LENA GROSS

"Viruses Do Not Discriminate"? Reflecting on Two Pandemics

Two viruses

"**THE FIRST GLOBAL** pandemic in more than 100 years, COVID-19 has spread throughout the world at an unprecedented speed" states an article in the *World Economic Forum*. However, the same piece explicitly links the current COVID-19 pandemic to HIV/AIDS – another global epidemic that has occured during our lifetime. Many AIDS survivors and members of the queer community have drawn a line between the two virus outbreaks, pointing out both similarities and differences (see for example Gessen 2020; Page 2020; Schoofs 2020; White 2020). So why do the authors quoted above in the same piece of writing claim that the situation the COVID-19 pandemic has given rise to is unique in our time? Why is COVID-19 defined as a pandemic while HIV/AIDS is defined as an epidemic in their writing?

In the following, I will discuss the uneasy dynamics between similarity/familiarity and uniqueness in the two virus outbreaks by exploring my own childhood memories and comparing them to my father's account of his memories, by looking at WHO's categorization of the two viruses, and by contemplating the reflections of a Norwegian queer activist that lived through the early years of HIV/AIDS. Personal experiences, subjective as they might be, can highlight certain aspects

lambda nordica **2/2020**

of current or past events that can otherwise be hard to catch and that cannot be expressed through statistics. They add important pieces of information we need in order to understand macro level issues that are otherwise hard to comprehend. That personal reflections and experiences sometimes contradict each other does not make any of them less valid – they are rather all parts of a puzzle we need to put together in order to understand current events on a larger scale.

HIV/AIDS: a pandemic for "the Others"

"People ask me if our lives today feel like the early years of HIV/AIDS, and I want to scream. There is no comparison. Just stop. No one cared about people dying of AIDS in the early years of the pandemic. The stock market didn't budge. The president didn't hold news conferences. Billions of dollars were not spent" (King 2020). These words are from a well-known AIDS advocate, Mark King, who makes a crucial point: HIV/AIDS has always been a disease of "the others".

HIV/AIDS has been around for decades and is still killing over 700 000 people a year. Though it was recognized as a new disease in 1981, there are indications that the HIV-1 pandemic emerged in colonial west central Africa and had already been spreading for 50–70 years before that (Korber et al. 2000). Globally, 37.9 million people were living with HIV in 2018. Only 62 percent of those people were receiving antiretroviral treatment. Since the outbreak was officially recognized, 32 million people have died from AIDS-related illnesses (WHO 2020). For the first few decades there was no available treatment, and the 2SLGBTQQIA+ (two-spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual) community was affected especially hard. Nowadays, developing countries are experiencing the greatest HIV/AIDS morbidity and mortality, with the highest prevalence rates recorded in young adults in Sub-Saharan Africa (UNAIDS 2020). In Western countries, AIDS has become something that happens somewhere else to someone else for the majority of the population. There is still no cure for HIV and the treatments that exist today can only supress the symptoms. The existence of these treatments has however,

together with the development of pre-exposure prophylaxis (PrEP) – a medicine that can, if taken daily, prevent HIV – and post-exposure prophylaxis (PEP) – an antiretroviral medicine (ART) taken after potential exposure to HIV – changed the perception that equates HIV/AIDS with certain death. Still, it is important to keep in mind that these medications are far from accessible to all.

Labelling COVID-19 as an in our time unprecedented pandemic (Bakker & Elkington 2020) erases our awareness of the people that have been infected by or died of HIV/AIDS. But even when HIV/AIDS is explicitly mentioned, there is no quarantee of the suffering and the othering that to this day accompany HIV/AIDS being acknowledged. An example of this can be found in a recent story in the New York Times that focused on stigma and corona. Among other things it contained an account of a couple whose friends, on their return to the US from abroad, refused to let them stay with them overnight. The couple had to spend the night in a motel and compared their experience with "the old days of the AIDS epidemic" – something that was left uncommented in the article (Stockman 2020). In their account, the two crises were presented as equal and their friends' rejection was compared to HIV infected people being refused medical care and abandoned by their families.

Edward

I – at least to my knowledge – do not know anyone living with HIV. I was too young in the 1980s and early 1990s to really be able to remember how HIV/AIDS was reported in our local and national media at the time. Despite this, AIDS was present during my childhood, in a blurry, scary, and tabooed sort of way.

My father had a friend, whom I will here call Edward. He was a melancholic, well-dressed man who loved us children dearly. Apart from us and his elderly mother, he seemed to be all alone in the world. I knew that Edward was gay, without understanding what it meant. He was different from all the other men I met growing up in Bavaria, one of Germany's most conservative and religious regions. Edward liked to wear pink shirts; he was one of the few men I knew that looked like a

white-collar worker. He was soft-spoken, had a high-pitched voice, and was feminine in a way I had never encountered in men before.

Edward died in 1993, when I was in third grade. I did not think about him again until many years later, in my late twenties and early thirties, when I started to grapple with my own sexual and gender identity. Thinking back, there were so many things I would have loved to ask Edward. So, I started talking to my father instead.

I learned that Edward had been a union man, very engaged in his work with different groups on the political left, and that he had been open about his sexuality in his workplace – a printing plant. That last part surprised me – being gay was heavily stigmatised in Southern Germany in the 1980s, and according to my father, Edward was neither involved in any queer movement nor had he ever been in a long-term relationship. When he was young, Edward had been arrested for being seen in public with a male partner, but he was released almost instantly. Edward was one of few openly gay men on the local left scene according to my father, but the issue was hardly ever addressed, since Edward was not politically engaged in issues related to gay rights.

I had always assumed Edward felt uncomfortable about his sexuality and had tried to hide it; I clearly remember him expressing what I perceived as considerable insecurity through his body language and how he acted nervously around people outside our family. My father told me that assumption was both correct and wrong. Edward had struggled with his sexuality and often expressed how he suffered from it. He had however been open about it to almost everyone. Thinking about this, I realized I had harboured another profound assumption throughout my childhood and youth. I had assumed that Edward died of AIDS, despite knowing that he had, in fact, suffered from a brain tumor. Even now, I still tend to think about him whenever I hear the word AIDS.

Growing up, I associated AIDS with being gay, although these were things I knew hardly anything about. As a child I was convinced that AIDS was caused by gay sex. Somewhere in this picture there was also something about infected monkeys in Africa, but I could never make sense of this piece of information. In my mind, AIDS was linked to

extreme loneliness and an early death and to me, that was also what had happened to Edward. The only logical conclusion therefore seemed to be that Edward must have died of AIDS.

Uncanny similarities

What then, is the connection between my youthful ignorance, prejudices, and memories and COVID-19, if indeed there is any such connection? Numerous accounts of the HIV outbreak have resurfaced during these last few months, triggered by the way media and public health institutions both mention and ignore the still ongoing HIV pandemic. Especially in the US, the Trump administration's failure to respond in a timely and adequate way to the COVID-19 outbreak has been compared to the inaction of the Reagan administration in the initial stages of the HIV/AIDS outbreak in the 1980's (Renfro 2020). The former head of the National Institute of Allergy & Infectious Diseases, Dr. Anthony Fauci, who was also responsible for developing HIV/AIDS treatments during the 1990s, pointed out another similarity between the two outbreaks during a daily White House Coronavirus Task Force briefing. He remarked that the impact of HIV/AIDS on 2SLGBTQQIA+ people is similar to the impact of COVID-19 on African-Americans in that "the disease has 'shed a light' on health disparities in the United States much like HIV/AIDS did with LGBTQ people" (Johnson 2020).

The queer Norwegian and Sámi activist, actor and dramaturgist Sven Henriksen, draws a similar line between the two pandemics:

> *In New York City, over 100,000 people died of AIDS. Many of them had families who would not accept them. Many were buried on Hart Island, east of the Bronx. The community turned their back to it because the people who were infected and died were mostly gays.*
>
> *In New York City, people are once again buried on Hart Island. We see trucks driving simple wooden coffins to mass graves on the deserted island.*
>
> *The majority of Covid-19 deaths are Hispanic, African American and Asian – only 10.2 percent are White. Poor people, who cannot afford a regular burial, end up in mass graves.*[1]

Indeed, there are uncanny similarities; like every other crisis, COVID-19 hits minorities and marginalized communities the hardest. Structural discrimination, racism, and socioeconomic inequality are the perfect breading ground for any disease. Both primary and secondary aspects of the pandemic affect People of Colour, Indigenous Peoples, the economically disadvantaged, people living with addictions or mental illnesses, and members of the 2SLGBTQQIA+ community together with other minorities disproportionately hard. Infection rates worldwide suggest that socioeconomic aspects play a huge role and that poverty means an increased risk of being infected and of experiencing a more severe course of illness. The same factors also seem to correlate with the probability of getting less or no medical attention, of losing your job, and of experiencing (domestic) violence during lock down (Artiga and Orgera 2020; FHI 360 2020, 1–2).

Just as the AIDS epidemic, COVID-19 is going to leave behind a collective trauma for many marginalized groups. Health professionals, activists, and others have been looking at the strategies developed during the early years of the HIV outbreak in order to identify ways of handling the new virus, arguing for a consultative and human rights-based coronavirus response (González 2020; ILOAIDS 2020).

Do viruses discriminate?

Comparing these two pandemics and how they play out in different national contexts can help us unveil inequalities and power structures in our societies.

People infected with HIV were – and are in many cases still – regarded as Others", while COVID-19 has often been described as an equalizer that hits people the same regardless of class and ethnicity. As one contributor in the journal *Nature* puts it: "we must all do everything we can to avoid and reduce stigma; not associate COVID-19 with particular groups of people or places; and viruses do not discriminate — we are all at risk" (*Nature* 2020).

Even though there is clearly a whole host of ageist, ableist, and racist views connected to COVID-19, the perceptions surrounding

COVID-19 cannot be equated with the huge stigma connected to HIV/AIDS. COVID-19 can be transmitted in the workplace, on public transport, and in other arenas of casual contact, while the risks of contracting HIV are limited to situations of intimate contact involving exchange of body fluids with someone infected with but untreated for HIV, which partly explains the heavier stigma of HIV. There are still 48 countries around the world that restrict or prohibit HIV-posititive non-nationals from entering and staying in the country (UNAIDS 2019).

The course of disease for COVID-19 infected people varies and infection can be anything from almost non-detectable to severe or deadly. For many, recovery is likely even without treatment. People infected with HIV, on the other hand, almost always face certain, early and painful death. Scientists all over the world are working feverishly to find effective treatments and a vaccine for COVID-19; far from the same efforts were made when the HIV pandemic first broke out and it was not until 1996 that a treatment that could control the virus was found.

The differences between HIV and COVID-19 are so great, that it seems almost disingenuous to equate the two. In doing so we blot out the stigmatization and discrimination that people infected with HIV have been and are still subjected to (Renfro 2020). I would argue that the "othering" connected to HIV/AIDS is even visible in epidemiological definitions.

The World Health Organization (WHO) classifies the COVID-19 outbreak as a *pandemic*, while the ongoing HIV crisis is classified as a *global epidemic* (WHO 2020).[2] The Greek word *pan* means "all" in English, while *global* means "everywhere". This is not merely a question of linguistics – it points to the crucial difference between these two viruses, i.e. the difference in who is affected. COVID-19 hit Western countries like the US, Great Britain, Austria, France, Sweden and Belgium hard, and while there is by now a visible socioeconomic divide in the spread of the infection, the European outbreak started among middle and upper class ski tourists in the Austrian Alps.

Sven Henriksen notes how the moralizing around COVID-19 differs from that around HIV/AIDS, but also sees commonalities in how the two outbreaks unveil hidden mechanisms:[3]

Most of us, who lived through and survived the AIDS epidemic, have kept pretty calm for the past two months. And this virus is still among us all.

Back then, the majority felt reasonably safe, as the virus only affected the immoral gays and their extravagant lifestyle. We were hunted and sheltered as lepers.

We wiped each other's tears as we went from one funeral to another. It was the darkest of decades for so very many – I have neither before nor since been so afraid.

During Covid-19 I haven't been afraid. I have done as I have been told by the authorities, though I have not always seen the necessity of all measures. I have bent my neck and listened, stayed at home, kept my distance, and shown consideration.

I do however recognize some of the disgusting mechanisms that have come to light from back when AIDS was still a top story in the news. "It's just a few old people dying – so what?" some have said and written in heated discussions.

There has also been a surge of self-esteem in unexpected places. We, the most resourceful, will survive this. That's how it always is.

Now the world is slowly but surely opening up again. Let's enter into this with humility and respect for life and each other. We humans rarely learn from our mistakes. I see one brave and loud-voiced post after another. "What did I say?" many will probably remark – usually those who were never at risk anyway. Take care!

Henriksen's words and my account of my childhood memories have something in common: they both make up personal reflections, but they also both point to differences that are worth keeping in my mind when comparing COVID-19 and AIDS/HIV. They can explain why WHO defines the first as a pandemic and the second as a global epidemic – a difference that is not only linked to the way the viruses spread, but also to who is infected.

I am convinced that my daughter, who is now the same age as I was when Edward died, not only knows what COVID-19 is, but will remember it as a crisis that affected us and our lives when she gets older. She will not associate it with shame, stigma, and secrecy, but think of it as the public health crisis it is. Returning to the quote from *Nature* above, "viruses do not discriminate", but – we might add – humans do.

LENA GROSS is a postdoctoral fellow at the Centre for Sámi Studies, UiT, at the Arctic University of Norway, Tromsø. Lena has a PhD in social anthropology from the University of Oslo (2019), where she defended her thesis *Magnifying Inequalities. Tales of land, labour, belonging, and refusal in the context of the oil sands industry in Northern Alberta, Canada*. In her doctoral research, Lena used the example of oil sands extraction on Indigenous land to discuss how colonial structures still exist in Canada today and how they impact everyday life for both the Indigenous and the non-Indigenous population. In her postdoctoral project, Lena is examining impact assessments concerning a proposed mine at Nasafjell, Norway, situated in the heart of traditional reindeer herding grounds. Lena has co-edited and contributed a chapter in *At home in the oil sands: Settler colonialism and environmental change in subarctic Canada* (Routledge 2019). Her other research interests include queer, decolonial, and Indigenous methodology and theory, and psychological/medical anthropology.

REFERENCES

Artiga, Samantha & Orgera, Kendal. 2020. "COVID-19 Presents Significant Risks for American Indian and Alaska Native People." May 14, 2020. *KFF (Kaiser Family Foundation).* https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-presents-significant-risks-for-american-indian-and-alaska-native-people/.

Bakker, Peter & Elkington, John. 2020. "Bill Gates: How HIV/AIDS prepared us to tackle COVID-19." July 27, 2020. *World Economic Forum*. https://europeansting.com/2020/07/27/bill-gates-how-hiv-aids-prepared-us-to-tackle-covid-19/.

FHI 360. 2020. Meeting Targets and Maintaining Epidemic Control (EpiC). Strategic considerations for mitigating the impact of COVID-19 on key-population-focused HIV programs. Durham (NC): FHI 360.

Gessen, Masha. 2020. "What Lessons Does the AIDS Crisis Offer for the Coronavirus Pandemic?" April 8, 2020. *The New Yorker.* https://www.newyorker.com/news/our-columnists/what-lessons-does-the-aids-crisis-offer-for-the-coronavirus-pandemic.

ILOAIDS. 2020. "Addressing stigma and discrimination in the COVID-19 response: Key lessons from the response to HIV and AIDS." May 14, 2020. *International Labour Organization.* https://www.ilo.org/aids/Publications/WCMS_744799/lang--en/index.htm.

Johnson, Chris. 2020. "Fauci: Gay people lifted stigma with 'incredible courage' in HIV/AIDS epidemic." April 7, 2020. *Washington Blade*. https://www.washingtonblade.com/2020/04/07/fauci-gay-people-lifted-stigma-with-incredible-courage-in-hiv-aids-epidemic/.

King, Mark S. 2020. "Stop comparing the response to coronavirus to the early response to AIDS. It's insulting." March 16, 2020. *LGBTQ Nation*. https://www.lgbtqnation.com/2020/03/stop-comparing-response-coronavirus-early-response-aids-insulting/.

Korber, B., Muldoon, M., Theiler, J., Gao, F., Gupta, R., Lapedes, A., Hahn, B. H., Wolinsky, S. & Bhattacharya T. 2000. "Timing the ancestor of the HIV-1 pandemic strains." *Science* 288: 1789–1796.

López González, Laura. 2020. "A tale of two pandemics: Is COVID-19 repeating the mistakes of HIV's past?" July 24, 2020. *Bhekisisa Centre for Health Journalism*. https://bhekisisa.org/article/2020-07-24-hiv-and-covid19-south-africa-community-engagement/.

Nature (editorial). 2020. "Stop the Coronavirus Stigma Now." April 7, 2020. *Nature* 580, 165. doi: 10.1038/d41586-020-01009-0.

Page, Angela. 2020. "I'm An AIDS Survivor And COVID-19 Is Giving Me Flashbacks." May 12, 2020. *Huffpost*. https://www.huffpost.com/entry/aids-epidemic-covid-19-pandemic_n_5eb441ccc5b6b92917060e77.

Renfro, Paul M. 2020. "Coronavirus is different from AIDS. People comparing covid-19 and AIDS may obscure more than they clarify." April 6, 2020. *Washington Post*. https://www.washingtonpost.com/outlook/2020/04/06/coronavirus-is-different-aids/.

Sharp, Paul M. & Hahn, Beatrice H. 2011. "Origins of HIV and the AIDS Pandemic." *Cold Spring Harb Perspect Med* 1(1):a006841.

Schoofs, Mark. 2020. "How To Survive Yet Another Plague. I Lived Through The AIDS Epidemic. Here's How To Live Through Coronavirus." March 20, 2020. *BuzzFeed News*. https://www.buzzfeednews.com/article/markschoofs/how-to-survive-yet-another-plague.

Stockman, Farah. 2020. "What It's Like to Come Home to the Stigma of Coronavirus. A growing number of people around the country say they know what it is like to be treated like a pariah." March 4, 2020. *New York Times*. https://www.nytimes.com/2020/03/04/us/stigma-coronavirus.html.

UNAIDS. 2020. "New HIV infections differ by sex and by region." 08 June 2020. *UNAIDS.org* https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200608_new-hiv-infections-differ-by-sex-and-by-region.

UNAIDS. 2019. "Still not welcome." June 2019. *UNAIDS.org* https://www.unaids.org/en/resources/infographics/hiv-related-travel-restrictions.

White, Edmund. 2020. "Fear, bigotry and misinformation – this reminds me of the 1980s Aids Pandemic." April 6, 2020. *The Guardian*. https://www.theguardian.com/commentisfree/2020/apr/06/1980s-aids-pandemic-coronavirus-gay-community-survive.

WHO. 2020. "HIV/AIDS". Accessed June 5, 2020. https://www.who.int/hiv/data/en/.

NOTES

1. Sven Henriksen, Facebook post, April 12, 2020, cited with permission, my translation. More on COVID-19 burials on Hart Island and the island's history as a place of mass graves can be found for example here https://www.washingtonpost.com/history/2020/04/27/hart-island-mass-grave-coronavirus-burials/ and here https://www.nationalgeographic.com/history/2020/04/unclaimed-coronavirus-victims-being-buried-on-hart-island-long-history-as-potters-field/.
2. I have found both terms – pandemic and epidemic – in scientific papers and have therefore also used both terms in this text, intentionally not following WHO's definition.
3. Sven Henriksen, Facebook post, May 6, 2020, cited with permission, my translation.