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AIDS Postmemory in the 21st Century: Rethinking the HIV Crisis Today

ABSTRACT

In this paper, I contend that both HIV and AIDS must continue to be seen as crises if the pandemic is ever to be brought to an end. I start by exploring the presence of death imagery in Danez Smith's poetry in light of Marianne Hirsch (2008) and Samuel O'Donoghue's (2018) reflections on postmemory, arguing that AIDS haunts the experience of HIV in Smith's work in the form of postmemory. Based on this idea, I engage with the ongoing debate about the "post-crisis era" (Kagan, 2018; Rofes, 1998), and critical "post-AIDS discourse" (Basu et al., 2022; Walker, 2020) to claim that postmemory constitutes one of the multiple expressions of the "network of crises" which AIDS and HIV continue to be in the 21st century (Cheng et al., 2020).

KEYWORDS

Danez Smith; postmemory; HIV; AIDS; crisis; US poetry

1. Introduction

2009 was a landmark year in the history of HIV and AIDS. After receiving an HIV-resistant bone marrow transplant, Timothy Ray Brown – also known as the Berlin Patient – became the first person ever to be cured of HIV (Cohen, 2014). Many factors played a crucial role in the success of Brown's groundbreaking treatment, so it was not until ten years later that his cure was matched by that of Adam Castillejo – the London Patient (Mandavilli, 2020). In July 2022, a woman known as the Barcelona Patient became the fifth person to be effectively cured of the virus (Highleyman, 2022). While each of the five cases is extremely rare and medically complex, they are all real models of viral suppression now available for study, and thus offer a glimmer of hope that a final cure for the human immunodeficiency virus might be found and become available in the not-so-distant future.

For nearly 30 years now, highly active antiretroviral therapy (HAART) has made it possible for a growing number of people to lead healthy lives with HIV within what Octavio R. Gonzalez (2012) calls "the privileged cordon sanitaire of

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the global north” (p. 128)¹. In this context, we could argue that HIV should no longer be associated with developing AIDS in recently-diagnosed people as long as they have access to medication. Yet, HIV continues to trigger images of disease, death, and decay, even among new generations. A good example of this is found in Danez Smith’s poetry collection *Don’t Call Us Dead* (2017), where contact with the virus leaves the speaker “to become a hum in a choir of bug mouths” (p. 9), and the potential, progressive impact of HIV on the speaker’s body is juxtaposed to state-sanctioned anti-Black violence:

today, Tamir Rice
 tomorrow, my liver
 today, Rekia Boyd
 tomorrow, the kidneys
 today, John Crawford
 tomorrow, my lungs

some of us are killed
 in pieces, some of us all at once. (p. 65)

Bearing in mind the strong reverberations of AIDS in Smith’s lyric exploration of HIV, can we truthfully say that the experience of HIV is no longer linked to that of AIDS in any way, or does the shadow of AIDS somehow continue to haunt HIV+ people today? As Sarah Schulman asks in *The Gentrification of the Mind* (2012), “What have we internalized as a consequence of the AIDS crisis?” (p. 155). In other words, what might the legacy of AIDS be for *poz* people, and more generally for gay men in the 21st century?

In this paper, I consider the presence of imagery conveying death and disease in the poems where Smith confronts HIV to argue that AIDS haunts the poet’s work in the form of postmemory. To do so, I analyze the imagery deployed in Smith’s *Don’t Call Us Dead* in light of Marianne Hirsch and Samuel O’Donoghue’s reflections on postmemory. In the first part, I argue that postmemory originally appears, in the poems written from an HIV-negative perspective, as the expectation of becoming seropositive, to then progressively give way, in the poems written

¹ Today, the one persisting physical effect of the virus on HIV-positive people is a slightly lower life expectancy than HIV-negative individuals, and even this effect is debated. The exact impact of HIV on aging is difficult to specify. Most of the HIV-positive aging population today became positive when treatment was not yet as developed as it is now, and we cannot yet know how people in younger segments of the population with access to the latest, most improved drugs will experience aging. As Edward J. Wing (2016) states in “HIV and Aging”, “there is controversy about whether HIV itself accelerates the aging process” (p. 61). We do know, however, that seropositive people tend to experience higher rates of inflammation, which in turn is associated with greater rates of cardiovascular, renal, neurocognitive, oncological, and osteoporotic diseases, conditions which increase in elderly patients (p. 61).

from a seropositive perspective, to the expectation that contagion will inevitably lead to AIDS and, thus, to death. In the second part, I contend that, beyond attesting to the continuing impact of AIDS, postmemory also serves to foster a wider reconsideration of HIV as an ongoing crisis. To prove this point, I engage with the current debate about the “post-crisis era” (Kagan, 2018; Rofes, 1998), and critical “post-AIDS discourse” (Basu et al., 2022; Walker, 2020) arguing that postmemory constitutes one of the multiple expressions of the “network of crises” which AIDS continues to be (Cheng et al., 2020).

2. The Trauma of AIDS, Once-Removed

In “The Generation of Postmemory”, Marianne Hirsch (2008) argues that the Holocaust was such an intense trauma that even generations of Jewish people who never lived it feel like they can also recall the event, almost as if they had been there themselves. Such inheritance Hirsch calls “postmemory”, describing it as an identity-based structure of “inter- and trans-generational transmission of traumatic knowledge and experience” (p. 106). Based on this idea, and following Ann Cvetkovich (2003) and Dion Kagan (2018)², I argue that postmemory can also apply to the experience of queer people – in particular, but not exclusively, of gay men – around AIDS after the implementation of antiretrovirals. Identifying with a social group disproportionately affected by AIDS, and having grown up surrounded by accounts of its wreckage – be it via family or through the media and other means of cultural transmission – which reinforce the link between the two, gay men often think of the AIDS crisis as marking not only our community in the past, but also our own personal lives in the present.

It is important to specify that the “transmission of traumatic knowledge” described by Hirsch need not result in the next generation’s experience of trauma as such – even if it can in extreme cases result in it. Rather, postmemory indicates the remnants of trauma once-removed, the legacy of trauma through the filter of generational distance. As Samuel O’Donoghue specifies in “Postmemory as Trauma? Some Theoretical Problems and Their Consequences for Contemporary Literary Criticism” (2018), this phenomenon should not be understood “as the result of a psychological wound whose aftereffects are still felt by later generations” (n. p.). In his clarification of what he sees as a common misreading of Hirsch’s concept, O’Donoghue states that “postmemory is concerned with how subsequent generations relate to the trauma of their ancestors”, not with a trauma of their own. Indeed, as the very term chosen by Hirsch denotes, postmemory is not so much

² In *An Archive of Feeling* (2003), Cvetkovich uses the concept of postmemory to discuss the impact of the health crisis on the lesbian community. In *Positive Images: Gay Men & HIV/AIDS in the Culture of ‘Post-Crisis’* (2018), Kagan focuses on white gay men in the global North to claim that gay identity and sex have been tainted with the ghost of postmemory.

about trauma as it is about memory. In this light, my reading of Smith's verse through the lens of postmemory does not assert that the poet's work testifies to trauma in the first person but rather that it shows the expansion of the memory of a past traumatic event onto a subsequent generation³.

In Smith's poetry, the speaker's queerness, Blackness, and HIV status are constantly presented as tightly interconnected⁴. The strength of the intersection is such that "1 in 2" explores the possibility of an etymological explanation for the prevalence of the virus among queer Black people:

if you trace the word *diagnosis* back enough
you'll find *destiny*

trace it forward, find *diaspora*

is there a word for the feeling prey
feel when the teeth finally sink
after years of waiting? (pp. 62–63)

The poem suggests an undeniable – if obscure – link between the speaker's social position as a queer Black person, and their serostatus. For the speaker, HIV is inescapable insofar as it is their "destiny", something on which they can have no influence, and which "finally" happens "after years of waiting".

What's more, in Smith's poetry, the diagnosis is not received as a surprise. The perception of HIV as one's fate is such that in "1 in 2" the speaker meditates, "you knew it would come to this, but then it actually came" (p. 61). Even after the pervasive elegiac tone in *Don't Call Us Dead*, in Smith's *Homie* (2020) –

³ In his criticism of the "flawed equivalence of postmemory and trauma", O'Donoghue (2018) argues that those who never experienced the traumatic event in their own lifetime do not really have the authority to truthfully narrate it, and their witness should therefore not be equated to that of those who did. O'Donoghue finds this misconception faulty in that it "expands the authority of the witness to encompass those with no direct experience of the historical atrocities they narrate" (n.p.). In line with O'Donoghue, my reading of Smith's work as postmemorial does not seek to establish Smith's accuracy nor authority in regard to the AIDS crisis but to its wake in the contemporary experience of HIV. I am not at all interested in how "realistic" postmemorial work in Smith's verse may be as a representation of AIDS but in how it helps us better understand the legacy of AIDS in the experience of HIV in the mid 2010s.

⁴ Already in 1986, a Centers for Disease Control (CDC) report established that Black Americans were three times more likely to have AIDS, and a 1988 report stated that "AIDS patients were disproportionately black (26%) and Hispanic (13%), compared with the proportions of blacks (12%) and Hispanics (6%) in the U.S. population" (CDC. "Acquired Immunodeficiency Syndrome (AIDS) Among Blacks and Hispanics--United States" and "Distribution of AIDS Cases, by Racial/Ethnic Group and Exposure Category, United States, Jun. 1, 1981 – July 4, 1988"). Today, according to the latest studies, 1 in 2 Black men who have sex with men in the US will be diagnosed with HIV (CDC *Fact Sheet. Today's HIV/AIDS Epidemic*, 2016).

a volume dedicated to friendship and to Blackness – the idea of HIV as destiny appears once again when, in “old confession & new”, the speaker insists, years after it happened, that the diagnosis was expected:

sounds crazy, but it feels like truth. i'll tell you again.
 maybe i practiced for it, auditioned even, applied.
 what the doctor told me was not news, was legend
 catching up to me, a blood whispering
you were born for this. i tell you – i was not shocked
 but confirmed. enlisted? (p. 59)

For the queer Black speaker in Smith's work, the diagnosis is merely a materialization of an inevitable reality, an essential part of the self, “not news” but a confirmation.

In “The Generation of Postmemory”, Marianne Hirsch argues that “descendants of survivors (of victims as well as of perpetrators) of massive traumatic events connect so deeply to the previous generation's remembrances of the past that they need to call that connection memory” (pp. 105–106). As she explains, however, the memory of traumatic events can be transmitted from a generation to the next, not necessarily through the structure of the family, but also through national, political, or group memory, in which case it is “no longer mediated through embodied practice” but through “symbolic systems”: art, historical documents, the news, and other forms of public discourse (p. 110). Postmemory is “not actually mediated by recall but by imaginative investment, projection, and creation” (p. 107), and yet, whereas the traumatic “events happened in the past, [...] their effects continue into the present” (p. 107)⁵. Similar to the Holocaust, the trauma of AIDS is so inseparable from the experience of the social groups it has had the deepest impact on that it ripples into subsequent generations. Hence the affirmation by the speaker in Smith's “it won't be a bullet” that “i'm not the kind of Black man who dies on the news. / i'm the kind who grows thinner & thinner & thinner” (p. 28). Having been exposed to so many accounts of the twofold

⁵ In “Probing the Boundaries of Irish Memory: from Postmemory to Prememory and Back” (2015), Guy Beiner problematizes the notion of postmemory based, precisely, on the idea that “investment, projection, and creation”, which Hirsch attributes to postmemory only, are in fact also a part of memory itself. We can certainly ask ourselves, with Beiner, to what extent “direct” memory is not always conditioned and mediated by narratives, discourses, and cultural products for first-generation as well as second-generation rememberers. From this vantage point, his thesis is that all memory is always “postmemory”. While Beiner's theory has important implications for historiography as well as phenomenology, it says more about the experience of “direct” memory and its role in the creation of history than about postmemory as such, and therefore does not really alter our reading of the legacy of AIDS as postmemory.

connection of AIDS to both queerness and Blackness, the queer Black speaker in Smith's work has internalized a personal connection to the syndrome.

Indeed, sexually active, HIV-negative gay men live in worry over becoming positive, getting tested for HIV on a regular basis, even when we have had safe sex only. We know, for instance, that the risk of becoming infected through oral sex is "extremely low" (CDC, 2016)⁶, but still worry that last night might have been *the* time, or that the condom we used on Wednesday might have torn even if it seemed intact⁷. Our identity as gay men, or as trans women, or as Black,⁸ means that our expectations of becoming seropositive are disproportionate in comparison to those of straight, cis, white people in general. Joseph Osmundson makes this point clearly in *Virology: Essays for the Living, the Dead, and the Small Things in Between* (2022), when he shares his personal account of coming of age as a gay man at the turn of the century:

Even after HIV became treatable as a chronic illness, I still viewed it with fatalism. Being positive would make it harder – I always felt – to find love and trust and sex. I had reservations about dating someone who was HIV-positive; I knew that if I were positive, others would have the same reservations about me. If there were a pill for my worry, I would take it, a cure not for an infection of the body but for the traumatized mind. I would take the pill now, and I would never stop. (p. 133)

Thus, Osmundson concludes that "Straight people don't carry the same burden of politics, the same history of HIV, into the bedroom" (p. 136). Such triangular association between the queer self, HIV, and the expectation of death as attested by both Osmundson and Smith is, I argue, the expression of postmemory.

⁶ CDC = Centers for Disease Control and Prevention.

⁷ It can of course be argued that with the increasingly widespread implementation of PrEP, such worry might disappear, but we cannot ignore that willingly starting a medical treatment which requires daily dosage as a form of prevention is in itself a behavior strongly conditioned by the AIDS crisis, if not postmemory.

⁸ Of course, the intersectional character of identity increases the complexity of this issue. Whereas Black Americans are more likely to become HIV+ (accounting for 42% of the new HIV diagnoses in 2020), the association of HIV and "gay" men, a label which some Black men who have sex with men (MSM) do not identify with, results in low testing in the community. The increasing use of the acronym MSM itself shows an attempt to tackle this issue on the part of the medical milieu by detaching social identities such as "gay" or "bisexual" from specific sex acts. The association between HIV and gay men also has a negative impact on cis Black women, who in general also fail to test regularly in spite of being three times more likely than their white counterparts to become HIV+. The problematic of using certain labels for signaling high-risk social groups in HIV prevention and discourse is also showcased by a growing sector of the population identifying as non-binary. Intersectionality is also crucial in the case of trans women, who often engage in sex work as a result of job discrimination, and thus further enhance their chances of contracting HIV. (Data from the CDC and Fitzgerald et al.'s report "Meaningful Work: Transgender Experiences in the Sex Trade", 2015).

The second manifestation of postmemory is the frequent assumption, by seronegative as well as recently diagnosed gay men, that HIV will follow a similar course to that of AIDS, i.e. disease culminating in death. The seronegative speaker in “bare”, for instance, imagines seroconversion as dancing in “a room of broken glass” until “my feet are memory” (p. 37). Similarly linking HIV to physical harm, “seroconversion” uses different metaphors of violence, including gutting and burning, to depict the moment of contagion. The specific expectations expressed in Smith’s poems thus highlight the impact of postmemory by revealing a struggle to disassociate chronic virus from deadly disease. In fact, the introduction of HIV into the body is always presented as the cause of disease, leading inevitably to death. “[I]t won’t be a bullet”, for instance, imagines the diagnosis as the moment when “the doctor will explain death / & i’ll go practice” (p. 28), and “litany with blood all over” mourns over “the test results” which “say i am the father / of my own end // & i am // a deadbeat” (p. 49). In “recklessly”, too, serotransmission is described as a “happy death / ritual” (p. 44), and in “strange dowry”, the HIV+ person met at a club is a “partner in death juke” (p. 78). While these poems are about the diagnosis of HIV, not of AIDS, they all convey contagion as necessarily fatal, thus revealing the 21st century experience of postmemory.

As opposed to the experience of Holocaust postmemory, the fact that HIV continues to exist and to be transmissible if untreated – and therefore, potentially, to actually develop into AIDS – complicates the ability to fully dissociate from the experience of the AIDS crisis, even in geopolitical areas where HAART can be accessed easily and at no cost. The Holocaust stopped, but HIV and AIDS persist.

3. A Crisis of Representation

The impact of HAART is certainly undeniable. As a consequence of the testing of antiretroviral treatment in 1995 and its later implementation, the estimated number of AIDS-related deaths in the United States plummeted from 50,140 that year to 38,780 in 1996 (CDC, 1997). Figures continued to improve considerably after that, with the yearly average stabilizing around 20,000 in 1998, and progressively decreased to the current US average of 13,000 deaths per year (CDC, 2016). As a consequence of this improvement, and in spite of the continuation of AIDS in the US and the persisting spread of its ravages in the Global South, in the mid-nineties the United States witnessed “a steady decline in the frequency of HIV/AIDS reporting”, and when the topic did appear in US media after 1996, it was most frequently in the form of a contrast between the progressive disappearance of the epidemic in the US and its seemingly unrelenting development abroad (Stevens & Hull, 2013). Such subjective depiction has not only led to an inaccurate perception of the state of HIV and AIDS within the country, but also fostered a nationalist view of the US as medically – and thus morally – superior. Most importantly, as Stevens and Hull (2013) contend in “The Colour of AIDS:

An Analysis of Newspaper Coverage of HIV/AIDS in the United States from 1992–2007”, when media did cover the epidemic in the US, it highlighted the disproportionate morbidity in gay men and racialized people but failed to account for the complexity of such disparity.

AIDS was and continues to be a crisis on multiple levels. To quote Simon Watney’s spearheading study *Policing Desire: Pornography, AIDS and the Media*, AIDS is not simply a “medical crisis on an unparalleled scale”: it “involves a crisis of representation itself” (p. 9). In the context of such dissolution of accurate representation, the term “post-AIDS” started being used by the media as well as by scientists⁹. Since then, the perception of AIDS as a past crisis has gained more and more territory. And still, the one million people who continue to die from AIDS each year are proof of the inherent fallacy of what Liz Walker (2020) has critically referred to as the “‘post-AIDS’ narrative”. As Ambar Basu argues in *Post-AIDS Discourse in Health Communication: Sociocultural Interpretations*, “The prevailing discourse on ‘post-AIDS’ fantasizes a world that is free of HIV and AIDS, a world in which humans and their agents are in control of the prevention and spread of the disease” (p. 245). Yet, the “end of AIDS” is, for now, merely a fantasy¹⁰.

Aware of the thorniness of “post-AIDS” as a concept, in his writing about the depiction of HIV in mainstream anglophone television, Dion Kagan (2018) uses the term “post-crisis”. In *Positive Images: Gay Men & HIV/AIDS in the Culture of ‘Post-Crisis’*, Kagan explains that he borrows the term from AIDS social research,

⁹ In “Revisiting ‘Post-AIDS’: Understanding Gay Community Responses to HIV Then and Now” (2022), Gary W. Dowsett claims to have coined the term ‘post-AIDS’ in 1996 for the XI International AIDS Conference in Vancouver. Dowsett et al. specify that Dowsett used the term to refer to the drastic change introduced by antiretrovirals in the United States, not as a declaration of an “end of AIDS” which, at the time of the publication of “Revisiting ‘Post-AIDS’” in 2022, Dowsett critically declared “nowhere in sight” (p. 27).

¹⁰ In “Revisiting ‘Post-AIDS’”, Dowsett et al. argue that the “end of AIDS” narrative was conceived as a necessary stage in the historical strategy development in the face of HIV. The insistence on treatment in the global and national plans against HIV and AIDS in the early 2000s, Dowsett et al. contend, “stimulated the re-biomedicalization of the epidemic, convincing many scientists, public health professionals, and activists that a biomedical silver bullet would not only be effective but could also constitute the answer to HIV and AIDS” (p. 21). By 2010, Dowsett et al. continue, “this re-biomedicalization, driven by treatments development and activism, overtook prevention as the central strategy to slow and stop the epidemic”. Prevention then “shifted from a broad-based public health approach to a narrower biomedical prevention framework” in which “high-risk” communities were targeted: on the one hand, HIV-positive people should take TasP (“treatment as prevention”) so as to reduce transmission to their sex partners; on the other, HIV-negative should take PrEP (“pre-exposure prophylaxis”) to protect themselves. This whole scheme could only work, however, if HIV was framed once again as a crisis. In Dowsett et al.’s words, “for this strategy to even be contemplated, a decisive shift had to occur in the longstanding framing of the epidemic as an ongoing emergency and crisis. This was to arrive in the ‘end of AIDS’ narrative, which soon came to dominate the fourth decade of the epidemic”.

“where it was first used to describe the transformed conditions surrounding the epidemic among gay men in the developed world”, as an alternative to “post-AIDS” (p. 14). Kagan himself notes that the division between “crisis” and “post-crisis” “is not a neat, well-behaved temporal schema” but rather “a continuation from and a break with the past” (18), and even marks the term with inverted commas in his title to show his caution in using it. As he clarifies, his choice is meant to reflect the continuation of both HIV and AIDS in the present while at the same time drawing a line from the experience of AIDS pre-HAART for gay men in the global North. In this sense, Kagan’s perspective coincides with that of Eric Rofes, who already in 1998 declared, in *Dry Bones Breathe*, that “the communal experience of AIDS-as-crisis has ended, even while individual gay men may find themselves experiencing AIDS or HIV infection as a frightening, terrorizing experience” [emphasis original] (p. 41).

In their respective approaches to the experience of “AIDS-as-crisis”, both Rofes (1998) and Kagan (2018) speak from a localocentric perspective – leaving aside the experience of AIDS in contexts other than the privileged global North and focusing on gay men as a community. Rofes, for instance, points out that “Certain individuals, particularly those recently infected with HIV or currently suffering illness, may experience AIDS as a personal crisis, but this is different from the communal crisis that once dominated gay life” (p. 45). While they both are careful to specify *for whom* they claim the crisis to be over, their approach ignores race altogether as a crucial factor marking most of the 13,000 yearly AIDS-related deaths in the US I have already mentioned. Writing in the mid-90s, Rofes – whose book is explicitly critical of the privilege of white people over non-white people in the US – could not have known that AIDS would continue, in the second and third decades of the 21st century, to have such a disproportionate toll. Kagan’s work, however, was published in 2020. The fact that he explicitly states that his focus is on “gay men in the developed world” shows not only a localocentric approach, but also one where intersectionality has no part. Whether we call it “post-AIDS” or “post-crisis”, the issue with these terms is the same – who is AIDS truly over for? For whom has it stopped being a crisis?

When we talk about the “AIDS crisis” we are using the term “crisis”, somewhat paradoxically, in a non-medical sense, referring to what the Merriam Webster Dictionary defines as “an unstable or crucial time or state of affairs in which a decisive change is impending, especially one with the distinct possibility of a highly undesirable outcome”. The estimated 33.6 to 48.6 million people who have lost their lives as a consequence of the epidemic speaks to that “outcome”. The continuing toll of the epidemic to this day proves that the AIDS crisis is far from over. Beyond its impact in deaths, AIDS has left an imprint in the global economy, not only destabilizing the workforce and putting more pressure on countries’ healthcare systems, but also fostering a shift in sociospatial distribution

within cities as a result of those deaths (Schulman, 2012). AIDS has also radically altered the course of the public perception of homosexuality, drug use, and racialized groups, sparking what Watney has called “a crisis over the entire framing of knowledge” or, in Lee Edelman’s words, an “epidemic of signification”¹¹. As Jih-Fei Cheng et al. argue in *AIDS and the Distribution of Crises* (2022), AIDS “is not merely a crisis in epidemiological terms; rather, it is the uneven and varying spatialization and temporalization of crises” (p. 1), it is “not a crisis” but “the global distribution of networked crises” [emphasis original] (p. 17).

Reflecting about the notion of crisis in a wider sense, Lauren Berlant’s *Cruel Optimism* portends that “Crisis is not exceptional to history or consciousness, but a process embedded in the ordinary that unfolds in stories about navigating what’s overwhelming” (Berlant, 2011, p. 10). For Berlant, the experience of crisis is intrinsic to the development of neoliberalism, a system in which only the privileged can escape the pervasiveness of precarity. While certain narratives reformulate the various forms of oppression taking place in this paradigm – anti-Blackness, sexism, violence against queer people, ableism, class inequality, postcolonial domination, capitalism, etcetera – as “traumatic events”, Berlant argues that this situation is best described as a permanent systemic crisis, or as “crisis ordinariness”. Describing certain situations as traumatic risks veering our attention away from the structure which not only allows but, in some cases, fosters those same situations. As Berlant explains, “a logic of adjustment within the historical scene makes more sense than a claim that merges the intense with the exceptional and the extraordinary” (p. 10). Since the Reagan years, the US has certainly seen an increase in “class bifurcation, downward mobility, and environmental, political, and social brittleness”, an ever-intensifying process which, as Berlant notes, “reshapes conventions of racial, gendered, sexual, economic, and nation-based subordination” and which “has also increased the possibility that structural contingency will create manifest crisis situations in ordinary existence for more kinds of people” (p. 11). In *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past* (2011), Christopher Castiglia and Christopher Reed argue that a process of “degenerational unremembering” has progressively obscured the ravaging of AIDS. In line with Berlant’s thought, Castiglia & Reed’s notion of “degenerational unremembering” testifies to the growing ordinariness of the epidemic. As opposed to this generalized tendency, reading AIDS as systemic crisis and thus as “embedded in the ordinary” (2011, p. 10) casts light on its concurrence within a network of crises.

¹¹ See Watney’s *Policing Desire* (1987) and Edelman’s (1989) “The Plague of Discourse: Politics, Literary Theory, and AIDS”, respectively. Such changes have also left an indelible imprint on the scientific fields of epidemiology, anthropology, sociology, and general philosophy, with the birth of queer theory as we know it as one of its multiple aftereffects.

4. Reframing HIV as Crisis

But how does HIV enter this equation? Whereas describing AIDS as a crisis, a set of crises, or as one of the manifold elements generating a situation of crisis ordinariness seems perfectly fitting, would it be wrong to refer to the virus itself as a crisis, too? That is, if we can talk about the AIDS crisis, can we also talk about the HIV crisis? Globally, 38.4 million people were living with HIV in 2021, and even within the geopolitical confines of the United States, where “only” 13,000 die from AIDS-related health complications every year, a yearly average of 35,000 people become newly infected¹². Then again, if adequately treated, the effects of the virus on the health of people living with HIV are minimal. Can the consequences of HIV in the medicalized context of 21st century US be seen as a crisis, then?

Before the 1620s, in English as well as in the other languages borrowing it from ancient Greek κρίσις, “crisis” was almost exclusively used to denote a “turning point in a disease, that change which indicates recovery or death”¹³. While this meaning of the term is preserved to this day, and in fact appears as the first definition in the Merriam-Webster, the more general, metaphorical sense of the term is evoked when referring to AIDS. In this context, and in spite of the need to differentiate between HIV and AIDS, I contend that HIV continues to be a crisis, even if only for some, even when treated. As we have seen, Danez Smith’s verse illustrates how a positive HIV diagnosis can generate a postmemorial expectation of death, showing that the diagnosis can indeed trigger a perceptual crisis. At the same time, as I have argued elsewhere, the presence of the very virus can also lead to an ontological crisis by introducing an acute state of awareness about one’s aliveness (Juncosa, 2021). If a crisis is a turning point leading to either “recovery or death”, Smith’s poetry showcases an experience of postmemory as a clear crisis.

In his work, Eric Rofes argues that crisis discourse has negative effects and must therefore be avoided. For him, referring to a situation such as HIV and AIDS as a crisis can be the cause of stigma and other negative effects, which poses “the single, most formidable barrier we have to effectively combatting” the epidemic (Rofes, 1998, p. 70). As Rofes puts it, “By continuing to willfully misrepresent the epidemic in this way, the communal psyche is held hostage by a siege mentality that perpetuates many unfortunate aspects of the epidemic” (p. 70). Drawing on Reinhart Koselleck’s reflections on the notion of crisis, however, I can here only disagree with Rofes. For Koselleck, we must label crucial situations as crises if we expect any form of political or collective action. In Koselleck’s own words, a detrimental situation “can be overcome only by the historically legitimated acceptance of an absolute moral responsibility for action”, which calling it a crisis

¹² UNAIDS, *Global HIV & AIDS statistics – Fact sheet* (2022), and CDC (2023).

¹³ Online Etymology Dictionary.

generates, and on which “depends success – and salvation” (Koselleck, 2006, p. 375). Only if we accept that a situation is critical, then, can we act toward salvation.

The perception of becoming infected with HIV as inevitable given one’s social position as queer and Black in the United States, added to the belief that HIV will develop into AIDS in spite of the available medical advances, both of which we have seen in the poetry of Danez Smith, all show that HIV constitutes a form of postmemory for thousands of people. While it could be argued that this association fosters the wrong belief that HIV equals AIDS, it constitutes, by framing the contemporary experience of HIV as critical, a call for action. For Hirsch, creative responses to postmemory – or postmemorial work – can offer a means through which not only to “reactivate” traumatic events, but also to “reembody” (p. 111) them and thus to approach them through a new lens. By “reinvesting them with resonant individual and familial forms of mediation and aesthetic expression”, postmemorial creators help us remember as well as reconsider. As I have discussed here, Danez Smith’s poetry is an example of postmemorial work responding to the HIV epidemic in the US in that it preserves the memory of AIDS but also fosters its reconsideration as different from it. While it showcases the infiltration of AIDS, as suffered in the 80s and 90s, into the 21st century experience of HIV, Smith’s work also explores the possibility – in fact the need – to continue to see HIV as an impending crisis which must be addressed.

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