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Jeff Bennett (he/him)

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## Narrative multiplicities and the politics of memory in *The Borders of AIDS*

Review of Karma R. Chávez, *The Borders of AIDS: Race, Quarantine, and Resistance*

One of the striking paradoxes of AIDS memory is that scholars, activists, and public health officials have repeatedly debunked myths about the pandemic while simultaneously reiterating fundamentally flawed historical scripts. We know, for example, that Gaëtan Dugas, a gay Canadian flight attendant who was wrongfully dubbed “Patient Zero,” did not actually introduce HIV to clusters of men at the dawn of the epidemic. Nonetheless, Dugas has become a fixture in the history of public health and, unsurprisingly, many researchers (myself included) regularly return to the reckless reports penned about him. Jih-Fei Chang argues that a striking consequence of this otherwise banal tendency is it can leave unquestioned the epidemiological narrative that white gay men are the “source and the solution to AIDS.”<sup>1</sup> It is for this reason that the Patient Zero myth often acts as “an enduring colonial, white supremacist, patriarchal, and classist script that fuels our culture representations and public health policies.”<sup>2</sup> Even when well-intended critics disavow such rhetoric, these anecdotes often structure knowledge of AIDS’s legacy, dissemination, and trajectory.<sup>3</sup>

Karma Chávez’s *The Borders of AIDS* is perhaps most compelling precisely because it effectively moves readers beyond such recursive narratives. As with any scholarship that focuses on this moment in history, Chávez nods toward Dugas, but only briefly, and with the intent to direct readers toward otherwise neglected cases of those who were lost to AIDS. Chávez relays that references to such accounts, especially those focused on migrants, “are found largely in ephemera—a flyer announcing an Immigration and Naturalization Service rally, a line on an agenda, or a recalled memory of a living organizer.”<sup>4</sup> In this way, *The Borders of AIDS* is conversant with Ann Cvetkovich’s notion of the “absent archive,” a conceptual heuristic that acts as a rhetorical reclamation of those contextual and historical elements of everyday life that have been eclipsed by material and discursive violence.<sup>5</sup> Importantly, in Cvetkovich’s work, the word “absent” does not always suggest complete erasure. Rather, it connotes an affective attachment, sentiment, or longing that cannot be accounted for in the quotidian flows of narrative temporalities. Chávez’s near-term memory work nuances and enlivens the absent archive of AIDS histories by engaging cultural effacement and the reality that many people have vivid memories of the political conditions that enabled the catastrophe.

Chávez’s undertaking is especially pertinent as the world navigates the COVID-19 pandemic and grapples with how to remember those lost to the novel coronavirus and hold accountable those responsible for collective losses. *The Borders of AIDS* presents the opportunity to explore the parallels between the pandemics, including the rhetorical production of “risky bodies,” erroneous scripts of individual responsibility, and a botched federal response.

While there are significant differences between the two epidemics, several public intellectuals have raised generative questions about ongoing structural inadequacies, the euphemistic ways we discuss outbreaks, and those aspects of pandemic life lost to time.<sup>6</sup> Resonant with these ideas is the centerpiece of Chávez’s book—her conceptualization of “alienizing logic,” which she defines as a “a structure of thinking that insists that some are necessarily members of a community and some are recognized as not belonging, even if they physically reside there.”<sup>7</sup> Quarantine, the object of Chávez’s text, is an extension of this rationality. But alienizing logic, Chávez explains, is not an easily plotted insider/outsider relationship. It can be turned inward, as is the case with the many queers of color who were systemically marginalized by politicians, media talking heads, and white gay community leaders when AIDS surfaced.

Of particular interest for contemplating such dynamics is Chávez's focus on the life of Fabian Bridges, whose own struggles with HIV were defined by poverty, police intimidation, and government malfeasance. Bridges was a Black gay man demonized by the press and harassed by public health officials throughout the mid-1980s. Unlike Dugas, whose personal narrative gained traction after his death, Bridges was publicly persecuted while he was still living. He was the focal point of a Frontline report titled "AIDS: A National Inquiry," which aired on PBS in 1986. This year is frequently cited as revelatory for public awareness of AIDS, but Kevin Mumford reminds us that black gay community leaders recognized the various ways the epidemic was racialized by this point.<sup>8</sup> Additionally, news outlets tended toward sensationalism, which almost always reproduced bias in some form. Following suit, PBS described their documentary as a "controversial" film because it was, in their words, a "portrait of a man with AIDS who continued to be promiscuous." Host Judy Woodruff asserted that the focus on Bridges "is an unusual and unique story about one man's tragic journey across the United States. It is a film that raises questions about public and personal responsibility, prejudice, and fear. In fact, our biggest fear of AIDS seems to stem from what we don't know about it." This dearth of knowledge did not prevent Frontline producers from reiterating racist, classist, and heterosexist tropes of people living with AIDS.

At one point in the segment, Bridges told Frontline that he continued to have sex after being diagnosed with HIV and did not always inform his sex partners about his status. Although PBS and other media outlets identified Bridges as a sex worker, Chávez argues that strong evidence does not exist to support this claim. Recent work by scholars such as Andrew Pope contend that such allegations are patently false and that PBS likely coaxed Bridges into bogus confessions with money, lodging, and food.<sup>9</sup> Regardless, the film's tone fundamentally changed when Bridges suggested he was having sex without disclosing his status. In what is perhaps the most controversial part of the program, PBS told health officials of his activity, who in turn discussed quarantining him. Frontline producers did not contact community services that would have kept Bridges safe or well—they contacted the authorities. At various points, Bridges was jailed, sent to a psychiatric ward, and shadowed by police, who attempted to entrap him. In one instance, Bridges' doctors argue that they are not "anti-homosexual" but "pro-health." But being "pro-health" simply afforded the conditions for the alienizing logic that allowed bureaucrats to rationalize disciplining Bridges. As his story began circulating nationally, Bridges was repeatedly removed from the communities where he lived by public health and law enforcement officials. Multiple municipalities coerced Bridges into being mobile, and his itineracy purportedly threatened several communities that included Houston, Indianapolis, and Cleveland. In this way, Frontline embodied and reiterated the "common sense" myths of AIDS, which are "built from norms of racial, sexual, and cultural propriety."<sup>10</sup> And it did so by using rumor and gossip, which Riley Snorton argues signifies "a set of cultural anxieties produced at the nexus of identification and social taboo."<sup>11</sup>

The state's maltreatment of Bridges draws attention not only to institutional failures, but also the gradual shift in cultural attitudes that tend to transpire during crises. Even if Bridges did have unsafe sex during this period, the same can be said for countless people. And not simply because they eschewed some oppressive notion of respectability. During the 1980s, there were limited means of obtaining information, and some were skeptical about everything from the mode of AIDS transmission to their chances of infection. Cathy Cohen contends that the Reagan administration's refusal to directly address the pandemic in the mid-1980s had a significant impact not just on funding but also on awareness.<sup>12</sup> This is to say nothing of the piecemeal process of convincing people to alter behaviors. After all, the concept of safe-sex did not take hold overnight. For years, condoms were seen as a

method of preventing pregnancy, not necessarily STIs. Even before the advent of medications such as PrEP, serious barriers remained in making condom-use a customary practice. As Steven Thrasher notes, “many gay men *did* eventually grow to use condoms widely during sex, without government mandates. But it took time. As any person who struggled not to shake hands, hug their friends, kiss their kin, get closer than six feet from people they loved, remain indoors with others, or touch their face during the COVID-19 pandemic can tell you, adjusting behaviors takes a bit of time.”<sup>13</sup> Even if one believes Bridges was not always forthright, his longing for human connection is clear in the documentary, and that desire is more common than atypical.

The Bridges case commands closer attention to the myths that spring up during a pandemic—including those that inadvertently perpetuate ongoing harms. Bridges’ suffering is not simply an instance of benign neglect but an active reproduction of a racist and heterosexist caricature that is part of a larger matrix that prevents queers of color from receiving care and support. Despite calls from some during our current pandemic to dislodge politics from public health, the two are always intertwined. If anything, both AIDS and COVID illustrate the need to continually reassess how publics become entrenched into particular ways of thinking about bodies, disease, and community. Cristina Mejia Visperas encourages readers to avoid studying medical racism as a “collection of singularly nefarious events caused by misguided research or particularly sadistic scientists.”<sup>14</sup> Rather, she forwards an understanding of racism that conveys “a more mundane relationship between racial violence and knowledge production.”<sup>15</sup> I am reminded of refrains during the COVID-19 vaccination drive that African Americans might not seek out inoculations because of abuses incurred during the Tuskegee Syphilis Experiments. But one need not go back over half a century to locate medical abuses of people of color. Such injustices are ongoing in the medical system—from denying Black women’s pain to the high rates of infant mortality that continue unabated. This institutional malpractice requires redress if we are going to actively fight systemic harms or combat the myths that enable such ills.


Bridges died by the time PBS aired the documentary in 1986, which was the same year the US Supreme Court handed down their verdict in *Bowers v. Hardwick*. Interestingly, even as the high court rendered its vanilla decision on sodomy, states across the nation had moved to repeal these invasively heterosexist laws. Trevor Hoppe argues that, even as more states were rescinding these edicts, there was a simultaneous movement toward the criminalization of HIV. Bridges’ case illuminates this troubling era when the law, medicine, and public opinion took up the mantle of criminalization. But for some, such as Bridges, full incorporation into the social fabric was never permitted. Folks like him continue to function as the constitutive outside of AIDS memory, and we would do well to follow Chávez’s lead and chart a new path forward while doing justice to the life he lived and the exploitation he endured. Doing so might recenter new narratives that can more efficiently address the various AIDS crises that persist. Even then, we need a multiplicity of narratives that help direct resources toward those most impacted by AIDS, including trans women of color, sex workers, disabled people, and those who live at the intersection of these identities.

## Notes

1. Jih-Fei Cheng, “AIDS, Women of Color Feminisms, Queer and Trans of Color Critiques, and the Crisis of Knowledge Production,” in *AIDS and the Distribution of Crises*, eds. Jih-Fei Cheng, Alexandra Juhasz, and Nishant Shahani (Durham: Duke University Press, 2020), 85.
2. Editor’s note to Julia S. Jordan-Zachery’s “Safe, Soulful Sex: HIV/AIDS Talk,” in *AIDS and the Distribution of Crises*, 95.

3. The irony that I am evoking this frame to make a point is not lost on me.
4. Karma Chávez *The Borders of AIDS: Race, Quarantine, and Resistance* (Seattle: University of Washington Press, 2021), 13.
5. Ann Cvetkovich, *Depression: A Public Feeling* (Durham: Duke University Press, 2012), 25.
6. See, for example, Theodore Kerr, “How to Live with a Virus,” *POZ*, March 23, 2020, <https://www.poz.com/article/live-virus>
7. Chávez, *Borders of AIDS*, 5.
8. Kevin Mumford, *Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2016), 172.
9. Andrew Pope, “Let Me Be Somebody: Fabian Bridges & Quarantine Proposals During the HIV & AIDS Crisis in America,” unpublished paper obtained through contact with the author, January 9, 2023.
10. Chávez, *Borders of AIDS*, 76
11. Riley C. Snorton, *Nobody Is Supposed to Know: Black Sexuality on the Down Low* (Minneapolis: University of Minnesota Press, 2014), 124.
12. Cathy Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago: University of Chicago Press), 143.
13. Steven W. Thrasher, *The Viral Underclass: The Human Toll When Inequality and Disease Collide* (New York: Celadon Books, 2022), 52.
14. Cristina Mejia Visperas, *Skin Theory: Visual Culture and the Postwar Prison Laboratory* (New York: New York University Press, 2022), 9–10.
15. Visperas, *Skin Theory*, 10.

Jeff Bennett (he/him)  
Vanderbilt University

 [jeffrey.a.bennett@vanderbilt.edu](mailto:jeffrey.a.bennett@vanderbilt.edu)

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In November 2014, I (Godfried) visited Mexico for the first time. A fellow international student took me to Chihuahua, Mexico, to visit his family. On my way back, I stopped in Juárez to cross the border by foot, as many Mexicans do every day. As an international student from Ghana who was on an F1 visa, I joined the queue for non-US citizens in order to be checked and potentially admitted back to the United States. I had crossed the border several times either by air or by foot, and it was not supposed to be any different this time. Basically, I would give them my passport and my signed I-20 that showed I was still a student, and then I would be allowed in. Even though there was nothing to worry about, I was still concerned that the growing discourses about Ebola infections in the news might influence what was usually a smooth process for me. Before my return to the United States, news of Thomas Duncan, a Liberian man who died in a Dallas hospital from Ebola, was circulating in the news.<sup>1</sup> Duncan’s sudden death after arriving in the United States ignited renewed calls for barring from the United States all persons from West Africa.<sup>2</sup> The use of bans and quarantines are covers for alienizing logic that draws on a long-standing racist assumption that geographically marks Africa as a site of unfettered diseases.<sup>3</sup>