

Getting Curious with Jonathan Van Ness & Dr. Steven W. Thrasher

JVN [00:00:00] Welcome to Getting Curious and every week, I sit down for a gorgeous conversation with a brilliant expert to learn all about something that makes me curious. On today's episode, I'm joined by Dr. Steven Thrasher where I ask him: Are viruses classist? Welcome to Getting Curious. This is Jonathan Van Ness. This is going to be an interesting intro because usually, honey, I go right into it, but I just learned, you guys. Tan always tells me that I say "milk" in a really weird way because I don't say milk, I say *melk*. I also just learned I do this in other words, when I was practicing this intro with our stunning guest. Dr. Steven Thrasher holds the inaugural Daniel H. Ramberg, chair at Northwestern University's Medill School, the first journalism professorship in the world created to focus on LGBTQ research. His new book *The Viral Underclass* explores how viruses expose the fault lines of society. Wow. Dr. Steven Thrasher, how are you today?

STEVEN THRASHER [00:00:58] I'm great. Thanks so much for having me. It's an honor to talk to you. When I first understood my sexuality, it was when the first iteration of *Queer Eye* was on the air. So it's really a big honor to get to talk to you in its new incarnation as I am releasing my first book.

JVN [00:01:14] Was it Kyan for you, too?

STEVEN THRASHER [00:01:17] Yeah, I think so.

JVN [00:01:19] Yeah, me too. I mean, just Kyan really shivered my timbers, still does to this day, we, like, love Kyan, and they are just gorgeous. It's not their fault. So I am obsessed with the new book. *The Viral Underclass*, when I read that title, I was like, Honey, what does it mean? As I read your work, I was, like, "Oh, this is incredible." And then I realized that you also know Dr. Celeste Watkins-Hayes, who we're obsessed with. I want to be like the president of their fan club.

STEVEN THRASHER [00:01:45] I'll fight you for that job.

JVN [00:01:46] No, no, no. I'll just be vice, I can be vice, honey. We don't even have to get into a fight for it. Never. I'll be, like, vice, I can be like co-chair or like are not even co-chair. Just like, I just want to be in the club. I just, like, want to be in that club. It's a great club, but, like, this is a book about the ways that viruses impact communities differently. So first off, viruses, we think about them a lot, especially in the last two years. But can you share with us: what are viruses at their core?

STEVEN THRASHER [00:02:13] Sure. Viruses are extremely small organisms, and it's a biological and philosophical question about whether or not they're alive. They're very, very small. If you can imagine bacteria, they're even smaller than that. We first understood that they

even existed when a scientist tried to filter out bacteria and saw something bad was still happening and realized there was something smaller than that that was moving its way through. So viruses are very, very tiny bits of organic matter and they differentiate from bacteria which can grow outside of bodies and reproduce. Viruses can only reproduce when they're inside what we might call a "host." And that's a very scientific term. We shouldn't call people hosts when we're talking about individuals, but viruses do need some kind of living host to be able to replicate when they're outside the body. They really can't do so. And they are extremely prevalent in our universe. There are more of them just on this planet than there are stars in the universe. So I think that we have to treat them with a lot of respect, understanding, because they're not going anywhere.

JVN [00:03:15] There's more viruses. Do you mean copies of the viruses we already know about? Or, like, different ones?

STEVEN THRASHER [00:03:22] I mean actual units of virus. So if you think of a star in the sky. And of course, we can only see a small fraction of them. Think of units of viruses and as, as individual units when I'm saying that. And, for instance, if you have COVID, if you become infected with SARS-CoV-2, for every cell in your body, there are ten viruses. So I also think we shouldn't just say, you know, "I have COVID" for a while you kind of become that virus. It's outnumbering the other cells in your body. So you can't just kind of declare war on them without declaring war on your entire body. You have to think about it all differently.

JVN [00:04:00] Interest. I only reacted, like, that because we just did an episode about, like, black holes and astronomy, and I learned about, like, how many stars there were. And then I was like, "Are you telling me that there's, like, trillions of, like, different viruses. Jesus! I'm just, 'I got to go. I've never leaving this room again. I'm stressed!'" No, but I understand. Yeah, because it's like. It's like viral loads because, like, everyone has a different viral loads. Like, I understand that being an HIV positive person, like, about a viral load, I get it. Okay, fierce. On that note a little bit longer because I wrote down, like "alive or not?" so. So what do they do when they're outside of a host? They just always had to stay alive long enough and then someone else came up and then it infected them? Or is, like, viruses outside of hosts kind of like dark matter. And we just don't know what that is yet. And is that kind of the debate on whether or not they're alive?

STEVEN THRASHER [00:04:47] No, the debate is more "What makes something alive?" What qualities need to happen for something to be alive? So one thing scientists will often think about with determining that is whether or not something can reproduce. And of course, some of us, some of us being gay myself are not as prone to reproduce, even though we can. There are people who biologically can't reproduce. That doesn't mean they're not alive, but it is a part of our species of being human. And so bacteria, you know, if bacteria are spread somewhere under the right conditions, they could actually keep replicating while they're not inside of a person. That's why you can have kind of bacteria and service. Individual viruses can stay active for a while or dormant if they're very cold. That's one of the reasons why in

meatpacking plants or places like that, that viruses might last longer, but they cannot reproduce. They're not going to make more of themselves. And so that's why they're kind of in a liminal space. They need to do that function to to reproduce themselves and to grow in the universe. They do need another living host to be able to do that. They're not going to be able to do that on their own.

JVN [00:05:52] And then not to put the cart in front of the horse, could viruses and bacteria have really joined together and just, like, super fuck us?

STEVEN THRASHER [00:06:00] The colloquial phrase, you know, you're probably hearing—which is irresponsible on the part of journalists—where they'll talk about, like, these hybrids of influenza and COVID or things like this.

JVN [00:06:10] Yes!

STEVEN THRASHER [00:06:11] And it's not so much that they are joining and multiplying together. It's that the conditions of one can create the conditions for the other to mutate. So it's—and similar things happen, you know, with HIV as well. AIDS, for example, AIDS is not a disease itself. It's actually, you know, it's the Acquired Immunodeficiency Syndrome. It's kind of a combination of various things that happen that can lead to death. It's driven by that Human Immunodeficiency Virus, which makes it happen. But in that process, that triggers the possibility for cancer or the possibility for other sicknesses. And so with many of these viruses and bacteria, when they are hampering people and the body's trying to compensate or the immune system's trying to compensate, other things can move in there. And in that process they always have the ability to mutate and become new things.

One of the huge problems with the, the complete open community spread of SARS-CoV-2 happening in the country right now is that even as the White House and the CDC try to say, "Oh, it's only 100,000 new infections today, and most of them are going to be controlled by a vaccine." That's 100 new possibilities for mutation to happen, which, which we're starting to see. And so when you throw in other bacteria, other viruses into that mix, you're creating more conditions for more mutation, as all of these organisms try to keep living, try to replicate themselves as all living things do, and then they become more adept to it. And the more opportunities they have to deal with it and changing circumstances, the more likely it is that they're going to find a new way to be able to replicate themselves, perhaps outsmarting—not that they have brains—but, you know, outsmarting medication or vaccines as they, as they change.

JVN [00:07:52] God, these viruses are wearing me out. So what are some of the more common viruses: we got SARS-CoV-2. We got HIV. We got herpes.

STEVEN THRASHER [00:08:04] We have a couple of different kinds of herpes, of which the majority of human beings have lived with them. There are multiple other coronaviruses. This one was called the novel coronavirus. Because—

JVN [00:08:04] It was new?

STEVEN THRASHER [00:08:05] It was new. It's the one that was found in 2019, while we still have the 19 behind it. I don't know whether they're going to name the new versions of it with more years, but the common colds that people have, those are various circulating coronaviruses.

JVN [00:08:30] Uhhhh, you just blew my mind. COVID-19 was because it was 2019?

STEVEN THRASHER [00:08:37] Yes, it was the Coronavirus that was found in 2019.

JVN [00:08:40] Did everybody else know that this whole time?!

STEVEN THRASHER [00:08:44] There have been multiple coronaviruses circulating that create the common cold. There's influenza. That's the one that we, you know, perhaps talk about the most as another respiratory virus.

JVN [00:08:55] We didn't prep for this but it just came to mind because of Downton Abbey, I think, and just talking about the flu. But like, how come that one killed so many people and then it just kind of, like, stopped. Like, does that strain of flu still exist? But we all just got, like, immune to it or something?

STEVEN THRASHER [00:09:10] Yeah, so that is also H1N1 and it didn't go away. That is the influenza that's circulating around the world. You know, 100 years later, you know, a huge number of people died from it in its first year. At the beginning of the coronavirus pandemic, there were people downplaying, saying, "You know, this can't really be considered as serious because tens of millions of people died in that pandemic." But actually, more people have already died in the United States of COVID than died of that pandemic. But the influenza that we have going around the world does come from that. And that's what we will see with various viruses, is that they settle into the population, they flare up in different populations and not in others. And they do stick around for a long period of time. We've only really eradicated smallpox, although it's related to monkeypox.

JVN [00:10:01] Oh, God.

STEVEN THRASHER [00:10:03] We might be seeing a little more of that.

JVN [00:10:05] So you're saying that that Spanish flu was H1N1 or like an ancestor of that one?

STEVEN THRASHER [00:10:12] Yes.

JVN [00:10:13] Fuck! And that's been here this whole time?

STEVEN THRASHER [00:10:17] Yeah. So viruses other than smallpox aren't usually eradicated and they end up flaring up in some ways or another. So influenza we do see circulate around the world. And the White House just released a plan saying that they wanted to basically piggyback on the flu approach of giving people flu vaccines, which in the one sense is great because they're sort of saying, "If you're getting a flu vaccine, why don't you get a COVID vaccine and we will update the COVID vaccines for which strain to get." But that's a dangerous game on a couple of fronts. One, even with flu, like, they never know exactly what version of it's out. So they prepare one kind and then another kind of circulating, as we're seeing with, with COVID, different forms circulate and then one, one becomes more transmissible, can shift very quickly, and the previous medication won't be as effective or effective at all. And then the other thing is that what happens with flu already has baked in a lot of issues around race and class that people who see a doctor every six months or 12 months are likely to get a flu vaccine, and they're likely to weather it much better. And if those people get a COVID vaccine, they'll weather it and get much better. But that leaves out the people who don't see a doctor every 6 to 12 months. And those are the people who are more likely to be uninsured, more likely to be poor, more likely to be Black, and more likely to be affected by these viruses. And so that's the apparatus for getting protection out. It's actually going to leave out the people who are most at risk.

JVN [00:11:43] So the book offers up this theory on what you call the viral underclass. When did you first encounter this term?

STEVEN THRASHER [00:11:51] I first heard it actually in a conference I went to called The HIV Is Not a Crime Academy, and it's a gathering of people who are challenging laws that criminalize HIV. I ended up there because I've been writing for years about one person who was prosecuted for HIV. And it was interesting, as these activists were talking about how to repeal these laws, there was a group that was saying we have a good chance of getting rid of them. If we go to legislatures and go to prosecutors and say, "Hey, you shouldn't prosecute people who have an undetectable viral load, people are on medication and therefore can't transmit the virus to other people. That's bad science. Those people should never be prosecuted because even if they have sex without a condom, they're not going to be able to transmit the virus. And this is a practical way to maybe change these laws." And then there was another camp of people who are saying, "That's creating, like, a viral divide. The people who have the medicine are not going to be prosecuted. But you're saying it's still okay to prosecute people who maybe aren't virally suppressed. And the reasons why people aren't virally suppressed is because often they don't have constant access to the medication. They

don't see doctors, they're homeless, you know, they're engaging in survival sex, things of this nature." And so they were calling this a viral underclass.

And the phrase popped into my head, and I looked it up. And actually one of the people organized the conference—I write about this in the book, and interview him in the book—Sean Strub had originally coined this term in 2011 and also about HIV criminalization, but used in kind of a different way. He was saying once people become HIV positive, they become classed in a certain way that they can't ever change. And this included writing about, you know, infants who are born with HIV. They're certainly put in a different kind of law category. But in the United States, with exceptions, we don't typically write laws that are explicitly about immutable traits. There are exceptions, you know, anti-miscegenation laws very clearly had to do with race, but for the most part, laws that disparately impact Black people don't write out and say, "Because you are Black, x, y and z will happen." But with HIV laws they do. They say, "If you're HIV positive, these are the things that you can be prosecuted for, that you're subjected to because of this biological reality that you live with." So that's kind of how Sean originally coined the term, and I kind of build on that to think of a theory of the way that this can be applied not just to HIV, but to understand how people with different kind of viruses are subjected to different standards of living and how the law and how the processes of our society both make certain people more susceptible to viruses and then also make their lives even worse because they have those viruses in kind of a cycle of self-fulfilling prophecy.

JVN [00:14:37] So is it only HIV-positive people that are included in this viral class in the U.S. or does that, like, expand to more communities?

STEVEN THRASHER [00:14:45] No, it's not just HIV. I mean, the way that I saw it was through HIV and it kind of happened in two steps for me. When I first started reporting on a young man named Michael Johnson, who was prosecuted for transmitting HIV, a young Black gay man, near Saint Louis in the beginning of 2014. I did my first reporting trips on him and filed my story and went back to New York, where I lived at the time.

JVN [00:15:08] And this was in Saint Louis in 2014?

STEVEN THRASHER [00:15:10] Yes, this was in Saint Louis. In the beginning of 2014 that I started reporting on this story. And then later in the year, I got sent back to Saint Louis to report on Michael Brown, who was killed by a Ferguson police officer. And when I asked the same people I'd worked with on the HIV story, "What should I be looking for in Ferguson?" I didn't know Ferguson as a town, but I kind of knew from them about what's called the North County and Saint Louis. They said, you know, "Ferguson has a high rate of HIV and AIDS. So we were actually in that apartment complex where Michael Brown was killed just a few days ago because there had been a new case of HIV." And so I started looking at maps and seeing the same maps appeared where people had HIV, where they died of AIDS, and also where they were killed by police and arrested by police, that these were the same maps.

When COVID happened started to show up in the United States, six years later, the same maps were showing up. I was seeing HIV happening in the same places that COVID cases were happening. And this seemed curious to me, because they're quite different viruses. They behave very differently and they have different modes of transmission. But it was the same people who were getting them in the same kind of geographic setting. And so I realized that beyond the particulars of individual viruses and their characteristics, they seemed to be happening to the same kinds of people and people that are considered disposable in society. They're the ones whose bodies are made most vulnerable to viruses, not because they engaged in, you know, quote unquote, "bad or irresponsible" behavior, but because all the systems of the society put their bodies at the most risk.

JVN [00:16:54] This is really personal for me. I contracted HIV in St. Louis in 2012.

STEVEN THRASHER [00:16:59] Oh, I didn't know.

JVN [00:17:00] I lived there for six months. My stepdad died, which is why we moved back there. But he died, like, really soon after we got there. And I fell really deeply into a meth addiction and just got all fucked up in St Louis. And so one of the first things that my doctor told me there was, like, "You need to get the fuck out of here. Like, if you can drive your car to like California or, like, find a place where you can, like, navigate getting your medicine, you should do that because if you are having issues with what you're having issues with, like, you need to, like, get away from what you're doing here." But most of it was because of, like, the HIV safety net. She was, like, "It's really hard here." Even when you were saying, you know, "It's not necessarily people who are engaging in 'irresponsible' or 'dangerous' behavior." It's, like, I was engaging in irresponsible and dangerous behavior based off of society's expectations of what is responsible or not responsible. But there's a lot of, like, homophobia baked into that. Not to make it about me, I just think that having lived there and having had that happen to me there and then having the resources to get away or if I had stayed, I still would have had those resources.

But I don't think people understand because a lot of times when I talk about this, I'll read comments or I'll hear people say things like, "Well, I didn't do that. Like, you were the one who did this behavior. Like, why should we care?" Or, like, "Why should we help?" But I don't think that people realize, well, one, that's so cold and fucked up and two, it's so hard to gain care. Like, you have to have Internet, you have to have a car. You got to redo your papers, like, every single year. You also have to have, like, a will to, like, want to do it. And if you're battling—and this is something we talked about with, you know, with Celeste Watkins-Hayes who we love so much and you love so much—it's just not easy to gain what is actually in reality, like, as compared to things that we spent other money on societally to, like, get your medication, it's not that much money to, like, save people's lives. And we just villainize it and criminalize it. And it's just so disappointing. I remember when I got HIV in, in Saint Louis, at Planned Parenthood, I had to sign a paper that said, like, "From this day forward, you acknowledge that you're like a bioterrorist if you ever have sex with someone and don't disclose your HIV

status," and the word, like, "bioterrorist," like, really stuck out in my head cause I was, like, "Fucking bioterrorists, like. That's heavy." And just to go back to the HIV is not a crime thing, I just felt like I needed to share it with you, cause that was just, like, it—, I was just, like, "Ah, that's, like, a lot."

STEVEN THRASHER [00:19:27] Thank you for sharing.

JVN [00:19:28] It shouldn't be a crime period, because that's part of what's making it so stigmatized. So I want to kind of go back to what you were talking about, kind of what those two camps said within that "HIV Is Not A Crime" conference?

STEVEN THRASHER [00:19:38] Sure. Again, thank you for sharing about your story. We can tell the entire story of America by thinking about Saint Louis in lots of ways or a huge part of the story of America by thinking about Saint Louis. And I didn't realize that your story around HIV had intersected there very close to the time that I was there. And even though that was only eight, ten years ago, I want to linger a little bit about differences in that time and now. And I'm sorry that you've made you, people have made you feel the weight of that stigma at that time, because as another person in my book says—Zak Kostopoulos, an HIV positive person who's killed by police in Greece on the other side of the world—he says, "At one time, I really thought homophobia was a personal problem. I didn't realize that it was a social one, that it was a societal one." And the weight of having to bear that in places like Saint Louis, which has had a great deal of improvement, I think, since then, but it's really isolating and it makes it hard for people to deal with. And I'm sorry you had to deal with that.

And I do think, you know, one of the reasons why there has been moments of better COVID management in places like San Francisco and New York and certainly much, much better HIV management is because there is a critical mass of people who are willing to work through these things with you and create a social safety net. My experience in Saint Louis as a Black gay man who is not HIV positive but has reported on this for a long time, was that it was extremely isolating when I was there and very stigmatizing. And people know about PrEP now and PrEP was, just wasn't a reality when I was reporting on Michael Johnson, it wasn't really commercially available. But even for years when it was available and I hear even some ways now, like, it's hard to get at as a young person in St. Louis, you know, if you're an adult now, you kind of know where to go to get it, maybe. But certainly for years I talked to people whose doctors would say, "I'm not giving you that. It's a whore's drug." I'm repeating their language. Whereas, you know, in New York or San Francisco, the same young person might be able to get it much, much easier.

JVN [00:21:52] I want to explain a little bit more, just so people understand and you really need to read this book and it's not a spoiler alert for reading it, but so the viral underclass includes intersectional communities, Black and brown people. It's queer people, specifically, like, men who have sex with men. It's people who are affected by poverty and, like, dealing with not having a home. Is there, is there other people who are in the viral underclass?

STEVEN THRASHER [00:22:16] Yeah. Immigrants, migrants, particularly people who are undocumented because that puts you in a state where it's hard to get health care. Disabled people, you know, ableism is a huge factor in who is in the viral underclass. The population that was most killed in the COVID pandemic were people in long term care homes. And that's both nursing homes, of which one in every ten died in nursing homes in the first year or so of COVID, but also people in congregate care homes, which includes perhaps much younger disabled people who are put in these congregate care settings. And 1 in every 12 of them died. And so they were very much in the viral underclass. And like all matters of class, the boundaries are not set, so different people can be a part of it. There are ways, you know, we can say here in the United States, many of us are in the viral underclass because more people have died of COVID here than anywhere else in the world, because the perversities of American capitalism make our health care system so inaccessible and so hostile. They try to have boundaries of class, but they're not set. And there is movement between them.

JVN [00:23:28] And, like, Indigenous, like, Native people, I would imagine, too, like, have a harder fucking time. At least here, I feel like the health care system, it's, like, harder for like those folks, like, to access. I'm sure that's like a thing in like other countries as well. But what you're saying is like that's not a set thing. Like it's kind of a blob of like expanding fucked-up-ery because of this, like, capitalistic way that our medicine system is set up.

STEVEN THRASHER [00:23:50] Yes, expanded fuck-up-ery again is a good way of putting it. Native American people, definitely. And the boundaries, I have a whole chapter about this, the way that various boundaries try to say "who is safe and who is not" end up hurting the people on the margins. So the way that the United States will say, "Reservations are not really part of the United States," that creates a disparity. The way that we view in the United States. And "we," I sort of mean as a, as a national concept, the way that we think that viruses are not in the U.S., that there's something from the outside harms, immigrants harms migrants, people on the edges. So for decades, there was a law that you could not enter the United States if you were living with HIV. It started to change under Bush, second Bush put it in motion, but it happened under Obama. But for decades, you know, as if, as if HIV wasn't here. When, you know, if Black gay men in the US were a country. We would be the, the country with the highest rate of HIV in the world.

JVN [00:24:53] Say that again, say that again!

STEVEN THRASHER [00:24:56] Black men who have sex with men, one in every two of us are projected to become HIV positive in our lifetime if current circumstances don't change.

JVN [00:25:06] Even with PrEP now in 2022?! That's the projection?

STEVEN THRASHER [00:25:10] This was the projection a few years ago, and I do like to highlight this part of it: it's *if* things don't change. It doesn't have to be determined. But that

was the epidemiological model a few years ago. I do think one should be sort of relooked at thinking about PrEP, but at that time, you know, that would have been the highest rate of HIV anywhere in the world. And so even with the United States having this kind of problem inside its borders, we view HIV as something that comes from the outside. A lot of people don't know that Guantanamo Bay was not first activated after 9/11. It was activated about ten years earlier when Haitians trying to flee to Florida, were intercepted by the US Coast Guard. And the US government didn't want them to get onto US soil because then they would have access to certain rights as refugees and they couldn't send them back to Haiti where they knew they'd be prosecuted. So they said, "Where can we put them that we can detain them under our laws, but without them having access to our laws?" And that's when they activated Guantanamo Bay. And then when they put the Haitians there, they mass tested them for HIV, which at the time medical historians think was the biggest mass testing ever done for HIV of a population. And they sterilized all the people living with HIV.

JVN [00:26:25] Shut the fuck up. In nineteen ninety....

STEVEN THRASHER [00:26:31] 91. 92, 93. They, without their knowledge or consent, they sterilized the HIV positive people. And so when we put up these borders about what's in the U.S. and what's not, viruses become an excuse for that. Right now, inside the U.S., at the national level, there are very few. There are very, very few ways of trying to contain the coronavirus. But if you leave the United States, you still have to have a negative test to come in. If you're a migrant, you cannot have it when you're trying to present yourself. And Title 42 is still being used to rapidly extradite people and deport them under the guise of needing to keep the national body "pure and free of viruses." And again, this is absolutely hypocritical and ridiculous because we have more COVID cases and deaths than any country in the world. But we use viruses as a way to imagine what is American and what's not American. And when those attempts to police those borders come up, they harm the people in the margins.

JVN [00:27:35] I feel like that's, like, the most, like, chilling thing I ever heard on this podcast. I've done, like, 260 episodes and I'm, like, crying. That's, like, so intense that that happened in, like, I mean, it's intense that it would happen ever but, like, wow, I'm very grateful for your work. [DEEP BREATH] Ah, okay. I'm back. Okay.

STEVEN THRASHER [00:27:57] Take your time. We can take our time.

JVN [00:28:04] [DEEP BREATHS] That was really intense. I don't know how you couldn't hear that and, like, not have such a visceral reaction.

STEVEN THRASHER [00:28:11] There's something on that that I wanted to say, continuing on this theme of borders, that I think really brings into view trans people and people who live outside of the gender binary. Because I think the gender binary is another one of these borders that, in trying to enforce it, puts people who live between those borders at the most risk. We see it in the case, of course, trans people who are also migrants and live in that

intersectional space and the dangers that come with that. But there are all these things that are happening right now in the United States that are reinforcing, I think, how and why people outside the binary are in the viral underclass. So when you have a bill that says "don't say gay," when there's the criminalization of getting care for, for people seeking gender affirming surgery or gender affirming hormones, that is putting these bodies of trans people in harm's way. It's opening them up to pathogens. If a trans person has the emotional, financial and medical support that they need, the process of living their life within their own gender identity it makes their life longer, makes their life healthier, everything about this is good.

When that's taken away from them, which we're seeing in places like Texas and Florida, they are less likely to get the care they need in a safe, supportive environment. They're more likely to find hormones and the contraband market and to be taking hormones and things of that nature and medical care with syringes that are not necessarily sterile. And so it's opening up their bodies in very direct, tactile, biological, physical, chemical ways to living with pathogens. But stepping back from that as well is the ways that being gay and being trans and gender non-conforming opens up to people, to economic harm, makes it harder for them to get jobs, makes them more likely to be arrested, makes them less likely to have insurance, to have safe housing. And all of those things compound as well to make them more likely to be living with viruses. And it's the, it's the enforcement of these borders that makes the people on the margins most at risk.

JVN [00:30:26] Yeah. Something that I think—and you mentioned it—but it's, like, it's also education because I was, like, so ostracized in school and that's, like, a white person who's gender nonconforming but, like, always kind of looked, like, this. And, like, I was trying to put it away and, like, blend in. But I've always wanted to wear tights and, like, an off-the-shoulder sweatshirt. And so it's just, that really sticks out in a rural, like, Midwestern town. But so, but for people that face intersectional, intersectional, marginalizing factors outside of their trans and non-binary-ness when it comes to race, if you're trying to immigrate to a different place. Age, all of those things, it just, it is such a compounding trauma that, like, I already know that I've had it in certain ways, like, hard. And for people that are dealing with those intersectionally-compounding issues. It's so much harder. And then we were kind of saying this earlier, but in the book you stress about how we should never be considered vectors and, like, hosts. Can you kind of explain that? And what that means in relationship to what we were just talking about?

STEVEN THRASHER [00:31:27] Sure. Early on the pandemic, I was talking with my friend and colleague Steven Muldrom about this, this influx of words that come from public health people. That was, like, going into the general conversation. This pandemic has been most interesting in a way, from a communications standpoint. It's the first viral pandemic happening in the time of social media. So it has this, like, completely different flow of how people were getting information and lots of phrases from public health people was coming into common language. And "host" and "vector" I thought were some of the most dangerous. They can be dangerous in a scientific way too, but certainly sort of in a colloquial way. The idea of thinking

of someone as just the host of a virus or a pathogen is dangerous because it reduces a whole human being into one aspect of their identity. And it's often phrased in the phrase "patient zero," which was first ascribed to the first person imagined, incorrectly, living with HIV in North America. I was seeing it often in media, like, this idea that, "The community had no COVID until a host, you know, patient zero showed up." And it's really unfair because it's placing it on this person.

The movement of viruses happens through very normative life activities: sex, breathing, handshaking, hugging, just *being*. The things that we have to do to stay alive. And so I don't think we should blame individuals as a host or flatten them to just being that one thing. And in terms of vectors, the vector is not one person showing up and breathing in a room. It's the structure of that room. So in the United States, for instance, where we have the most COVID cases and the most deaths of any country in the world, there's emerging research that's showing a driving factor of that, maybe even as much as one in every three cases, comes from the fact that we're the most incarcerated country in the world. Prisons are enormous breeding grounds for COVID as they are for HIV and also Hepatitis B and C, but even more so with viruses that are airborne and even more so than prisons are local jails that people go into the jails, they come out of the jails, are going to the jails, they come out of the jails. Again, the United States does this more than anyone. And so the jail is the vector. The jail is the place where people are breathing and COVID is transmitting between them. And then they go home and their sexual partner gets it, their grandmother they live with gets it. Because they're the kind of people who would wind up in a jail, they're also the same kind of people who are likely to live in a very crowded household because of the vector of a lack of safe housing.

The people who got to work from home during the pandemic had relatively low cases of COVID sickness and death. People who had to work in that had it much higher. And because they were, you know, with the exception of, say, medical personnel, but for the most part, the people who had to work face to face tended to be the most poorly paid workers, often undocumented, often without insurance, and also the least likely to be able to isolate if somebody in their family got sick. So rather than blaming a person who works at a McDonald's through the pandemic and say that they were "sloppy," you know, for going home and breathing near their relatives, the vector, I would say, is the fact that they were not given the right PPE, that there was not a food distribution system that was worked out that could be safer for people and that they don't have access to the kind of housing when even in the middle of a pandemic, you know, members of the household cannot get to their own safe space. So that's why I think we should focus more on the physical vectors of that kind. And then, of course, there are also social vectors, which are all the "-isms."

JVN [00:35:17] Mmm!

STEVEN THRASHER [00:35:18] And "-obias."

JVN [00:35:19] Yeah. Okay. Okay. Okay. Okay. Yes. So, so much. There's just so much, but my brain can do it. So there's a lot of, like, suffering that the viral underclass is going through. Who is benefiting from this carnage?

STEVEN THRASHER [00:35:42] It's the ruling class that are benefiting. So in the global age, but particularly in the United States, you can see this mass upward redistribution of wealth that happens throughout the pandemic. The wealth of the billionaires and the wealthiest people in the world increased a great deal as poverty increased amongst the poor. And so we're in a situation right now where there are all these things that could be done to mitigate what the COVID pandemic is doing in the United States. If everybody had access to health care, that would make a big difference. The Congress has recently refused, even as they're spending tens of billions on Ukraine and other things, they refused to extend another \$15 billion spending package to make it so that people without insurance could keep getting COVID treatment and testing. Now, research has clearly shown for some time that people without insurance were the most likely to get COVID, to get sick from COVID, and to die from COVID. So we've created a situation where the people who are most likely to get COVID are now being denied care, and they're the people doing the, quote unquote, "essential jobs" that people were banging pots for and cheering for. They're the ones that are, that are making society keep going, and yet they're not getting care if they need it, which obviously hurts them.

But it also gives, gives the virus more chances to mutate and keeps it moving and that can harm anyone in the society in a way. And the people benefitting from that are those who don't want to pay taxes, you know, to pay for that. But as you were hinting at before, there's so many circumstances where if you prevent someone from getting COVID or HIV or many of these viruses, it actually costs the society less money in the long run. But it's, "Who's bearing that cost?" And so the cost is continuously put on the viral underclass to often pay for that cost with their lives when we could afford to, to do many of the things that, that need to be done. In 2021, we showed that the United States could deliver 4 million shots a day to people, which has never been done before in any society that I know of. It was a massive undertaking, but we could do it and, you know, we could have gone in two directions from that. We could have said, "All right, we have these modes of being able to distribute the healthcare people need. We could expand that to other diseases and other matters that they need, and both managed COVID in an ongoing way and also give people health care that they need for other matters." Or, "We can dismantle the system so that it stopped costing tax money." And unfortunately, that's the direction that's gone in.

JVN [00:38:22] Yeah. It reminds me of, like, I had to go to, like, a speeding ticket class in, like, 2005 and part of it was, like, drunk driving awareness in Arizona, and they were, like, "So you want to go to the bar, but you don't want to, like, get a cab. So you go to the bar to get drunk and then you drive home and then, like, you get a DUI, which costs you, like, \$15,000 in court. If you didn't kill someone. And that cab was only, like, \$20, you really should just have just got

in the cab." We're doing, like, a much worse version of that and then never learning about it and, like, never getting caught. And just like, you know, it's a flawed analogy, but.

STEVEN THRASHER [00:38:54] And there's a great book by a writer named Jessie Singer that I'm reading right now called *There Are No Accidents*. And it's about, largely about cars and why we think of accidents when, when there are all these ways that the system creates these problems. And one of the things she writes about is that also those bars are put next to highways, in places that don't have public transit. If you get rid of the driving, the danger is done. If there were modes of being able to socialize with other people with alcohol in a public transit system or a walkable way, then you take out that element. And I think it's often helpful to keep, like, stepping back and saying "What in the system could be done differently if the circumstances were different?" And right now we're just massively creating ways for people to become infected by COVID. And these laws, these "Don't Say Gay" laws and these anti-trans laws are making more viruses and health matters come into play as well. I write in the book an anecdote from my colleague Brandon Statsky, who was running a focus group once about queer teen boys and sexual health. And they just said that they don't use condoms. And when he asked them why, they said, "Well, you know, we, we don't have sex with girls. You know, we can't make anyone pregnant. Why would we use condoms?" And that is an example, I think, of the way that the state made those boys open to viruses.

JVN [00:40:20] Oh, because they're not allowed to talk about gay stuff anymore? So they don't know about maybe HIV?

STEVEN THRASHER [00:40:25] This is even before that, this was years ago, the anti-gay stuff is gonna make it worse so that the majority of states have no LGBT sexual health of any kind. There are states that have really no sexual health except abstinence only. And those states, of course, have higher rates of STIs and higher rates of teen pregnancy. And so in those places, I think the state is really failing those children to teach them about what they can do to have sexual health. And as more states have explicitly anti-trans and anti-gay laws, it's going to create it's going to create more and more HIV and herpes and hepatitis and gonorrhea and syphilis and all these things that if you're not getting from home, the sexual education you need, you're not getting it from school, you're not going to be able to protect yourself. And that's the responsibility of the state that it's really failing right now.

JVN [00:41:23] So one thing that I learned about from this interview that we got to do with this fierce CEO Sallie Krawcheck from Ellevest, she was saying like one of the ways that like the economy is like always rigged to punch down is like how, you know, banks charge overdraft fees and then they use those overdraft fees from people whose banks get overdrawn, they take those funds and then they use them to pay for like the loans for, like, the big fucking people that they give out loans to, like, but it's like a way the economy punches down. And that's kind of the same thing with, like, the viral underclass. Like, the ruling class that, like, says, "Well, I don't want to pay for that," but this affects you, too. Like, you can get HIV, and at some point, what's going to come along that like social distancing won't save you from. Didn't

you say at the beginning of this that more people have died from this pandemic than the Spanish flu one in the 1900s in the US?

STEVEN THRASHER [00:42:11] In the, in the United States. So I think one one thing I found helpful to think about are differences between US experiences and global experiences. So, for instance, with HIV, 35 to 40 million people have died of AIDS or HIV-related causes since the beginning of the pandemic globally. There are various ways to look at it. The official count is between six and 7 million, but about estimated up to maybe 20 million excess deaths have happened from COVID globally, so still much less than from HIV globally. But in the United States, about 700,000 people have died of HIV/AIDS in 40, 42 years, and a million have died of COVID in just two years. And so why is the United States outpacing the rest of the world in COVID deaths compared to AIDS deaths? Now, why has that happened so much faster here? And similarly with that, with the 1918 pandemic that the global death count was much higher than it is for COVID so far. But the U.S. has, I believe, surpassed the number of people who died in the U.S. And that has a lot to do with the way that we lead our lives and our economic structures in this country.

JVN [00:43:23] Well, it's, like, the selfishness and, like, the rugged individualism blinds people to being able to see that they're supporting policies that hurt them. And that seems like a really common occurrence. People are bamboozled into supporting policies that literally hurt them in the name of, like, saving money or like "that's not my problem." So in the book, you make a point of saying that, quote, "When it comes to the viral underclass, you just need to listen to the people in it." Who are some of these people and what makes them emblematic members of the viral underclass?

STEVEN THRASHER [00:43:53] Well, the first that I met and wrote about was Michael Johnson, who was this young Black gay man who was accused of having sex with six different men. By the trial, I found out four of them were white and two are Black. And he was accused of transmitting HIV to them, and they ended up getting convicted and sentenced to prison for 30 years.

JVN [00:44:12] I remember reading that in the news and he was covered really maliciously.

STEVEN THRASHER [00:44:17] Yeah. His, like, Grindr name was "Tiger Mandingo." And so that was, like, how it first came into the news and came on my radar and built on all the kind of racialized sexual fears and titillation that the word "mandingo" encapsulates. But I had a really great editor, Mark Schiffs, who has commissioned people to write about HIV promoting for, and he was one of the first reporters on AIDS in the 80s, and he sent me to go meet Michael. And he was so different in person than I had seen him portrayed in the news. I don't think any of us would want for our entire identity to be known—

JVN [00:44:55] Fuck no!

STEVEN THRASHER [00:44:56] –through our Grindr profile.

JVN [00:44:57] No, no.

STEVEN THRASHER [00:44:58] Or, you know, through our social media. And, you know, of course, he was at college at the time. But what I found so disheartening is a really sweet guy. And he was sweet then, but I found these compounding disasters of America in his story. One, he was a very talented Black athlete and he was pretty much illiterate. And he had been passed up through school and was being used, you know, because he was a very good wrestler and a good athlete in the college, who were using him for the kind of glory of his sport, while also not educating him. And he got a letter like you did, Jonathan, when you found out you were HIV positive. But he didn't really understand it. He had to sign it even though he couldn't really read. And as you will be aware, even when you tell people that they're HIV positive, it takes some time for that information to seep in, you know, for you to be able to accept it and understand that my friends who do that work with HIV prevention in St. Louis said, you know, it can take like years for people to start acting on their diagnoses depending on the kind of support they're getting or not getting.

So Michael was also this young Black man on this mostly white college campus that lots of the white boys wanted to have sex with. Circling back to what you were saying about understandings of risk. You know, they asked each other, "Are you clean?" "Am I clean?" "Are you clean?" Of course, the word "clean" itself has all kinds of negative connotations, but it's not an effective form of disease control, for sexually transmitted infection control. And so, like, it was interesting to me that they sort of thought that's all they had to do. And they would expect that viruses wouldn't enter them. But of course, viruses don't understand these categories. They don't say "You're married to someone, therefore you can't get an infection from them." They don't understand if you're a quote unquote, "good" or "bad" person.

So Michael ended up really, I think, being the scapegoat for a lot of the desire and the anxiety in this community. When one of the people became HIV positive, he pressed charges against him. And the trial, which I go into great depth in the book, was such a disaster of scientific understanding and legal discrimination around homophobia, around race and around disease. The HIV law that he was prosecuted under was written in the 1980s, and it still basically said, "If you give this virus to someone, they're going to definitely die. And therefore, it's akin to a murder." These laws never should have existed because they discourage people from knowing their status. If you don't know it, you can't be prosecuted. But certainly they should not have lasted after effective medication came when it was not a death sentence and the law was still treating it like a death sentence. And because of the way the trial was conducted, evidence about what, where HIV medication is now simply couldn't come into the trial. It kept getting struck from objections. So the court ruling effectively reinforces the idea that HIV is still a definite death sentence and there's nothing that can be done about it. And Michael's story as a human being, you know, he eventually, he was very persistent. He was able to eventually get out of prison.

JVN [00:48:09] So he gets sentenced and then does he get like a better attorney or does, like, someone come into, like, help him? Like, does the ACLU come in or something to like? Who helped him?

STEVEN THRASHER [00:48:17] I was really upset when I was working on this story the first year and a half or so that no national civil rights groups I had worked with for years would even take my calls about it. NAACP, ACLU, Lambda, they wanted nothing to do with this case. And it's a similar dynamic to when the Scottsboro Boys were accused of rape. These, these children, these, these Black children, the NAACP didn't want to take their case because they didn't want rape cases at the time. And those boys ended up getting represented by the Communist Party instead and eventually executed. So after Michael's sentence came in—

JVN [00:48:54] Which was a 30 year sentence?

STEVEN THRASHER [00:48:56] It was a 30 year sentence.

JVN [00:48:57] And are all the other guys, like, the other six guys are, like, in courtroom? Are they, like, high fiving? Or they all, like—because I just can't imagine, like—

STEVEN THRASHER [00:48:02] No, I mean, it was, it was—everything about it's really sad. And it does speak to your experiences and was it your doctor who said, "Get out of Missouri"?

JVN [00:49:12] Yeah.

STEVEN THRASHER [00:49:13] So, like, so, like, other states have prosecuted this and given, like, a six-month sentence. Missouri has, like, given decades sentences for it. So it's really out of step and extremely severe in this case. I think the main person who prosecuted him, he wanted him in prison forever.

JVN [00:49:29] But that speaks to a complete ignorance of, like, what living with HIV is like, on that person's part, like, I mean once I had that first appointment with the doctor and I was, like, "What's the life expectancy for someone living with HIV?" She was, like, "I'll keep you alive long enough to die of a heart attack or cancer like everybody else." [LAUGHTER] And I was, like, "Oh, God." And she was like, "No, the answer is 50 to 75 years." And I was, like, "Well, fuck, I'm already 25, honey. I'll be fine. That's like, that's a pretty long time." She basically was like, "You know, as long as you can get your pill every day and you can get it, like, without a lot of drama and stuff, like, it's not so bad."

And then it's, like, if I didn't know I had it, I wouldn't really know I had it. Because, like, I look great, feel cute, active, you know, working. I feel like I'm, you know, like, sometimes I like to joke, I'm, like, "Is there something in this HIV medication that makes you get cuter? Because,

like, why does my skin just keep getting better?" I don't know. But it's, like, it's just people shouldn't be, like, that stigma and, like, that afraid-ness—that's, like, I obviously was really afraid, too, and I'm not, like, advocating for it, it's not, like, "Jump in the water. It's great," you know, there's things you got to do. But it's not, like, this terrible, scary thing that we need to be, like, horrified of. And the way that people still talk about it, it's, like, this horrifying thing and it just shouldn't be this horrifying thing. So anyway, so the other guys there, he's, like, "Yay, 30 years." But then Michael is just, like, "I'm just going to stay persistent and fight this."

STEVEN THRASHER [00:50:44] And I found out from at least some of the other five, that they were like forced to testify. None, none of them would have brought charges forward. They were really pressured and subpoenaed by the prosecution, who ultimately threw them under the bus to like in his closing summation, he said, "This is not for any of them. You know, these people are all a bunch of promiscuous young men who basically deserved what they got. This is to protect, you know, the straight people and the 'good' people of Missouri." That was kind of his closing summation. So they got thrown under the bus, too. And Michael, you know, I'm, I'm proud to say because of my reporting, he was able to get more support from more supporters. They did get a new attorney both and another public defender who helped get his trial overturned because of gross prosecutorial misconduct in the trial itself. And then a lot of them, there were like 90 organizations by then, that signed on to the amicus brief before they hired another attorney. Because when when when a conviction's overturned, the prosecution can just start the process over again. And that's what they did. And eventually they worked out a plea bargain so then he got out. But by that point, he'd been in there for most of his twenties. He'd been there for six years. But thank goodness he got out.

He's living on his own. He's got a job. He's got his own apartment. He's got friends. I'm still in touch with them. He leads a very quiet life. When we talk, we don't talk about his incarceration. And he seems happy, which I'm, I'm really happy to see. And he's the person that really got me thinking that this young man was acting like a college student. He wasn't a monster. He was having sex, which is what college students do. He did talk to me about, like, he had never heard anything about homosexuality ever in a class—about gay sex, about safe sex, nothing. Which made me realize as well, like, I had to start a Ph.D. in my late thirties until I ever heard anything about being gay in my own education. This is not an unusual experience. I think it's you know, it's changing in California, Illinois. A couple of states are having younger education now around these things. But in general, people don't get it. And so he's the one that really made me start thinking about what this viral underclass is.

And then the next person that, that helped me kind of think this idea more broadly was Lorena Borjas, whose death I did learn about from Chase. I know you had Chase Strangio on recently. Chase was tweeting about Lorena, and I had only met her once as a reporter, but knew that she was a really important transgender Latina who was really, really important to the trans Latina community in Queens. She was also HIV positive, and she was known to be the person who would show up for any trans person when they were arrested or in jail. She didn't know them personally. She just got her ear to the ground. And any trans girls, she called them all,

you know, “her girls” whenever they were picked up for sex work or solicitation or for drug use or anything. If she heard they were in jail, she'd hustle up a few other trans women and they'd go to court. And when the judge would say, you know, “Is anyone here on your behalf?” She would say, “Your Honor, we are here. We're going to take care of her.” The person often had no idea that these people would be showing up in court for her, and she raised money and bail funds to get those girls out. And she wanted them out of jail because one: and she knew that they're likely to be sexually violated, particularly when they're put in the wrong gender jail. Two: they're often kept from getting their HIV meds. And that, Jonathan, you know, that's one of the scariest things about being positive.

JVN [00:54:15] I actually wrote that down. I wrote HIV. I wrote “Prison PrEP” and “Prison HIV meds.” And I wanted to ask you about that earlier. Because it's a nightmare out of fucking jail. So did they just. No, no testing, no pill, no antiretroviral therapy in jail?

STEVEN THRASHER [00:54:29] I've heard nothing about PrEP in jails. I would have to look into that. But what's extremely common, when Michael was arrested for HIV, you know, he was arrested for being HIV positive and accused of transmitting it. It took seven months to get him medication.

JVN [00:54:45] And just to be clear: that is one blood test. It's a battery of blood tests but, you know, there's—you get your blood work done on, like, a Tuesday. They test your blood to make sure that it's going to respond to, like, X amount of medicines that you can take when you have HIV. And then you take that pill and then you just take it once a day. When you have access to medication and like the doctor, it's—, it, seven months is not an okay amount of time. It can take a week.

STEVEN THRASHER [00:55:09] Yeah. Yeah. This is a common thing that happens. You know, people are arrested and they can tell you what medicine they need. It can take a long time to get it. So even when they knew that he was HIV positive, they didn't give it to him for seven months. And that's a very, very common thing. And then even after he had the medication, they would often put him in solitary confinement because they said, “You're a risk to other people.” When the risk, the vector, is that you are putting him in jail, not giving him the right medication.

JVN [00:55:33] And if you start your meds, stop the meds. Start the meds, stop them for a long enough times. It can just be like that's just not. The other insidious thing about this outside of everything else we've already talked about, is that like every prison system is probably different based off of the state. So, like, reforming these laws is probably specific to, like, every state.

STEVEN THRASHER [00:55:54] Yes. Yes, it's—, they're all state laws. And so they have to be taken up state by state. The federal government has a little leeway and they were better under the Obama administration, but they don't have that much leeway. It's really state by state. And

Lorena was aware as well that, you know, whenever her girls were arrested, they—, many of them were HIV positive and they wouldn't be getting their meds. But she was also terrified that they'd be handed over to ICE and deported, which is an increasing problem in jails. And so Lorena did all these things for other people. And then she was one of the few that was the first person in my outer social circle to die of COVID that I knew. And it wasn't a surprise in a way. When you looked at the map, actually, I don't know if you remember this, but the first epicenter in the United States was in New York. And then the epicenter within that was Queens and Elmhurst Hospital in Jackson Heights, where she was and where she lived.

And so it's not a surprise that it's a trans woman from Mexico who's also HIV positive and who spends her life trying to help other trans people get hormones, avoid hepatitis and HIV, and avoid jail who is the first in line to get this virus. And her story, which I feel really blessed to, because I'd only met her once but knew of her work through activism, was one of the ones that I felt the most blessed to get to write about the book. And I also wrote about—I wrote about a lot of people—but one of the other ones that was most personal was writing about this friend of mine, Olivier Le Borgne, who is someone that I knew and loved, who was French. I met him in the United States, but just from France, and he lived with HIV. And I didn't know until it had an effect on how we connected. But I didn't really know until after he was gone that I was one of the few people he seemed to have told. And the weight of the stigma of feeling like you have to hide something like that is something that really haunts me.

JVN [00:57:56] I can feel my, like, stomach chakra, like, turn and I, like, got emotional, like, gives you, like, we're talking about it. I'm, like, wow. So we were talking earlier about Zak Kostopoulos—and so he was the one who was living with HIV and was murdered by police in Greece?

STEVEN THRASHER [00:58:13] Yeah, I had a writing fellowship when I was finishing my dissertation in Athens and I thought that I would get to finish writing up a lot of the things. I was writing about Michael Johnson, far away from American police and American police, violence and U.S. racism. I thought it would be sort of a vacation while I was writing about these things from those things. But the first week I was there, there was a police killing within a mile of where I was working and I was made aware of it. I don't think many people would have heard about it except that it happened to be caught on video. Zak was basically kicked by a mob of people, including about eight cops. But it was caught on video without their knowledge by somebody across the street. And a colleague of mine let me know that not only was this a police killing, which they knew I was writing about, but it was like of the country's most prominent HIV activist. There were other people who had been outed about their HIV status. But Zak is largely credited as being the first to willingly talk about it. And certainly in social media, he made YouTube videos about he talked about it on Twitter and Facebook, which was highly, highly unusual.

And the circumstances of how it happened are quite mysterious, I don't think ever going to be known. He ended up inside of kind of a pawn shop and was locked inside of it. And as he's

trying to break out of that, the owner is not in the store either. There's some person involved with this that seems to be involved with their the Golden Dawn right wing party. But Zak tries to break out of this store when he's locked inside of it, and then he's just kicked to death by a mob of people, the store owner, bystanders. The police show up and rather than help him, they start kicking him to death, too. And he had recently finished writing a book where he talked about experiencing homophobia and often feeling like he was running away from things. It's a very, very haunting photo book that he made with a photographer and another journalist. And he also illustrated a lot of these competing, marginalized identities. He was queer. He did a lot of work with refugees. He struggled with substance abuse. And in the Greek economy after their economic crash, the US one was in 2008, the one in Greece was in 2010. Part of why I was in Greece was because I was interested in seeing how the Greek reaction in an economic way to their austerity was to pull money out of harm reduction. And that was one way that they saved money in their budgets, as you were saying, like, it's much cheaper to do these things and deal with the later costs.

So they'd had good success with sterile syringes and street campaigns and things of that nature to try to get rates of HIV down. But then in their budget, in their crash, they cut all those kinds of things. And it was in that time that Zak was one of the people who became HIV positive. And so he was also a victim of police violence, which doesn't happen there nearly as much as it does in the United States. And so I found it really haunting, but helpful, to see, like, as much as we can see these dynamics in the U.S. and should, often it's matters of race and to deal with the legacy of slavery and systemic racism. This can happen in other countries in Europe with marginalized people under the same kind of austerity politics and economics. Zak also left a real record online of important things to think about, about how and why we need to have solidarity between immigrants and queer people and sex workers and people who are experiencing homelessness and people who are dealing with addiction because all of us are at risk of being in the viral underclass.

JVN [01:02:04] What an incredible person. He, he says in his book, "You don't die of HIV anymore. It's other people who kill you," which is an incredible, incredibly haunting thing to say for someone that was working to do what he was doing and then met their end at an angry, violent, homophobic mob.

STEVEN THRASHER [01:02:24] Yeah.

JVN [01:02:25] So in writing about Lorena Borjas, you pose a poignant question: "What gets lost when a leader of the viral underclass is erased from their flock?" What do these leaders mean to their communities? And what does get lost when they depart?

STEVEN THRASHER [01:02:39] Yeah. That was something my editor helped me think about as a way to end the book, and that the loss for Zak or Lorena is obviously awful for them and their closest friends and family. But they were people who were pillars of the community, and when that pillar falls, a part of the community falls too. So for Lorena, I think there are, like,

very practical ways to think about what her death means for literally viral transmission. Lorena spent four or five, six nights a week handing out condoms, sterile syringes and food and things like that to people on the street who needed it. And so with her gone, there are more trans people and migrant workers who are likely to, you know, not have those condoms or sterile syringes and to become infected with HIV or hepatitis. That's— it's a biological reality.

Zak did similar work as well. But also, like, particularly with Zak seeing that he was kicked to death and there was marginal justice about it. Actually, the trial just concluded last week and two of the four—I was in, I got to see a little bit of what was happening at the courthouse in February. The trial dragged on for a very long time, but only two people from the mob were prosecuted, and one, if not both of them, are probably going to be allowed to serve their sentences at home. There's certainly not much feeling of justice. The people kicking him to death didn't know that he was HIV positive necessarily. But they certainly saw that he was a very femme, slight, you know, queer person who was perfectly fine showing how femme he was. And so to see that person kick the death is the equivalent of when Black people would see lynching postcards or also Black people seeing videos of police killing now— it's a warning to the whole community and inspires fear.

You know, these people also become martyrs in a way, and that can trigger other change. But the psychological, emotional toll and the work that takes is undeniable for marginalized communities. And so when I think about the work that Lorena did, and the work that Zak did, disappearing from their communities, it means that the people who relied on the few people they could rely on now have less hope and less hope. And so the harm radiates out, you know, throughout their flock in a way that is going to damage not just the people who knew them very personally, but the people who, you know, who maybe didn't know their names and benefited from their work or with Zak's act was, like, was a face of being open about being HIV positive in this country for a lot of people who dealt with the phobia around that. And now he's gone and nobody has been, that case that I know of, has, like, really stepped in and filled that role because seeing someone killed has a chilling effect.

JVN [01:05:47] So, oof. Lifting it up for Zak. So in the book, you say "If we remove the viruses without dealing with the -isms in a population, the underclass will remain." What could it look like to deal with the -isms, and who's doing good work in that space?

STEVEN THRASHER [01:06:05] Yeah, thanks, coming back to that word "hosts." Like if we just think of someone as a host and we can wave a magic wand at them and get rid of the virus, then we don't have to deal with that whole human being anymore. But if the viruses were just to disappear, like the problems that made people susceptible to them would still be there. A group I think that's doing really great work around this and they have a bunch of people actually in Saint Louis who are quite, quite active with is a group called "What Would an HIV Doula Do?" And this is a group of people who think about "What if we welcomed someone with a diagnosis for HIV, the same way that a doula welcomes the birth of a child?" and realizes both that the person didn't become HIV positive at the moment of, you know, only at

the moment of transmission, that there are all these things that happened before it. And there are all these things that have to happen after it to give the person the support that they need. And I think that's a really great model. And they've done great writing and thinking about COVID, as well as the reasons why people are becoming infected with COVID is not their moral sloppiness, and it's not just that exact moment they're in a room. It's that the room has been made with poor ventilation and that sometimes there are more people on it than should be, and that people who don't have access to health care together.

And so I think a really important thing is to understand that we can't, we can't only focus on moments of transmission. We have to ask why is it that that transmission is happening and what has made that person able to survive it or not? If that person's already vaccinated, they're going to have a much bigger ability to survive a COVID infection if they're boosted, which our country is woefully under boosted for where we could be, you know, that person's going to have more success or not. And then not just say, why didn't the person get boosted? But to look at, "Oh yeah, people who see doctors regularly get boosted and those who don't see a doctor don't get boosted." In which case, we step back and say, "What if we had a world where everybody could afford to see a doctor regularly without being debt bombed and without fear and without being afraid that they're going to be deported or that they're going to be misgendered or made to feel bad about their bodies in ways that they get the support they need." And that's that I think is, is a really good model for how we need to be, not just with this current virus, but to think about health more broadly, particularly as it affects people who are in a position of being in the underclass.

JVN [01:08:45] And I mean, my next question was, like, "Who still needs to get involved?" But I feel like if I was going to take a swing at that answer, I'd be, like, "Doesn't every fucking body really need to get involved at this point?!"

STEVEN THRASHER [01:08:57] Yes, we need every fucking person needs to get involved. Mariame Kaba is a really great prison abolitionist and organizer, often says "We need more people." That's, that's often the case. There are people doing wonderful work. And I think there are lots of people who have their heart's in the right place. But we do need more bodies, we need more help. And we need to step back and realize that, you know, we cannot have a healthy society when we have 2 million people in jail. When, you know, when we are mass deporting human beings and denying tens of millions of people medical care. There simply cannot be health in our society. And that ill health is going to be concentrated amongst those with the least resources. But it's also going to affect other people, too, like white mortality is going down in the United States. And after never having gone down and started before this pandemic, that really overlapped with the opioid epidemic and an epidemic of suicide and gun violence and things of this nature. Even though white people enjoy better health overall than everyone else, their mortality is going down, too. And we cannot have a well functioning, healthy society if we don't have a fundamental reexamination of our values and make whole the people that are kept on the margins.

JVN [01:10:31] Absolutely. So, I'd love to wind down with two ideas that I think are connected. In our episode with Chase Strangio, who we are both fans of, who we love, who also features prominently in your book. He said "People should care about trans people because you should care about trans people. But I also think you should care about what's going on because it's going to implicate you too." It reminds me of a quote from Zak in your book. "If you support equality and freedom, you can't help but be concerned about other issues, too." What's the power of those statements together and what's possible if we all act on that care and concern?

STEVEN THRASHER [01:11:10] Hmm. For me, and I love the way that Chase phrased that. There's a, there's a tension—what, some of my colleagues call it a productive tension, I think, in thinking about that. And I certainly have felt that in thinking about ableism and disability studies, that everyone should care about disabled people because we should care about disabled people. At the same time, able bodied people, like, your body isn't always going to be able bodied. Most likely it's not. Eventually, something going to break. You're going to get old. Your systems aren't going to perform as they once did. You someday may end up either being in a nursing home or needing care from lots of other people. And so I agree with Chase and Zak that we can't be self-centered. We must see that our, our struggles are all connected to one another.

Certainly, this epidemic has shown us that we are connected to one another. And the borders that we imagine existing between our bodies are not absolute. Like viruses, pathogens. Breath is moving between us. It's moving between species. We cannot be siloed and survive this. And so I think there's a lot to be said in helping one another and understanding that and helping one another. We actually increase our own odds. And I often think about ways that the Combahee River Collective talks about how if Black women were free, it would in coalition with everyone else that when to hate everyone's liberation. Because if we were doing well, that would mean all these systems of oppression had been destroyed. And I really feel the same way with the viral underclass that if we looked at who is being hurt and why they're being hurt and made sure that they were not being hurt, it would make life better for anybody. The only people that might, you know, moan and cry might be the oligarchs, but they would they would be fine, too. They would have a little less money and less power, but it's not going to cost them anything in terms of the actual quality of their lives. It would just make life better for everybody if we centered these people and tried to make sure that they were not being harmed because these viruses like yes, they are, they tend to go to certain places, but they can move to any one of us. And they do.

JVN [01:13:31] Dr. Steven Thrasher, I'm so grateful for your time, for your scholarship, for your work. I'm just so grateful for you for coming on. Getting Curious Your new book The Viral Underclass is out. You guys need to read it. Your work is incredible. We'll be linking all of the places where people can follow you and find all of your work again. Dr. Steven Thrasher, thank you so much.

STEVEN THRASHER [01:13:51] Thank you so much. It was a real honor to speak with you, Jonathan.

JVN [01:13:53] Thank you. You've been listening to Getting Curious with me, Jonathan Van Ness. Our guest this week was Dr. Steven Thrasher. You'll find links to his work in the episode description of whatever you're listening to the show on. Our theme music is Freak by QUIÑ, thank you so much to her for letting us use it. If you enjoyed our show, introduce a friend honey and please show them how to subscribe. You can follow us on Instagram and Twitter @CuriousWithJVN. Our editor is Andrew Carson. Getting Curious is produced by me, Erica Getto, and Zahra Crim.