, May 1, 2020. For video see, <https://twitter.com/jaketapper/status/12563461492435360?lang=en>.
4. Scott James, “Coronavirus Economy Especially Harsh for Transgender People,” *New York Times*, June 16, 2020.
5. Trudy Ring, “Pro-Trump Minister: LGBTQ Lawyer’s Death from COVID was God’s Judgment,” *Advocate*, March 23, 2020.
6. Daniel Reynolds, “Same-Sex Couple Told to Vacate as Gays are ‘Contaminated’ by COVID-19,” *Advocate*, March 31, 2020.
7. Hyung-Jin Kim, “Homophobia Threatens to Hamper South Korea’s Virus Campaign,” *Associated Press*, May 12, 2020.
8. Julia Marcus, “The Dudes Who Won’t Wear Masks,” *The Atlantic*, June 23, 2020.
9. Derrick Bryson Taylor, “For Black Men, Fear the Masks will Invite Racial Profiling,” *New York Times*, April 14, 2020.
10. Jan Hoffman, “Mistrust of a Coronavirus Vaccine Could Imperil Widespread Immunity,” *New York Times*, July 18, 2020.
11. Thanks to Karma Chávez for drawing my attention to this article back in April.

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