

Book Review

AIDS and the Distribution of Crises

Alvaro Martinez-Lacabe ^{1*}

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This polyphonic collection of writings on the distribution of the AIDS crises needs to be understood as a response to the framing of global narratives that proclaim the end of the AIDS crisis by 2030. This is a time in the history of the epidemic in which the biomedicalisation of HIV prevention and treatment is more evident than ever. It is also a time when it is possible to witness the contrast between global policies that advocate for community involvement and the scarcity of resources that these communities suffer due to the lack of genuine interest from governments. Under the title 'AIDS and the distribution of crises', this volume looks back at the history of AIDS to draw connections between the present epidemic and the practices of racism, sexism, homo-transphobia, global capitalism and colonialism as engines of perpetuation of the crisis in more marginal groups. In the words of Bishnupriya Gosh, 'this volume is mostly timely in exploring a core concept for historical narration: crisis as an epistemological category that prompts a diagnosis of the past and a blueprint for the future' (p. 69).

The book is structured in three parts which contain three dispatches and nine analytical chapters that feature ethnographies, interviews, and cultural production analysis, deploying various methodologies to analyse different case studies. The three dispatches chapters are intended to be guided dialogues for a number of collaborators where questions about the globalisation of the crisis, its historicisation, and its potential future are answered from personal perspectives. These dispatches, and specifically the second dispatch, reflect a current debate in the United States about the cultural/media production of the history of AIDS wherein accusations of silencing minorities and privileging gay men's stories are at the centre of the conversation. This debate is not the only key to understanding the past and future of the AIDS crisis, but it also draws attention to the crisis in queer scholarship in the United States.

As a starting point, this volume points at the scattering of the crisis in space and time as a phenomenon that challenges the legacy of the hegemonic narratives of the pandemic linked to the history of 'patient zero' and the white gay populations of the United States. As is frequently stated throughout the book, this narrative has contributed to marginalising and occluding the history and stories of other communities, places, and voices. However, this volume makes a greater effort towards bringing to the front those other histories including for example Haitians in Montreal (Viviane Namaste), Black gay men (Darius Bost, Marlon M. Bailey), chicanxs affected by AIDS in California (Pablo Alvarez; Juana Maria Rodriguez), Native Americans (Andrew J. Jolivet), and injecting drug users in India (Bishnupriya Ghosh). The invisibilisation of the crisis is clearly one of the main concerns of the collaborators of the book. For example, in chapter four, Julia S. Jordan-Zachery asks an important question: is it a crisis if it is not seen? Her chapter features an in-depth analysis of the processes of invisibilisation

¹ *Researcher at Roehampton University, UNITED KINGDOM*

***Corresponding Author:** martinea4@roehampton.ac.uk

of specific groups of HIV positive black women in the context of the AIDS and HIV pandemic in the United States. For that, Jordan-Zachery examines the role of some Black women in this dynamic of invisibilisation. Specifically, she explores the role of black congress women, black female bloggers and *Essence* and *Ebony* magazines in marginalising other types of black bodies by celebrating certain black personalities and employing the human disaster/ reporting frame to consciously or unconsciously avoid addressing how economic deprivation, sexual identity, incarceration and housing segregation and other intersectional factors make some black women more vulnerable to HIV/AIDS.

Aligned with Jordan-Zachery's question, Vivian Namaste challenges the idea that it was *only* gay men who were primarily touched by AIDS. She illustrates the case of the Haitian population in Montreal as clear evidence of how clinical practice in Canada was influenced by the lived experience of white gay men in the USA. The author refers to the fact that Haitians were experiencing symptoms of toxoplasmosis in larger numbers than Kaposi sarcoma, but the weight of the white gay men's clinical experiences eclipsed other clinical occurrences. However, I found this point might need more stronger support since the data provided by the author suggests that white bodies were more vulnerable to more opportunistic infections.

For me, one of the interesting contributions of this book emerging in several chapters is to show the role that statistics play in making pockets of crisis invisible. It is well explained how national statistics that may appear at first glance to show success in reducing HIV transmission, but it can actually hide regional crises instead.

This is the case of Manipur in India where the epidemic mostly affects injectable drug users, unlike in other parts of the country. In this region the epidemic has been militarised in favour of securitisation since people living with HIV are perceived as a threat to the security of the country. Another case where statistics contribute to the invisibility of the crisis is that of the American Indians and Alaska Natives (AIAN). In his contribution on the intersection of HIV, indigeness and settler colonialism, Andrew J. Jolivet explains that due to the small population of American Indians and Alaska Natives in the USA it is easy to ignore the disproportionate impact that HIV has on this population. However, Jolivet points to a dramatic increase in the gay and bisexual AIAN population, of 63 percent annually. Likewise, Julia S. Jordan-Zachery argues how the realism of statistics hides the experiential realities of American black women who are at risk of HIV transmission at the micro and macro levels.

Also, the ongoing biomedicalisation of HIV prevention, specifically PrEP, is critically analysed in the book. Sara Schulman states that although she supports people using PrEP, the psychological demand for PrEP is based on the "general perception that people with HIV are overwhelmingly infectious" and this idea is 'dependent on HIV-positive people not getting existing medication' (46). Ian Bradley-Perrin also argues that biomedical interventions, including PrEP, rely on randomised control trials that ultimately are funded by the pharmaceutical industry. Bradley-Perry explains that these trials are often funded with global north money but performed in impoverished areas. Challenging the individualistic approaches of biomedical means for HIV treatment and prevention, Jolivet advocates for more communal forms of healing through the art of ceremony.

The theme of representation in the cultural production of AIDS in the United States is perhaps one of the most controversial of this book. There are two texts in this book that are especially relevant in this regard. The first one is the second dispatch in which collaborators discuss the 'revisitation' of (American) AIDS history. Undoubtedly there are legitimate concerns such as those raised by Cecilia Aldarondo, when she states that 'most of the recent cultural texts on AIDS are overwhelmingly white, overwhelmingly male, and overwhelmingly bourgeois' (p. 189). She continues 'If we allow these representations to dominate this moment of re-visitation, 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.'

Since the time that Aldarondo and other collaborators in this volume raised these concerns, there have been several research books, articles, and cultural artefacts that are less white, male and bourgeois. However, I agree with Jim Hubbard's assertion that AIDS history in the USA, and in the rest of the world, is currently understudied. It is too early to talk about re-visitation because there is continuous work being done on compiling oral history and doing history that aims to comprehend the reach of the epidemic. Historical epidemiology reviews along with qualitative studies can help to fix the lagoons in the academic scholarship.

However, as polyphonic as the book is, it is only fair to admit that most of these writings are USA-centric and that questions about the local distribution of the crisis might only attract those who are interested in the history of AIDS in United States. In this sense, the book seems somewhat to fail to de-colonise AIDS activism history, although it does focus mostly on the struggles of non-white activism to attain representation and a place in history. In this context, I believe that some of the chapters might have benefited from more work in terms of reflexivity and positionality. Despite this, this volume provides numerous contributions to various debates on the history of AIDS and opens the door to new paths for research in this field.

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