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## Plague! Public Health, Community Memory, and HIV/AIDS

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Plague!

Public Health, Community Memory, and HIV/AIDS

By

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Honors Thesis

Department of Sociology

Macalester College

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## **Abstract**

How does individual trauma influence collective memory? Within queer communities, key social institutions are responsible for communalizing experiences of suffering, forming group narratives of trauma that are shared across vast spatial and generational gaps. These narratives continue to influence individual behavior years after the initial trauma, informing ideas of collective identity within the queer community. In my analysis of 10 interviews, I examined how experiences during the COVID-19 pandemic were influenced by understandings of HIV/AIDS. My interviewees were self-identified members of the queer community spanning many age groups; some of my participants were old enough to remember the height of the HIV/AIDS pandemic in America, while others had only learned of it through second-hand information. I observed that those who had lived through the height of the HIV/AIDS pandemic drew on personal experiences when comparing the two pandemics, reflecting more specific, individualized trauma. However, the institutions through which older participants processed this trauma, namely gay bars, schools, and family networks, created and spread broader, more general narratives of HIV/AIDS that younger interviewees related to their COVID-19 experiences. All of my respondents made comparisons between COVID-19 and HIV/AIDS mitigation strategies that reflected greater awareness of public health policy within the community, generating greater investment in public health. These findings suggest that pandemics are trauma-generating, with lasting, intergenerational effects that impact a community's future public health outcomes.

## **Introduction**

A crowded bar. A poster hangs on the wall, hastily printed in black and white, showing a man with sunken eyes. He's smiling sadly, someone's doomed friend or relative. There was a

fundraiser at the bar for him tonight, but that was hours ago, and it doesn't seem like anybody else can remember that far back. They're just hell-bent on having a good time, drinking and fucking like it's the end of the world. Nobody wants to talk about it, they just want to forget. Everybody's lost someone, all they can do now is take solace in the company of the living and hope to survive another day. John reclines slightly on his barstool, pretending to focus on his drink. There's a hot guy a couple of seats over who keeps giving him the occasional glance. The message is clear, the advance accepted, the negotiations swift. Question 1. Just visiting a relative in New York. Question 2. He's drinking a long island iced tea, and yes, he'd like another round. Question 3. This one hangs in the air for a moment, the question itself asked casually to conceal its deeper meaning. No. He's clean. John hides his relief, the interaction can continue, though perhaps in a more intimate venue. Exchanging a look, they get up and swim through the crowd towards the back exit.

The HIV/AIDS pandemic inflicted deep wounds on the queer community—hundreds of thousands dead, even more dispossessed, jobless, chronically ill—for many who lived through the height of the pandemic, it felt as if the apocalypse had arrived (Long 2004). The true number of dead will never be known, as slow recognition of the disease within the health community not only resulted in more deaths, but also obscured the true cost of the pandemic. Even with the invention of life-saving antiretroviral therapies in the 1990s, the stigmatic associations between queerness and HIV/AIDS persist today. While the pandemic generated an enormous amount of individual trauma, it was also community forming: exiled from public spaces and heavily stigmatized, queer people formed resistant counter-public institutions through which they could share their experiences with one another (Cvetkovich 2003). These social networks had two primary functions: finding support and sharing information, and in such capacities, they became

a means of survival for many. In turn, the institutions shaped the stories shared within them, creating shared narratives that influenced individuals' understanding of the "queer experience" as a collective identity. These narratives were also preserved by key institutions within the queer community, such as gay bars, as well as institutions outside of the queer community, like schools and families, which continues to inform the cohesion of "queerness" as an identity (Alexander 2004).

Three decades after the height of HIV/AIDS in the U.S., the ghosts of that pandemic still play an important role in shaping queer communities, with the impressions of trauma left by both living and dead members of the "HIV/AIDS generation" informing collective identities held by those without firsthand experience of this devastating pandemic (Decoteau 2008). With the recent COVID-19 pandemic, younger generations have been given newfound insight into the experiences of living through a plague, and it is important to investigate the structures of community and care that they sought out as survival mechanisms (Demertzis & Eyerman 2020).

In this paper, I explore the relationship between public memory of the HIV/AIDS pandemic and COVID-19 within queer communities through several focal questions. First, how did those with first-hand experience of the HIV/AIDS pandemic respond to COVID-19, and in what ways are their perceptions similar to those who were not alive during the height of the HIV/AIDS pandemic? What are the modes of transmission through which public memory of the HIV/AIDS pandemic is passed down from generation to generation within the queer community? Focusing on the institutions through which queer public memory is generated—schools, families, and gay bars—allows for a more holistic understanding of how internal perceptions of disease and public health motivate collective action within queer communities. This requires a thorough

exploration of the history of trauma in order to understand how shared experience becomes community-defining.

## **Histories of Trauma and HIV/AIDS**

HIV/AIDS made its formal entrance into the American political imagination in 1981 with the CDC's first formal recognition of rising cases of pneumocystis pneumonia and kaposi's sarcoma among men in Los Angeles (Fox 1986, CDC 1981). The term AIDS didn't become official terminology until a year later when the CDC issued its first case definition, in which it defined gay men and intravenous drug users as the most at-risk groups (CDC 1982). What followed was a period of mass panic as citizens and politicians alike tried to understand and contain the new disease. The term "Acquired Immune Deficiency Syndrome" (AIDS) is far from descriptive—essentially a concession that the CDC was unaware of both the means of transmission and the cause of the disease resulting in autoimmune deficiency, it came to be known by many other monikers which linked certain at-risk groups to fear and stigma. From Gay-Related Immune Deficiency (GRID) to AIDS-Related Complex (ARC), two trends became evident from emerging discourses: first, that gayness was inextricably linked to AIDS, as homosexuality became more than just a risk factor, it was associated with the transmission of the disease itself. Second, AIDS was considered a death sentence, an inevitable doom that could not be prevented among those at risk (Sontag 1989, Treichler 1999). Both of these trends played an important role in generating stigma within and around the queer community—perceived as vectors of disease (regardless of whether or not they had contracted the virus) homosexuals were cast out of social spaces. Within queer communities, those with the disease were further marginalized,

forced to contend with the fact that at the very moment that they contracted HIV, they were already dead.

Trauma from the HIV/AIDS pandemic was created on four levels: among heterosexuals who lost loved ones to the disease, homosexual individuals who also lost friends and family, the queer community as a disaffected whole, and people living with HIV/AIDS who were further stigmatized because of their serostatus. In this project, I am primarily concerned with the second and third levels, as this is a study of memory within the queer community. In order to understand the impact that the HIV/AIDS pandemic had on queer community and identity, it is important to explore not only the individual stories of suffering that were an inevitable result of the disease but also the ways in which these stories were shared between individuals to create shared narratives of trauma which informed the experience of being queer during the height of the HIV/AIDS pandemic. Individual trauma within the HIV/AIDS pandemic was the result of common factors—because the disease was so widespread, the death toll climbed quickly and it was impossible to be a member of the queer community and not know someone dying from complications resulting from AIDS (Decoteau 2008). As members of a marginalized group, more so because of the pandemic, queer people were exposed to stigma and discrimination which also informed their individual experiences of trauma. As a result of these common factors, individuals often shared their stories in spaces where they knew others had similar experiences—this compulsion to share individual trauma forms the basis for collective trauma, as “for some survivors... this sense of difference can become a kind of calling, a status, where people are drawn to others similarly marked [by trauma]” (Erikson 1991). These traumatic experiences become communal in what Cvetkovich (2003) terms, “public cultures,” spaces in which trauma is transformed into different formats, such as art or speech, and shared with others. These

become community institutions, places where self-identified members go to process their individual trauma, and in doing so, add it to the collective. Within the queer community, many of these counterpublics already existed—as a community that had been marginalized long before the start of the HIV/AIDS pandemic, spaces like gay bars provided a space where queer people could relax and relate to each other free from the stigma of the outside world (Duberman 1993). As a result, there were already institutional channels in place at the start of the HIV/AIDS pandemic which facilitated this process of trauma sharing.

As Cvetkovich's counterpublics are conceived in reference to rape-trauma within lesbian communities, several questions remain that influence this paper. Primarily, if different institutions are responsible for the transmission of traumatic memory, how do the inherent properties and constraints of these institutions shape shared narratives? How do individuals without first-hand experience receive rituals and practices in ways that influence them? These questions speak to the indelible nature of trauma, the ways in which it lingers within communities across generations, influencing both collective identities and individual behaviors.

The theory of intergenerational trauma suggests that familial relations play an important role in both preserving and transmitting narratives of trauma. Arising from psychiatric studies of Holocaust survivors, data demonstrated that the children of survivors, who were born after the end of World War II, shared symptoms of trauma with their parents, suggesting an intergenerational transmission of trauma is not only possible, but also common (Danieli 1998). This understanding that trauma can linger within communities over multiple generations is critical to my investigation of the lasting impact of the HIV/AIDS pandemic—high mortality rates within the HIV/AIDS pandemic continue to skew the current queer community



disproportionately in favor of its younger members, who were not alive during the height of the HIV/AIDS pandemic.

While intergenerational trauma typically applies to familial transmission, cultural trauma theory (Alexander et al. 2004) expands the scope of community-based trauma as it relates to this study. Cultural trauma refers to the ways in which community identities are informed by crisis, and as such, it fits well with the findings of this study. As Alexander et al. argue, “Trauma is not the result of a group experiencing pain. It is the result of this acute discomfort entering into the core of the collectivity’s sense of its own identity” (Alexander et al. 2004). The fact that the HIV/AIDS pandemic was painful for queer communities is indisputable—what this project seeks to establish is that the public memory resulting from the pandemic influences understandings of what it means to be queer, for both individuals who were alive during the height of the pandemic, as well as later generations. In examining younger generations’ understandings and impressions of the HIV/AIDS pandemic, I explore how social institutions, both internal and external to the queer community, play a role in forming intergenerational trauma. This also requires an analysis of the role that older generations play in queer community memory, as their testimony endures as the only remnant of individual trauma.

Generativity, the passage of experiences and knowledge from older generations to younger, is conceptually valuable to understanding both the motivation and the means through which this transmission occurs (Erikson, 1950). The result is a body of knowledge that continually accrues new perspectives as it is passed down. Relationships of generativity demonstrate enduring values within the community that found their origins during the HIV/AIDS pandemic—for a generation that has now been raised with identities and values informed by the HIV/AIDS pandemic, how do these ideas emerge during the COVID-19 pandemic? As this is a

study of how institutions shape public memory, within what institutions is queer generativity more apparent, and how do these institutions shape the shared narratives of younger interviewees? This investigation provides important insight into how community responses to trauma within the most recent pandemic reflect their relationships to the past.

### *Queer Theory*

Queer theory emerged during the height of the HIV/AIDS pandemic—for many, the public health-related practices and attitudes that queer people were subjected to as a result of the pandemic exemplified structures of oppression that had plagued queer communities for centuries, such as the overt pathologization of queerness (Sontag 1989). My project is indebted to this body of literature in two ways: first is in the use of my term “queer,” through which I reflect on postmodern understandings of sexuality and community that would not have been possible without the revolutionary interventions of queer theorists. Second, as individuals who experienced the HIV/AIDS pandemic first-hand, the work of early queer theorists merits special consideration, as theorists are able to reflect on how their understandings of the pandemic (as individuals with first-hand experience) were inevitably shaped by their communities, while their work has lived on in academia, shaping later generations’ understandings of queerness, community, and HIV/AIDS. As theories of trauma are mobilized in this project to understand what institutions are capable of storing public memory, queer theory helps to explore how power dynamics within these institutions, particularly those internal to the queer community, shape the narratives shared within them, and by extension, the public memory that they store.

The HIV/AIDS pandemic exemplified dynamics of power within sex and sexuality that were otherwise invisible within heteronormative society (Bersani 1987). Bersani’s work makes

two important contributions to this study: first, and most importantly, his understanding of HIV/AIDS as a discursive pandemic helps place the rampant anti-queerness and stigma experienced as a result of this pandemic into its proper place as part of heteronormative social structures. Second, while homophobia was universal in conversations about HIV/AIDS within heterosexual circles, understandings of HIV/AIDS were shaped by dynamics of sexual privilege that already existed within queer communities. Modes of queer community were already shaped by internal hierarchies, exemplified by the sexual pecking order of the bathhouse, a popular place where gay men would cruise for sex, in which status was determined by attributes like attractiveness, affect, and penis size (Bersani 1987, Weiss 2011). Considering the functional similarities between the bathhouse and gay bars, a center of community organization during the height of the HIV/AIDS pandemic, the role that internal hierarchies played in shaping queer understandings of the HIV/AIDS pandemic vis a vis institutions is clear. As a result, one must remain cognizant of the ways in which intergenerational queer memory of the HIV/AIDS pandemic has been impacted by sexual privilege within the community.

These internal hierarchies were not just reflected by sexual dynamics within institutions like the gay bar, but also in access to formal knowledge within academic spaces. Organizations like ACT UP fractured along lines of privilege, as members with greater access to biomedical knowledge aligned themselves with the CDC and NIH, prioritizing citizen advisory panels while disavowing boots-on-the-ground activism (Epstein 2000). These tactical divisions are reflected in the institutions through which queer public memory is generated—while community-based activism operated out of gay bars, the more “professionally-aligned” class of activists mobilized within educational spaces like the school, generating safer-sex curricula which have left a lasting mark on the relationship between education and queerness.

Within all institutions, perceptions of HIV/AIDS are socially constructed, and heteronormativity undergirds widespread understandings of the pandemic as the “gay disease,” such that the focus is shifted from controlling the disease itself to regulating the bodies and practices associated with its transmission, namely homosexuals, drug users, and prostitutes (Treichler 1987). These discourses changed the material reality for targeted groups, as they were not only exposed to stigma, but literally cast out of spaces (such as classrooms, bars, and other public spaces) in which they were perceived as a threat, regardless of their seropositivity. Paradoxically, this explains, to some extent, the cohesion of queer institutions during the height of the pandemic—cast out of normative spaces, queer folk banded together to form counterpublics, facilitating the process of trauma sharing that is central to this project’s investigation (Treichler 1987).

In spite of the new frameworks offered by queer theory, it is important to acknowledge that much of the literature was developed in particular places and times, and might not capture the ongoing lived experiences of queer people. In asking what traumatic memories still linger within the queer community, I was cognizant of the ways that queer theory has influenced my own understanding of the pandemic, and of these impressions’ academic origins. As a result, while I regard and acknowledge the importance of queer theory in conceptualizing the HIV/AIDS pandemic, I put some distance between this literature and my research, as I sought to avoid reading too much into the stories of my interlocutors, as academic texts only reflect one of the ways in which the pandemic is remembered.

## **Methodology**

This project primarily uses interview data from a diverse set of research participants. I only interviewed members of the queer community (i.e. individuals who self-identified as queer), but I sought to interview across a wide range of ages, allowing me to establish an intergenerational perspective on community memory that will facilitated my analysis of the importance of social institutions on memory formation, rather than just first-hand experience. My data from interviews with people who had first-hand experience of the HIV/AIDS pandemic were an important comparative metric by which I determined how younger generations' understandings of HIV/AIDS demonstrated change over time within the queer community. This also allowed me to investigate the continuity of institutional participation across generations, examining whether or not the spaces that older interviewees participated in during the height of the HIV/AIDS pandemic played a direct role in shaping the pandemic narratives of later generations.

Through this research, I sought to build a greater understanding of what institutions played the largest role in projects of remembering. I combined recorded historical narratives with more recent interviews for two primary reasons: first, certain historical narratives are privileged over others, and I was interested in examining the day-to-day experiences of “average” people during the height of the pandemic. The historical perspective alone cannot account for the durability of ideals and frameworks established in the HIV/AIDS pandemic—this project is an exploration of how shared narratives from the height of the pandemic have changed over time, shifting in relevance for later generations.

My interviews were organized into two main subsections. First, I tried to understand individuals' experiences of the COVID pandemic, what institutions they sought out for help, and

how their relationships with public health informed their responses to the pandemic. I chose to start my questions with the COVID pandemic for two main reasons: primarily, I didn't want to prime my subjects by asking about their experiences with the HIV/AIDS pandemic first, as this might create an artificial frame of understanding that they may relate to the COVID pandemic later, which wouldn't be representative of their actual behaviors and beliefs. Second, the recency of the COVID pandemic means that subjects might find it easier to start sharing their most recent experiences of public health.

My next subsection focused on the HIV/AIDS pandemic, beginning with less-specific questions about what individuals remembered and “took away” from the HIV/AIDS pandemic. As some of my interviewees were not alive during the height of this pandemic, this question was designed to assess the methods through which they came to understand HIV/AIDS, specifically within the context of the queer community. The following questions were designed to understand how specific institutions and relations mediated knowledge of HIV/AIDS. I was particularly interested in investigating which institutions played a primary role in shaping an understanding of the pandemic among younger interviewees, who had no first-hand knowledge. Were these institutions internal or external to the queer community, and what kind of narratives might these differences convey? In the interests of ensuring the safety and privacy of my interview subjects, I did not ask about their serostatus, as considerable stigma still exists for those who are HIV-positive. As a result, my research does not explicitly represent the experiences of people living with HIV.

I interviewed ten individuals—two of them were alive during the height of the HIV/AIDS pandemic, and eight were not. Four of them were male-identifying, three were female-identifying, and three were non-binary. Of the interviewees who were not alive during the

pandemic, all fell between the ages of 20 and 30. They lived in different places across the United States at the time of the interview, but the majority of them were raised in the urban midwest. They also identified with a diverse set of racial and ethnic backgrounds—three of them were white, while the rest were Black, mixed, South Asian, and Latinx respectively.

## **Results**

My research uncovered strong evidence of intergenerational trauma within queer communities as a result of the HIV/AIDS pandemic. This trauma manifested itself differently within each age group, but nonetheless impacted interviewees' identification with their communities. Among those who were alive during the height of the HIV/AIDS pandemic, traumatic memory was specific and recurring, as they recalled events and interactions from more than 30 years in their past that continue to haunt them today. Among younger age groups, such specificity was lost, but interviewees still reflected an understanding of public health that was informed by community-based memories of HIV/AIDS. What was most interesting was the institutions through which younger interviewees came to access such knowledge, as they were the same spaces in which older generations shared their trauma decades before. The following sections will discuss these institutions in more detail, with specific regard given to their capacity to store memory accessible to future generations.

### *The School*

Formal schooling played an important role in shaping both younger and older generations' understandings of HIV/AIDS. John, a gay male in his 50s, expressed gratitude towards his college for providing him with a comprehensive facts-based approach to HIV/AIDS,

which he could not find in the media. He specifically credited one of his professors for designing a course that examined the history of pandemics that touched on the outbreak of HIV/AIDS, which at the time was fairly controversial. His descriptions of the course closely paralleled the work of queer theorists like Treichler (1987), as both emphasized the discursive elements that compose a “pandemic” in the first place—how ideas of disease and transmission are translated into populations and logics of control. Even while John did not identify as gay at the time, he said that the things he learned from his professor continue to influence his understanding of HIV/AIDS today.

John’s narrative demonstrates how professionalism shapes shared narratives within educational institutions—as someone with academic privilege, John reflected an imperative similar to professional-aligned activists—to arm himself with internal knowledge of biomedical discourse. However, this wasn’t accessible to a majority of the queer community, and while John was able to reconcile his identity with the disinformation spread by the media through his academic knowledge, this was not the case for many. This perhaps explains why academia became a complicated space for queer public memory, exemplified by younger interviewees’ contact with educational institutions and the lessons of HIV/AIDS they learned there.

Among younger interviewees, knowledge of HIV/AIDS that was mediated by educational institutions was mostly facts-based and functional, falling under the “STI prevention” curriculum within sex ed classes. These curricula reflected a continuation of the safer sex guidelines that were created as a result of the HIV/AIDS pandemic, but lacked historical detail and context, something that many of my interviewees described as an inadequacy that they believed devalued their educational experience. Cal, a college student in their mid-20s, reflected on their high school sex ed curriculum’s coverage of HIV/AIDS, stating



“it was more about the disease and not about the epidemic. I don’t remember learning about its history.” This framing of HIV/AIDS as a disease without regard to its historical impact is demonstrative of a curriculum that prioritizes risk prevention, instilling in younger members of the community a more personalized fear of the disease. As sex ed classes often provided younger interviewees with their first contact with discourses of HIV/AIDS, many of them reflected that as they got older and learned more about queer communities during the height of the HIV/AIDS pandemic, they became upset with the absence of queer history from their academic experiences. Cal expressed such sentiments when reflecting on the first time that they learned about queer community organizing during the HIV/AIDS pandemic, stating, “it wasn’t until I started learning Queer History my first year of college, and I started learning about [the history of HIV/AIDS], and I thought ‘how were they not telling us this [in high school]?’” For Cal and many others, the most important part of the HIV/AIDS pandemic was the resilience of the queer community, how individuals came together to build networks of support, which was something that wasn’t reflected in their formal educational experiences, which prioritized practices like individual condom use over mutual aid. This perhaps reflects the impact of the aforementioned schism within queer activist networks—as many of the voices preserved in formal academic spaces were representative of a faction of queer activists who were more aligned with “professional” biomedicine, their more clinical approach to HIV/AIDS is the one that has been passed to later generations, imparting a view of the pandemic that stresses individual over collective action.

### *The Family*

Families served as a source of traumatic memory transmission among both younger and older age groups. For those who were alive during the height of the HIV/AIDS pandemic, many

said that the disease didn't become real to them until they lost a family member. Many interviewees described that caregiving was an important function of their families during the pandemic—John recalled how his mother helped his uncle move closer to home after he was diagnosed with AIDS, while Greg spoke briefly about a cousin that contracted HIV and sought support from the family. Being a part of familial support structures allowed Greg and John to maintain positive relationships with their families throughout the height of the HIV/AIDS pandemic, giving them some measure of confidence that they had networks of care in place during troubling times. In Greg's case, this allowed him to maintain a social life distant from more traditional queer circles and venues—living in the suburbs, closer to his family, he expressed that he felt more insulated from the pandemic than many of his queer friends who lived in the city. In such a way, families provided institutional spaces that supported queer individuals, potentially furthering them from potential investments in other modes of queer community organizing.

Families were also a source of trauma for my interviewees—even as they reflected on distant relatives with HIV/AIDS falling under the compassionate care of their families, they articulated that this care was predicated on the denial of their relatives' queerness. As Greg stated, “My cousin passed away, now it's not discussed. I can't say that he had [HIV]. But what he did die from has been considered a complication of being HIV positive. But we didn't discuss it. Certainly in my family, because he was a much-loved nephew. So it just wasn't really discussed. I mean... obviously, he was gay. Again, I can't really say because we didn't talk about it. His mother is very religious, very Catholic, so it just wasn't discussed.” Even while Greg's cousin was receiving care from the family, it was clear that such care was being provided in spite of his queerness and his illness. This supports Bersani's (1987) understanding of the family as an

exclusionary structure; implicit familial codes dictated to Greg that participation in the family hinged on one's ability to conform to heteronormative standards and that the idea of having a "gay cousin" was so taboo that Greg repeatedly mentioned that nobody in his family talked about it.

While Greg's family was more extreme in its discursive exclusion of queerness from family conversations than most of my interviewees, John's was somewhat more accepting of queerness. What was most compelling about John's narrative was the ways in which family members retrenched dangerous biomedical discourses of HIV/AIDS in spite of this acceptance. Speaking of his mother's journey to help her seropositive brother move closer to home, John recalled that "my mother's like, oh, my gosh, I was in the truck with him driving, right? And so that was, what year was that, that had been 1989 or '90. And so she was very, very worried and was like, maybe maybe I have AIDS now. I better go get a test and so on and so forth." By the late 1980s, science had confirmed that HIV could not be transmitted through casual contact, and yet myths of transmission that viewed the seropositive body as a site of disease and risk continued to inform familial responses to the pandemic. This is discussed by Treichler (1999), who argues that "the social dimension is far more pervasive and central than we are accustomed to believing. Science is not the true material base generating our merely symbolic superstructure. Our social constructions of AIDS... are based not on objective, scientifically determined "reality" but on what we are told about this reality: that is, on prior social constructions routinely produced within the discourses of biomedical science." Even though the biomedical narrative by the time John's mother was moving his uncle across the country had ruled out transmission through casual contact, fear and stigma was still ingrained in social interactions between seropositive and seronegative individuals, particularly within the institution of the family. This

represents the pervasive nature of antiqueerness within the institution, impacting the ways in which familial transmission of HIV/AIDS memory occurred.

Among younger interviewees, families added a personal dimension to their understandings of the HIV/AIDS pandemic—almost all of them reflected hearing stories of a relative lost to complications resulting from the syndrome. Unlike older interviewees, they were more likely to openly discuss their relatives' sexuality than older interviewees, reflecting generational progression toward an understanding of the family that is more inclusive of queer identities. Importantly, these narratives were often abstract, with interviewees only generally mentioning that a distant cousin or uncle had passed away during the height of the HIV/AIDS pandemic, without detailing the ways in which the family responded to the illness or loss or how this directly informed their understanding of the pandemic. Such stories served as a magnifier for other knowledge, increasing interviewees' perceived proximity to the HIV/AIDS pandemic and heightening their investment in other modes of public memory. Many interviewees mentioned that because they knew that family members had died because of HIV/AIDS, they were more likely to consume media about the pandemic. In such a way, families helped to build collective identities of loss which linked interviewees back to the HIV/AIDS pandemic and older generations of queer people—while they didn't provide specific knowledge, they generated the spark which drove younger generations to find such information elsewhere.

The only exception to this trend of younger generations having more open conversations with their relatives about queerness and HIV/AIDS was in regard to race and religion. Zeb, a non-binary Black person in their late 20s, illustrated this point while reflecting on the experiences of their gay cousin, expressing that “being in a black family, being queer is not really acceptable or talked about and so growing up with [my cousin], it wasn't talked about that he was

gay... We wouldn't talk about it, and like, and then obviously when I got older, I knew he was gay.” Seeing their older cousin’s relationship with their family shaped Zeb’s own understanding of queerness and HIV/AIDS, such that their family was not necessarily a source of memory transmission for them. Alex, a nonbinary person in their mid-20s, expressed a similar relationship with their family, albeit they blamed their Catholic upbringing for such silence. This drove Alex to explore queer history through other means, as they stated that their understanding of the queer community was their own responsibility, and they conducted research that was “very much a personal thing that I wanted to do against the grain, growing up in a Catholic family and a rather closed-off environment, where ‘we don't say gay’ is taken very literally.” In both cases, their impressions of the pandemic were predominantly shaped by other institutions, namely their media exposure as well as their conversations with other members of the community in spaces like gay bars.

Gender mattered in the transmission of family memories: younger participants who identified as male said that familial stories were usually mobilized as a cautionary tale, promoting public health measures like safer sex, whereas female-identifying participants spoke of their families’ experiences from a more historical perspective. Lara, whose mother worked as a nurse during the height of the HIV/AIDS pandemic, said that when two of them spoke about HIV/AIDS, her mother would only speak of all the “beautiful young men” she saw dying during the height of the pandemic. Younger male participants were also more likely to emphasize the impact that the HIV/AIDS pandemic had on gay men specifically. Jack, a college student in his early 20s, stated that he had “no idea how the pandemic started, like, the AIDS pandemic started. But I do know that a lot of the spread was through young queer men mostly.” Jack’s primary exposure to knowledge of HIV/AIDS was through media that he consumed with his family from

a young age which emphasized figures like Freddy Mercury and other predominantly male pop stars who contracted HIV in the 1980s and 90s. Younger male participants said that they thought about the HIV/AIDS pandemic more often than female interviewees. Broadly speaking, this demonstrates the pervasive narrative that HIV/AIDS was a gay male disease, a myth that denies the experiences of other members of the queer community who either suffered from the disease directly or faced the pandemic in a more supportive, caretaking role. While families served as a mode of transmission for queer community memory, they privileged some narratives over others, which is in turn reflected by gender-based differences in perception and behavior among younger participants.

Older male participants, while speaking to the impact that the pandemic had on gay men, also emphasized the importance of the female experience of HIV/AIDS, as both caregivers and victims. While Greg only briefly mentioned the important role of female friends as caretakers, John was insistent that any understanding of the HIV/AIDS pandemic must include the female perspective. While this manifested itself less in his personal narrative, both his referrals and his suggestions for the direction of this project demonstrated a commitment to an egalitarian narrative which acknowledges the impact of the pandemic on queer women as well as men. This suggests a certain self-awareness within the queer community regarding the tendency to view the pandemic as a “gay-male-only” phenomenon, an understanding of HIV/AIDS that is not only propagated through familial memory structures, but rather pervades queer memory of the pandemic writ large. John, exemplifying many of the characteristics of generativity, attempted to rectify what he perceived as a flawed gap in community memory, choosing to highlight experiences and voices that he believed could impart a more holistic view of the pandemic. This demonstrates the role that older members of the queer community play in shaping public

memory: by forming counter-narratives that rub against the more commonly shared impressions, older generations add layers of nuance and complexity to public memory which can only be accessed through direct relationships within the queer community.

Direct intergenerational transmission of trauma via oral histories also played an important role in creating avenues for younger queer individuals to access first-hand narratives. This was characterized by a trend, which I refer to as inverse generativity. While generativity usually refers to the ways in which older generations seek out younger people within their communities to share their experiences with, I observed that my younger interviewees often sought out older queer relatives in order to learn more information about their experiences during the height of the HIV/AIDS pandemic. Cal, whose knowledge of HIV/AIDS was initially shaped by their formal education, said that they sought out their queer-identifying great uncle after coming across depictions of HIV/AIDS on television. Their desire to speak to a family member with first-hand experience came from a need to understand the more personal dimensions of the pandemic, which they argued were often absent from school and the media, as they said “it really gave me a [new] perspective because like, obviously, I know, it was real people who went through [the pandemic]. And like, we're missing a whole generation of queer people to learn from, and [my uncle] was very solemn. And I was like, wow, that kind of hit me... it's really cool to have the opportunity to talk to older gay people. Because it doesn't happen often.” This demonstrates a perceived need among younger members of the queer community to preserve the narratives of a “missing generation” whose perspective is often missing in dominant portrayals of the pandemic. Younger generations are able to perceive a lack in queer histories because of the knowledge they access through schools and the media, and as a result, they often seek out institutions of memory

internal to the queer community, such as the family, in order to supplement their understandings of the HIV/AIDS pandemic.

It is important to acknowledge that the data reflected here is likely biased by the ways in which the burden of HIV/AIDS impacted queer communities disproportionately. Here I refer to survivor bias, the fact that perhaps, as people who never contracted HIV/AIDS, my interviewees had vastly different experiences than most queer people during the height of the pandemic, and that it is solely because of their seronegativity that they were able to maintain such positive relationships with their families. While non-familial care networks existed in the queer community during the height of the pandemic, Greg and John never had the need to explore these options because their families provided this for them, albeit under a code of silence. However, if this survivor bias exists in my research, then it must also exist within queer community memory, as people with experiences like John's and Greg's were more likely to pass on their experiences and memories to later generations.

### *The Bars*

The institution of greatest import to my oldest group of interviewees in mediating their experiences of HIV/AIDS was the gay bar. However, if codes of silence were a familial invention, they were a specialty of gay bars, which operated in near denial of the raging pandemic. Reflecting on his experiences in the gay bars, John said, "if you were in New York, you were in the back of a truck in the Meatpacking District. You meet people, and it's like, well, was it [dangerous]? Okay, yeah... That was, you know, kind of that rough part. I mean, we lived life as if it wasn't going on." For both John and Greg, the bars were about cruising, finding potential sexual partners. While these fleeting interactions were not about sharing trauma, it was



the purpose of gay bars to provide an outlet for their communities, a space where people could interact free of the pressures of the outside world. HIV/AIDS entered the gay bars in two primary ways: first, as their primary function was to provide a meeting grounds for sexual partners, the question of seropositivity was frequently raised, and second, the bars often served as meeting places for activist organizations or trauma circles in their off hours. Relating to the former, HIV/AIDS infection was held in a more factual regard—interviewees expressed that in screening a prospective sexual partner, they would always inquire about their seropositivity. Should someone answer in the affirmative, John specifically mentioned that while sex was usually off the table, they would continue the conversation over a couple of rounds of drinks before parting ways. While this demonstrates that stigma still existed within the gay bars (sex with HIV-positive individuals was viewed as prohibitively dangerous, while in reality, the use of condoms could virtually guarantee a safe sexual encounter), seropositive individuals were not relegated to the exterior like they were in other public spaces.

Regarding gay bars' second function, their capacity as meeting spaces for community organizations was only mentioned in passing by my interviewees, who stressed the importance of the gay bars' first function in their descriptions. Greg, a suburban dweller, said that he only came into the city to go to parties at the bars and was spatially dislocated from the community events that took place there during off hours. John blamed his busy work schedule for keeping him away from such happenings, but mentioned that he knew people within the queer community as well as straights with ailing relatives who sought community at fundraisers and talk circles. By the time Greg and John reached the bars, the only evidence that the spaces served another function was the posters that still hung from the fundraisers. These often depicted members of the queer community who didn't have the means to access medical resources, regulars, or

relatives at the bar seeking help from friends and strangers alike, linked by tragic circumstances. As John reflected, these served as a small reminder of the tragedy that was occurring, even as the bars were a space where people went to forget. While bars may have played a limited role in transmitting narratives of trauma that were shared within their walls during off hours, this impact is likely shadowed by the ways in which the community organizations which used the bars as a meeting place contributed to this process of memory sharing.

Younger interviewees used the bars in much the same way as older generations. For them, gay bars provided a comfortable space where they could be surrounded by people who they knew wouldn't judge them for their identities. This sense of insulation from the stigma of the outside world is a commonality between younger and older interviewees, who both stressed the importance of gay bars as centers of queer community. However, while older interviewees saw their participation in the bars as a means of survival, younger participants perceived it as a sign of resilience. Lara, an interviewee in her 20s who regularly goes out to gay bars, said that she didn't believe such a space would be possible had it not been for queer investments in the institution during the height of the HIV/AIDS pandemic. While Lara's desire for a safe space pushed her towards the gay bars, she was similarly compelled by what she perceived to be the historical importance of these spaces. For her, the gay bars became an important part of the queer experience as a result of the HIV/AIDS pandemic, such that participation in the bars today is a ritual necessary to defining oneself as queer in the first place. In other words, the statement that she participates in gay bars because she identifies as queer is true in two senses: first, because of her identity, she must seek out more inclusive spaces to feel comfortable, and second, she seeks out gay bars because it is through such an act that she feels historically connected to her community. Other interviewees expressed similar sentiments, that their participation in gay bars

is just a part of “being queer,” something which set them apart from the older interviewees who framed their participation in the bars as the result of necessity alone.

This understanding of the gay bars as a practice of resilience among younger interviewees reflects the intergenerational transmission of trauma with an important modification—the institutions which pass down traumatic memory within the queer community are also institutions, which allow younger generations to process their trauma, facilitating the construction of narratives of recovery and resistance. All interviewees expressed anger and sadness at the impact of the HIV/AIDS pandemic, each one sharing their unique stories of loss, but younger participants used these accounts to demonstrate the resilience of the queer community. Reflecting on the impact that the HIV/AIDS pandemic has had on her identity, Lara stated, “It’s sad, obviously, that so many people died and so many people suffered, but there’s also a sense of historical pride in the way we fought for ourselves and came together... I feel like it’s a very important piece of our history.” Another interviewee, Cal, echoed this sentiment, arguing that “I owe so much to the queers of those generations and who suffered through that, for the rights I have.” By reframing the historical trauma of queerness as the development of rights and community, younger interviewees were able to come to terms with their marginalized identities, simultaneously acknowledging the oppression that is a part of being queer, while also proudly highlighting acts of resistance and progress. The gay bars were an important institution in facilitating this transformative narrative, as it is through their participation in the gay bars that younger interviewees said they felt more connected to their history and community.

The most recent pandemic provided interesting challenges to interviewees who typically engaged with the queer community through gay bars, which were shuttered in 2020 and remained closed for nearly two years. As a result, many interviewees reflected on shifting social

interactions to different forums—either in more personal, closed circles, or in virtual spaces. Many younger interviewees returned home to spend lockdown with their families, and in such a way, COVID-19 changed individuals' exposure to institutions of public memory, changing the discourses of queerness and HIV/AIDS to which they were subjected. One source of information remained prevalent in the narratives of all interviewees, perhaps more so because of COVID restrictions—popular media was something that many interviewees described as an influential component of both their queer identities and knowledge of HIV/AIDS.

### *The Role of Media in Shaping Shared Memory*

Popular media has always been a means of transmitting shared memory—the experiences of individuals and their communities can be condensed into a consumable format accessible to anyone, capable of being shared across great physical and temporal distances. As a result, it is no wonder that all interviewees attributed at least some of their knowledge of the HIV/AIDS pandemic to both contemporary and historical media portrayals. This was more common among younger generations, who grew up consuming this media passively even before they were even aware of their own queer identities. This process of learning through media is complementary to the family as a means of memory transmission, as the films and television that interviewees were exposed to when they were younger were often selected by their family members. This media contact is responsible for two important trends among younger participants—individuals who learned of the HIV/AIDS pandemic through television and film were more likely to view the disease as a gay male phenomenon, and they were also more likely to see the trauma of the pandemic as community-generating. Both of these have important implications for understanding the role of the media in shaping queer identities.

Regarding the first trend, many interviewees who learned of the HIV/AIDS pandemic were more likely to fall into the narrative that it was a “gay male disease.” For Lara, popular media confirmed and retrenched this idea, which was already given to her by her mother who spoke at length about all the ailing gay men that she treated in the 1980s and 90s as a nurse. Alex echoed these sentiments, expressing anguish at the stigma faced by gay men at the height of the pandemic, but speaking little about the experiences of other marginalized groups impacted by HIV/AIDS. This perhaps reflects a dearth of non-male voices in media portrayals of the HIV/AIDS pandemic, indicative of social structures of privilege that extend far beyond the queer community, but are exemplified by shared understandings of the HIV/AIDS pandemic. Indeed, many plays, movies, and television shows about the pandemic were written by men who were inspired by their own experiences—Larry Kramer, Jonathan Larson, Tony Kushner—perhaps some of the most influential voices queer media, especially regarding HIV/AIDS, are responsible for imparting a very particular understanding of the pandemic which stresses the experiences of gay men. As a result, it is logical that such a perspective is also common among younger members of the queer community whose knowledge of the pandemic is a product of such media.

Interviewees whose knowledge of HIV/AIDS was influenced by popular media were more likely to view the pandemic through a positive lens. While they acknowledged that the pandemic was devastating and traumatic, they all argued that such pain was a necessary force of social cohesion responsible for the unity of the queer community both historically and presently. Reflecting on the relationship between HIV/AIDS and queer community, Alex argued that, “even though it affected [mostly gay men], you saw this great, cohesive connection between all queer individuals. You have like the lesbians, the gays, trans individuals, all of it kind of coming together in that creating that queer, ‘we take care of each other’ community.” Expressing a

similar sentiment, Jack said that his main takeaway from the HIV/AIDS pandemic was “resilience, like [the queer] community got tighter. To combat deaths or illness, comorbidity from the actual pandemic, and the backlash against their community, I think they have to band together tighter.” This represents a departure from the way in which older interviewees conceptualized the pandemic—even while they spoke at length about the ways in which queer people came together in spaces like gay bars to help each other survive the physical and mental tolls of the pandemic, John and Greg both emphasized the sense of loss, the lost potential of the “missing generation” as the result of the pandemic. As Alex and Jack both stated that their primary understanding of the pandemic was mediated through television and movies, it is likely that their optimism is at least partially influenced by that of Hollywood itself. Media portrayals of the HIV/AIDS pandemic tend to be encouraging—*Angels in America* ends with Prior’s declaration that the “great work” will continue (Kushner 1993), exemplary of a trend within HIV/AIDS media which typically turns the tragedy of death into motivation for action. It is likely that this represents an attempt on the authors’ parts to work through the trauma that they experienced first-hand, and as a result, this compulsion to process the historical trauma of HIV/AIDS towards community-productive ends is embedded in younger generations’ relationships to the pandemic.

### *Comparing COVID and HIV/AIDS*

Among those who had lived through the height of the HIV/AIDS pandemic, personal memory played an important role in shaping responses to public health during COVID-19. The impact of the most recent pandemic was dramatically different on the queer community, causing unprecedented isolation as many of the brick and mortar institutions where communities

gathered were shuttered because of COVID. As a result, many of the survival strategies mobilized by queer people during the HIV/AIDS pandemic were inaccessible. Biomedical discourses of risk were more broadly applied under COVID, and individuals sought to protect themselves and loved ones from potential transmission, maintaining small social circles not conducive to the kind of collective narrative-sharing that occurred during the height of the HIV/AIDS pandemic. In spite of these differences, interviewees still drew strong connections between the two pandemics, respective to both their personal, individual memories, and broader narratives of queer experience during the height of the HIV/AIDS pandemic.

Comparisons between the political inadequacies and contexts of both pandemics were drawn by all interviewees, regardless of age. Both John and Greg, who were alive at the height of the HIV/AIDS pandemic, drew comparisons between Reagan and Trump, condemning both presidents for their silence and inaction in the face of raging pandemics. Cal, a younger interviewee, compared portrayals of HIV/AIDS that they saw in the media to the early days of COVID-19, arguing that both pandemics were completely preventable had the government intervened earlier. In all cases, frustrations with the ways in which politicians handled the HIV/AIDS pandemic were brought into the present, as many interviewees stated that they thought that the government should have learned more from its past failures. This represents an interesting body politic with respect to the queer community—interviewees were as a whole very responsive to public health guidance, arguing for more restrictive COVID-19 mitigation practices. While I had initially predicted that queer communities might reflect an adverse reaction to public health, at least where they perceived historical similarities between the failures of the NIH and CDC during the height of the HIV/AIDS pandemic and their responses to COVID-19, as past experiences might have generated skepticism of public health officials as

political actors, I found that all of my interviewees were highly invested in public health practices like masking, social distancing, and vaccination. This may be understandable in the context of my other findings, which demonstrated that queer public memory was often more general than I anticipated, and as a result, people were more likely to focus on the largest actors, such as the president or federal government, when considering who to blame for poor public health guidance and practice during the HIV/AIDS pandemic. This may reflect the trend of “functionalized knowledge” that I observed with respect to the school as an institution of memory transmission: as many interviewees initially learned of HIV/AIDS through their formal educational experiences, which emphasized public health, it’s likely that these investments in public health practice remained, even as students condemned their schools’ curricula for underemphasizing queer history. The lessons learned during the HIV/AIDS pandemic within the public health community—the advances in epidemiology and treatment testing that were a direct consequence of queer activism during the height of the HIV/AIDS pandemic—may have also played a role in improving queer individuals’ perceptions of public health actors (Epstein 2000). As a result, as interviewees filled in the gaps in their knowledge of the HIV/AIDS pandemic with more personal narratives mediated by other institutions, their backgrounds in public health training framed their later knowledge and continued to inform their understandings of the pandemic.

There were also important discursive similarities between the two pandemics, as noted by several interviewees. While the HIV/AIDS pandemic associated risk and disease with queer bodies, the early days of the COVID-19 pandemic saw a rise in violent crime against Asians as a result of political rhetoric that linked the disease to its believed origins in China. Cal, reflecting on the similarities between queer and Asian positions within the two pandemics, stated,



“Everybody hates gay people because of HIV, right? [With the COVID-19 pandemic], the amount of Asian hate crimes is insane. It's not the same thought process, like, ‘only Asian people can get COVID,’ but in that, all Asian people are dirty, or unclean... it's not like there wasn't racism before. But it's just so heightened and more aggressive.” Here, Cal articulates the similarities between anti-queerness during the height of the HIV/AIDS pandemic and racism during COVID-19 as the result of inherent social inequalities, closely paralleling Bersani’s (1987) argument that rhetorics of disease are only meaningful within social context. In both cases, it wasn’t that the disease was the cause of racism or anti-queerness, rather discourses of disease built on existing inequalities to retrench structures of privilege and oppression.

## **Conclusion**

Memory within the queer community is transmitted through complex social institutions that exist both within and outside of the community itself. Each of these institutions has a unique impact on the dominant narratives of the HIV/AIDS pandemic shared within them, which in turn shapes the ways in which individuals come to understand and identify with queerness. The family, historically a site of exclusion, provides a more personal understanding of the pandemic, translated through stories of lost friends and relatives but imbued with the codes and rules of family participation. Schools are responsible for imparting a clinical understanding of HIV/AIDS as a disease without historical context, focusing instead on risk prevention and personal responsibility. Gay bars are the final institution responsible for memory transmission within the queer community—as spaces that promise refuge from the normative strictures of heterosexual society, they provide a meeting grounds through which queer individuals can share their trauma interpersonally, in fast and casual interactions. Popular media portrayals of HIV/AIDS often fill

in the gaps of these institutions, especially during the COVID-19 pandemic, as gay bars and schools were shuttered, prompting greater consumption of media which provided individuals with larger, overarching accounts of the HIV/AIDS pandemic that are complementary to the more personalized stories shared in other institutions. This greater investment in digital spaces that was a result of COVID-19 restrictions meant that queer youth were more likely to seek out films and television about the HIV/AIDS pandemic, rather than speak to other members of the community who they would typically encounter in spaces like gay bars. Younger interviewees who had greater media exposure seemed to view the history of HIV/AIDS in more optimistic terms, seeing the suffering of the pandemic as community-forming. I suspect that these two trends may be related, especially considering that media portrayals of the HIV/AIDS pandemic often end with similar messages about the relationship between disease and community. Future research should investigate this potential relationship, perhaps through a media studies lens to answer the question of how media portrayals of the HIV/AIDS pandemic influence community-based perceptions of the disease. The work of all of these institutions—the family, the school, the gay bar, and popular media—was present in the dominant narrative shared by all interviewees, that the HIV/AIDS pandemic was painful and traumatic, but it also generated a force of cohesion that allowed the queer community, as a collective of individuals from different backgrounds and identities, to coalesce in a durable way. This represents a larger project of working through trauma which continues to influence queer identities today.

The lasting nature of this trauma is evident in the ways that interviewees drew similarities between the HIV/AIDS and COVID-19 pandemics. Overall, participants likened the stigma experienced by Asians during the COVID-19 pandemic to rampant homophobia throughout the 1980s and 90s as a result of HIV/AIDS, describing the need to scapegoat as an inevitable

outcome of public health crises. In the case of both pandemics, interviewees expressed greater investment in public health—just as the “solutions” to the HIV/AIDS pandemic, such as condom use and needle exchanges, were painted as simple and compulsory, so too were the public health measures of COVID-19, as participants all spoke in favor of mask mandates and social distancing. The ways in which these perceived similarities are used to justify the adoption of norms like masking and social distancing demonstrates the compulsion within queer institutions to mobilize trauma as the basis for community and survival, transforming shared narratives into group identities, forming the basis for collective action.

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