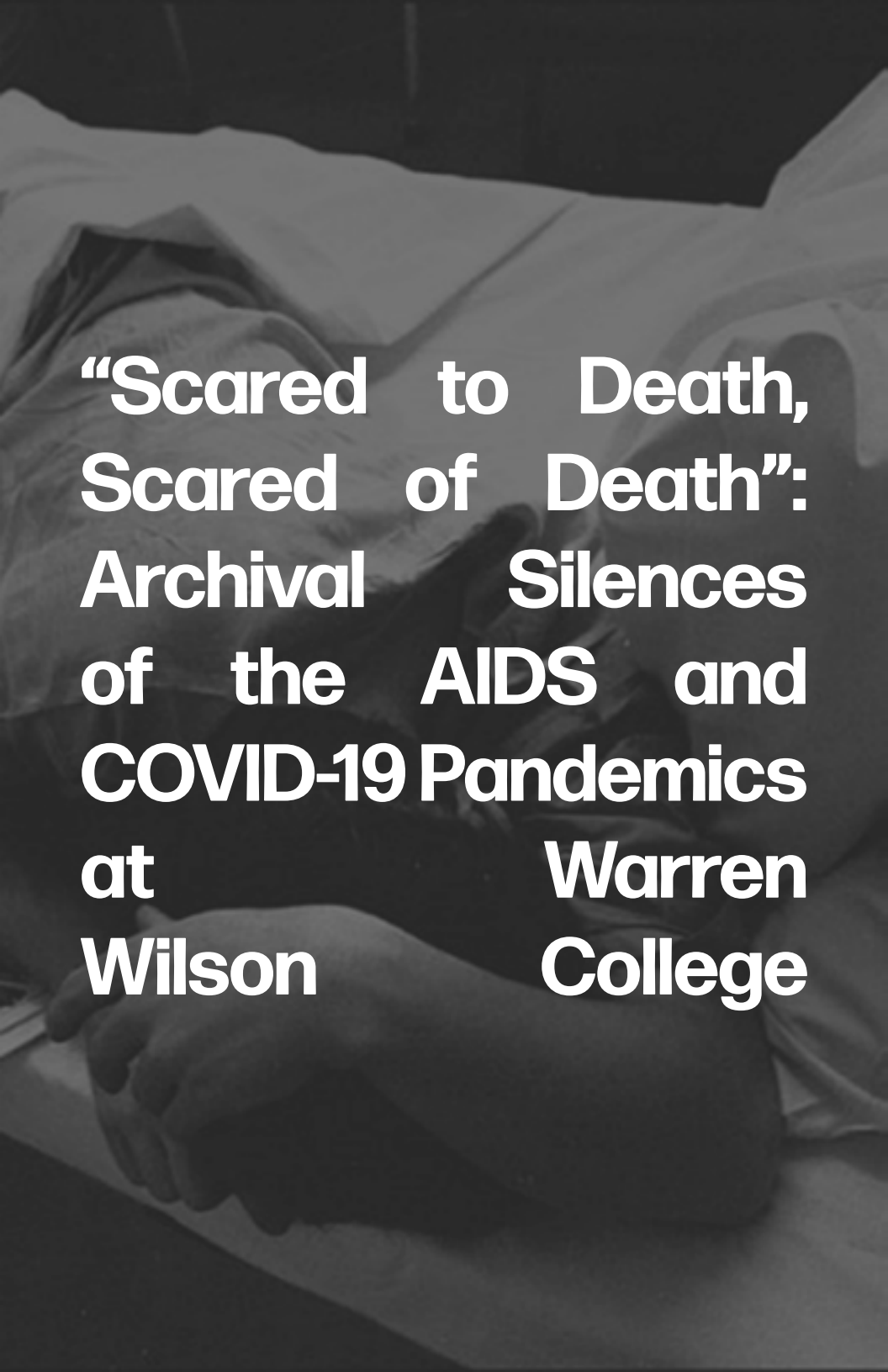
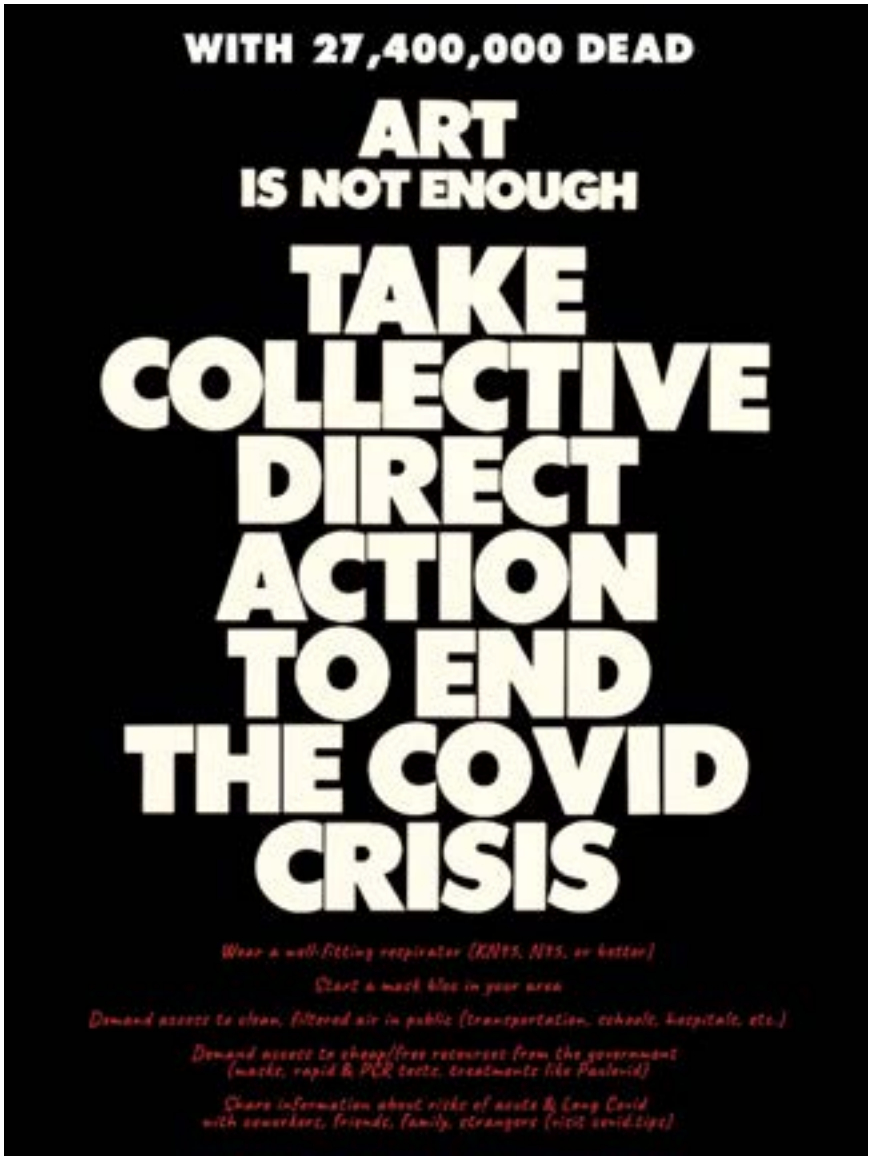


“Scared to Death, Scared of Death”: Archival Silences of the AIDS and COVID-19 Pandemics at Warren Wilson College

This zine was written and arranged by Kai Yakimenka in March/April 2024. Comments, questions, or requests for additional copies can be emailed at kaiyakimenka@gmail.com



"We know that there is no help for us but from one another, that no hand will save us if we do not reach out our hand."
— Ursula K. Le Guin, The Dispossessed: An Ambiguous Utopia

Every day is a funeral: I measure my life in obituaries. The sick and bedbound are organizing their own assisted suicides. The Disabled are being progressively disappeared from public life under the guise of capitalistic vice and back-to-normal imaginings. I am afraid to hold my lovers because kisses kill. Air becomes a secret that we share—shameful, insidious, deadly. I am here at the bedside of my beloved as he struggles to get up and walk across the room. I am not his mouthpiece, but merely an archivist of his pain and a steady hand he holds through treatments and medication trials that always end in failure (*my love how can I help you I know you're hurting can I lift you out of bed and breathe some of my air into your lungs so the fog can lift and your legs can run*).

This is not a pastiche of AIDS-era reporting that comes in heavy from the press, written days before in someone's hospital room in the leaden imminence of death or, conversely, the whirlwind of soiled bedpans and overpriced drugs that only kill. This is our devastating reality: COVID-19 remains the third leading cause of death in the U.S., surpassed only by heart disease and cancer—*all types of cancer*. Long COVID, in turn, is the third leading neurologic disorder in the U.S.; even the most undercounted and inaccurate of statistics place the number of afflicted individuals at 30 million. This is a staggering, almost incomprehensible number that only grows larger by the day. We are in the fourth year of the pandemic—*only* the fourth year—and my evocation of the HIV/AIDS epidemic in this context is not accidental. COVID-19 is respiratory HIV: it is a fact rather than a backhanded, facile simile. COVID is a vascular disease that depletes one's T cells so profusely that the immune system simply collapses under the weight of such deficiency. Look around you—"everyone is sick all the time," and we are making ourselves sicker. The likelihood that any of us may develop debilitating Long COVID symptoms grows exponentially with each subsequent COVID infection. A simple cold incapacitates us so completely that one could time the frequency of open-mouthed coughs in any social setting like a metronome.

I am writing this following Warren Wilson College's decision, per the CDC's guidelines, to begin treating COVID-19 on par with influenza and the common cold. I sit in class daily, discussing the politics of Otherness, the dynamics of in/outgroups, and the unflinching grasp of capitalism on our society, and yet I am often the only individual in such settings who wears a well-fitting respirator. It would not be hyperbolic to suggest that my COVID-conscious peers, many of whom are immunocompromised and Disabled, embody the historically pervasive silence around pandemics most acutely. Silence—as well as absence—colors our everyday: it seems as if there is a veil separating us from our peers as high-quality masks continue to disappear from public life after having never been properly enmeshed within it in the first place.

I no longer harbor idealistic imaginings about the notion of "community" at Warren Wilson, and the college's archival disparities surrounding the AIDS epidemic dispel my fantasies of belonging even further. As I set out to search for the traces of HIV/AIDS in Warren Wilson's student publications of the 1980s and 1990s, I became aware of a profound *lack* that similarly informs the trajectory of the COVID pandemic on campus now. We have experienced significant outbreaks since the premature lifting of the mask mandate, and yet to rule out just *how* significant is impossible—the college has ceased to report on specific figures of positive cases. We are all continuously stumbling in the dark without realizing just how bleak the future of the pandemic is and will continue to be. With death and disablement at our door, it seems as if we have lost all sense of mutuality and care—if we even possessed it in the first place.

Pandemics are not "universal equalizers," but they reveal so much about our mutual humanity, or, conversely, the lack thereof. We have abandoned each other. Our extended exposure to a deadly, permanently disabling virus is certainly a failure on the part of health officials and insidious CDC propaganda, but what have we done to curb it? When individual actions matter just as much as policy change, what will be our legacy? We have made peace with mass death and turned our eyes from it. Our shared reality has suddenly become inconvenient and burdensome, and many of us have quickly acted on the immense privilege of turning to ignorance when the yoke of collective sacrifice has become too hard to bear.

The notion of trust is one too easily given away. We trust our peers to not make us ill—but if we all adopt the same mindset, who will take responsibility for the actions that possess the capacity to result in someone's death? Over the past four years, have we so easily accepted the possibility of blood on our hands? In the context of HIV/AIDS, a February 7, 1996, article in Warren Wilson's *Common Tongue* newspaper presents equal parts sobering and irreverent parallels in answer to such questions. Dustin Garret Rhodes writes in "Sex, Sex, Sex,"

> We aren't supposed to trust each other anymore, even if we are in committed relationships, and this is, more than likely, a direct result of AIDS. But even though we aren't supposed to, we still do. Look at the statistics. People are still contracting STDs and using the I-thought-I-was-safe excuse. So even when the message is, theoretically, loud and clear, we're still reluctant to listen. Believe it or not, people are not as great and trustworthy as we'd like to think. They cheat on us. They lie to us. And yes. They'll give us AIDS if we let them.
>
> So why do we feel immune here at Warren Wilson? Are we protected from AIDS here in Swannanoa? More than likely, it's something else that we don't have to be exposed to on a daily basis. We aren't watching people around us die. And most of us don't have cable TV, which prevents the grim realities of live [sic] from invading our secure environments. And if we are watching people die of AIDS, most of us are not aware.

The student columnist continues to recall an interview with a heterosexual couple with whom he initially began a conversation about safe sex practices:

> "Do you know anyone who has AIDS?"
> "Yes, but we're not really close to [the person]."
> "How has knowing this person affected your lives?"
> "We know that we're not immortal. We know that we could also get infected."

So, we've got the arts straight. We know how to get AIDS and we know how to prevent it, and one would assume that's enough. Knowledge is supposed to be power. So far, we have the knowledge to prevent another human being from becoming infected, but we haven't the power to do anything about it.

The article ends there, with a lasting impact. At the time of publication, the AIDS epidemic would have lasted for upwards of two decades. The response to its continued toll, however, seems to match ours when faced with the reality of COVID; it acquires a sheen of

apathy and helplessness despite our extensive knowledge of disease prevention. We, too, "know that we're not immortal," just as "we know that we could also get infected." Yet we still do—over and over until our bodies collapse.

The notion of closeness and a contrasting sense of detachment appear at the forefront of social dynamics surrounding both

Sex, Sex, Sex

by Dustin Garret Rhodes

In the era of AIDS, safer sex has become a part of our everyday dialogue. After all, we're inundated with so much information about AIDS and STD's that to practice unsafe sex would be a pretty stupid thing to do. We all know that AIDS can kill us. And we know that STD's are not glamorous either. We have the rhetoric memorized; it's a preventable disease. But do the facts stop us? Are we really the good little girls and boys that we are supposed to be?

I've noticed that the condoms in the dorm bathrooms disappear rather quickly, especially when there are orange and blue ones. I've also noticed that the dental dams are avoided altogether (they don't come in fashion colors), except for the occasional party favor dam that is used to spice up a boring social event (it works every time). However, I've never taken this to mean that students are having that much safe sex. Instead, I think these condoms become a marble collection of sorts, a display, an emergency supply, as if five hundred condoms will be needed if an opportunity to use one does arise.

Secretly, I think we like talking about sex. We like discussing the frequency (or infrequency as the case may be) of sex in our lives; it validates the animal within all of us. Some even want to discuss what kinds of sex they engage in, though these people are a rarer and more trashy breed. Besides, I'm more interested in *how* these people are having sex.

Being straight forward with someone about his or her sexual habits is a difficult thing to do, and the questions must be asked in a variety of ways (as I discovered) in order to get a truly honest answer. I interviewed an on-campus, heterosexual couple.

"Do you use condoms?"

"Of course."

"You've used a condom *every* time that you've had sex?"

"Yes."

"Really?"

"Well, no."

"Why?"

"Because...I don't know. We just didn't. We took a risk."

This is both fascinating and mortifying. We know that AIDS and other sexually transmitted diseases don't discriminate. We also know that it only takes one time. So why do we choose to take the risk? Just because? It's sort of like smoking cigarettes. We know they are bad for us. We know they cause cancer. We know that it doesn't look so good to be an environmental studies major and a smoker at the same time. But we do it anyway. We've all heard the we're-all-gonna-die-anyway shtick. Choosing to ignore the warnings is, in effect, a means of diminishing our death options.

I've never talked to a lesbian who openly admits to using a dental dam. This is not to say that none of them do, however; I haven't asked many lesbians. Dental dams seem to be a private and personal matter. Supposedly, lesbians can contract HIV

I've noticed that the condoms in the dorm bathrooms disappear rather quickly, especially when there are orange and blue ones.

through oral sex, but it is much harder to do that to contract AIDS through other various activities. But there is still some risk, and I wonder why so many of us are willing to take them.

"Why do you use condoms?"

"Mostly to prevent pregnancy."

"What about AIDS?"

"We're not HIV positive."

"Are you sure?"

"Yes."

"Have you both been tested?"

"Yes."

"And you're monogamous?"

"Of course."

"So, you trust each other?"

"Yes. Yes, of course we do."

"Do you think most people use condoms here at Warren Wilson?"

"I'm not sure, but I'd think so."

We aren't supposed to trust each other anymore, even if we are in committed relationships, and this is, more than likely, a direct result of AIDS. But even though we aren't supposed to, we still do. Look at the statistics. People are still contracting STD's and using

"Sex, Sex, Sex" by Dustin Garret Rhodes, published in the ***Common Tongue*** *newspaper on February 7, 1996*

HIV/AIDS and COVID. The question of "Do you know anyone who has AIDS?" from the article above could easily be substituted with "Do you know anyone who has Long COVID?" The answer, however, does not seem to make a difference. Unnecessary risks—that could otherwise be limited or, at the very least, mitigated—will continue to get taken. The author of the *Common Tongue* article agrees: our lack of everyday exposure to the reality of Long COVID continues to desensitize us just as the world—and the Warren Wilson "community"—seem to have given up on taking HIV/AIDS precautions in 1996.

As I trace the first apparent mention of AIDS in the *Talon* newspaper to the year 1988, the same sense of closeness and immediacy—or, rather, its lack—pervades the conversation surrounding the raging epidemic. Allen Rainey, Director of the AIDS Task Force on the Warren Wilson campus, writes in an April 21, 1988, article titled "Getting AIDS Facts Straight for Safety's Sake":

> The mention of AIDS (Acquired Immune Deficiency Syndrome) or sight of an AIDS poster stirs up tensions and feelings of denial in many of us here on campus. These same feelings are also prevalent in the Swannanoa/Buncombe County community. An underlying reason for this is that the facts concerning the Human Immune-Deficiency Virus (HIV), which causes AIDS, are not understood by many people, especially ways the virus is transmitted from one person to another. Warren Wilson is taking an initiative to bring AIDS awareness to the campus and surrounding community, so that negative feelings may be changed to positive actions—actions to help safeguard against contracting HIV.

To discover that there *was* an AIDS Task Force operating on this campus was a shock in and of itself. I am reminded of the brief lifespan of a similarly organized COVID Task Force in the 2020–21 school year, which recently enrolled students would not even be able to recall. There is a corresponding lack of discussion about its operations in Warren Wilson's student publications from the past years: pandemic history at this college, just as the world at large, once again seems to me like a dirty secret that lays forgotten in semi-operational, untidy archives.

And yet, of course, I recognize the limitations of my approach. I am certain that on-campus conversations surrounding HIV/AIDS were occurring, even if their frequency is not reflected in *The Talon* and its subsequent iteration, the *Common Tongue*.

Allen Rainey, for instance, continues their discussion of safe sex practices on campus in the article cited above:

> Warren Wilson is ahead of most of these other schools in terms of AIDS programs and safer-sex discussions (talking to students about practical means of preventing sexually transmitted diseases--including AIDS--though proper use of condoms, spermicidal foams or jellys [sic], and sexual foreplay and toys if used).
> Many people attending [the Clemson University AIDS education conference] were surprised and inspired to learn that we have condom machines installed in men's and women's dormatory [sic] restrooms.
> Warren Wilson is also one of the first schools to have a complete AIDS policy witten up (which will be enacted next fall and included in the student handbook).

By relying solely on archival findings and foregoing interviews with Warren Wilson attendees from the 1980s and 1990s, I am actively engaging with the aforementioned silences and absences in an act that some may consider to be historical revisionism. However, history-making relies on written documents and material ephemera. Akin to ripples in water, conversations matter as they continue to emit force after their conclusion—but how do we, the people who were absent from the dormitories, classrooms, and assembly halls in the year 1988, mark their ultimate impact and legacy?

It is clear to me, therefore, that written records and publications gain additional significance in their coverage of pandemics and the tomblike quiet that follows in their footsteps. In decades that saw thousands, millions dead from AIDS complications, the *symbolic* presence marked by archival recognition of mass disease and disablement signifies the longevity of social movements aimed at the prevention thereof. My attempt to locate such recognition in the microcosm of Warren Wilson College, however, results in failure and perpetual dead ends: despite carefully perusing every extant student publication beginning in the year 1985, I was met with that self-same *lack* that dictates the reality of those living with HIV and, of course, Long COVID.

In the aforecited article, the AIDS Task Force Director guaranteed the establishment of an HIV-prevention protocol in the next academic year's student handbook. Upon my attempt to verify the amendments in the 1988–89 handbook, however, I realized that no such changes occurred. The health policy remained the same, with

April 21, 1988

Getting AIDS facts straight for safety's sake

by Allen Rainey
AIDS Task Force Director

The mention of AIDS (Acquired Immune Deficiency Syndrome) or sight of an AIDS poster stirs up tensions and feelings of denial in many of us here on campus. These same feelings are also prevalent in the Swannanoa/Buncombe County community. An underlying reason for this is that the facts concerning the Human Immune-Deficiency Virus (HIV), which causes AIDS, are not understood by many people, especially ways the virus is transmitted from one person to another. Warren Wilson is taking an initiative to bring AIDS awareness to the campus and surrounding community, so that negative feelings may be changed to positive actions--actions to help safeguard against contracting HIV.

Susan Dalton and Allen Rainey attended a conference at Clemson University April 1 and 2 and came back ready and prepared to begin AIDS education here at the school. About 50 other students and staff from 25 regional schools attended.

Warren Wilson is ahead of most of these other schools in terms of AIDS programs and safer-sex discussions (talking to students about practical means of preventing sexually transmitted diseases--including AIDS--though proper use of condoms, spermicidal foams or jellys, and sexual foreplay and toys if used).

Many people attending were surprised and inspired to learn that we have condom machines installed in men's and women's dormatory restrooms.

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A number of the schools do have safer-sex discussions similar to ours, and Clemson has free condoms available at its health facility.

The keynote speaker at the conference was Dr. Richard P. Keeling, Director of Health Services at the University of Virginia, and Chair of American College Health Association (ACHA) Task Force on AIDS. Dr. Keeling gives year-round presentations in conferences nationwide. His lecture contained up-to-date statistics on AIDS. A few of the facts about AIDS he gave are these:

Approximately 57,916 cases have been reported in the U.S. It is estimated that in the next three years the number of AIDS cases will multiply six or seven times, to approximately 290,000 to 385,000 cases nationwide.

Of the nearly quarter-million cases, 74,000 will be new cases and 3,000 will affect children.

AIDS-related health costs in 1991 will be $8 billion to $16 billion.

The number of total deaths in 1991 alone will be close to 54,000, and AIDS will kill two times as many people as murder deaths, three times as many as suicidal deaths and one and a half times as many as drunk-driving deaths.

AIDS cases are increasing faster among heterosexual people; in 1994, 9 to 19 percent of heterosexuals will test positive for the virus which causes AIDS.

It should be apparent that AIDS is not to be denied by anybody. Don't believe that AIDS affects only homosexuals or those who share hypodermic needles. We all need to become aware of the precautions we can take--mainly abstenance from sex and making proper use of condoms and spermicides when engaging in sexual activity--in order to lessen our risk of HIV infection.

To spread AIDS awarness, an AIDS Task Force has been set up on campus, made up of WWC staff and students. Now an ad-hoc group, the task force started meeting because members felt a need. Anybody is welcome to join; just watch for announcements in *The Talon* and *Student Bulletin*, or see Susan in the health center to find out when forthcoming meetings will be scheduled.

Safer-sex options discussions are to be held at 8:00 April 19, 20, and 21 in Sunderland, Vining commons and Dorland, respectively. You are invited to come to learn and be educated on ways to have safer sex.

Susan Dalton and Allen Rainey have met with Jenny Bousquet to discuss the possibility of class or service project credit for students who lead safer-sex discussions, and of extending and sharing the discussions with the surrounding community. col. 3

"Getting AIDS Facts Straight for Safety's Sake" by Allen Rainey, published in the ***Talon*** *newspaper on April 21, 1988*

only general guidelines related to illness being maintained:

ILLNESS

At different times during a student's enrollment at the College, absences from work will result from short term illness. Each student is expected to deal with his/her work supervisor on a person-to-person basis as all work must be made up. Each supervisor will establish the method to be used for notification of an absence and each student should keep in mind that excessive absences will be dealt with by a supervisor much as they would be on any job. Excessive absences result in work not being accomplished. Supervisors may have to remove the chronically sick employee from a job.

It is astonishing to witness how such guidelines, left unchanged despite the efforts of the AIDS Task Force, reflect the current reality of our health protocols. The last line of the '88–89 "Illness" guideline thus comes to serve as a stark signifier of perpetual administrative neglect. The "chronically sick" continue to be disposable on this campus.

There are other symbolic reminders of the continued queer presence on the Warren Wilson campus throughout the 1980s and 1990s; however, even the Gay, Lesbian, Bisexual Coalition—founded in 1990 and first mentioned in a student publication in 1991—seems too preoccupied with simply ensuring its survival on a largely non-queer campus. HIV/AIDS, in turn, pales in comparison to the immediate and systematic harassment of Warren Wilson's queer population. In an April 12, 1991, *Common Tongue* article titled "Gay, Lesbian, Bisexual Rights Recognized," Angie Newsome provides a sobering contrast to the preconceived reality of Warren Wilson in 2024:

> While open and "official" discrimination has not publicly occured [sic] on Warren Wilson's campus or in the college's policies, private discrimination in the forms of opinions and even harassment is not uncommon either on our campus or in society as a whole. [...]
>
> Warren Wilson can be considered as perhaps one of the few smaller private schools that has a support/action group, known as the Gay, Lesbian, Bisexual Coalition. Formed last year, this group has just recently been recognized as an official club by being offered the opportunity to have an official budget taken from the money allocated for student activities, not unlike Caucus and the Outing Club which are the only other groups that have a specific budget. Yet, while the group is feeling, perhaps, more acceptance from the college community, there is definitly [sic] still a degree of prejudice present. Simply the fact that the group doesn't want the time or place of their weekly meetings disclosed, and several of the members of the group didn't want their names to appear in print, proves that even some changes aren't enough to make them feel comfortable. [...]
>
> [Pete Tolleson, 1990's staff advisor to the group], along with a member of the Coalition, reported instances where, in past years, gay students' cars were painted and tires were slashed. Both last and this year, several homosexual students were threatened with bodily harm along with the "usual" derrogatory [sic] comments that are commonly directed towards homosexual students. "When these things first happened, I was really upset. Now I don't care; I think it just shows certain people's ignorance and close-mindedness," said one member of the Coalition.

Despite the article's general overview of queer students' pervasive struggles on campus and the world at large, however, not a single mention of HIV/AIDS is made. The year is 1991—the epidemic is still raging, and yet I am left wondering what foundational discussions the Coalition was holding about safe sex practices and mitigation of this deadly virus.

Contrary to the student columnist's omission of HIV/AIDS as an issue that has an overwhelming impact on Warren Wilson's students—queer or otherwise—a "Sex Poll" conducted by Joanna Gollberg in 1994 reflects contrasting results. Out of approximately 150 respondents, 116 selected HIV/AIDS as a "sexually transmitted" disease they fear most. The number is greatly reflective of the prevailing sociocultural recognition of the immunodeficiency virus/syndrome as a threat to one's life and long-term health. However, if HIV/AIDS is so prevalent in the minds of Warren Wilson students as to fear contracting it to this degree, what is the reason for the virus and its associated complications being overlooked in student papers from the era?

SEX POLL

1. What, if any, of the following sexually transmitted diseases are you most afraid of? (Please indicate with numbers 1 to 6 with 1 indicating the highest amount of fear.)

(These are the results from the poll taken at lunch the week of September 5-11. Please keep in mind while you read the results that people answered questions in different ways. For example, some people left some questions blank. Some people also only checked one item off in question number one, and some people prioritized all diseases as #1, meaning that each disease is equally as frightful. The following numbers are not percentages, but actual numbers from the 150 people polled.)

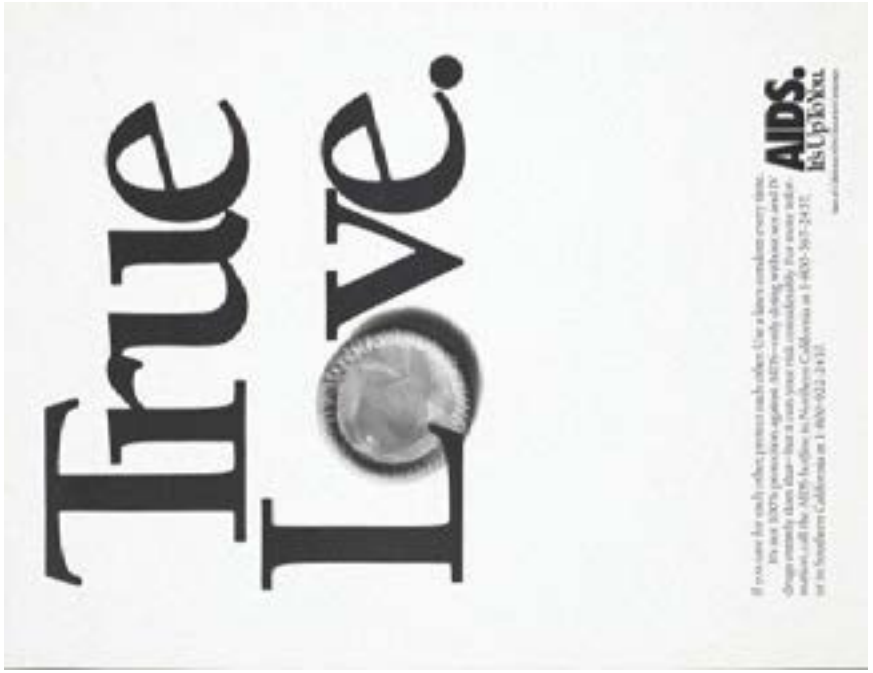
	1	2	3	4	5	6
Herpes	14	27	18	8	20	17
Chlamydia	9	12	10	27	17	24
Gen. Warts	11	11	13	13	18	35
AIDS/HIV+	116	5	1	0	1	8
Syphilis	9	24	27	13	19	9
Gonorrhea	7	14	20	22	11	27

2. Are you more afraid of getting a disease or getting pregnant/getting a female pregnant?

The aforementioned symbolic gaps in coverage likewise appear drastic in the context of safe sex practices and related resources, particularly students' access to condoms. I am, in turn, constantly reminded of the inadequate supply of high-quality respirators on the Warren Wilson campus over the past four years—it is a disparity that I, along with other COVID-conscious students, am often forced to overcome by incurring financial burdens to myself. Following my experiences of distributing a personal supply of KN95/N95 respirators and COVID test kits outside of Gladfelter during the lunch rush hour, I have consistently witnessed a demand for such crucial resources. Nevertheless, the personal protective equipment that the college has been able to provide since the beginning of the pandemic is inadequate: in light of the rapidly evolving virus, cloth masks and outdated, ill-fitting models of duckbill-style N95 respirators are simply not enough. While some students, in my experience, have overlooked the opportunities to acquire PPE or testing materials out of apathy or even outward hostility, most have shown a clear desire to engage. Some were surprised by my repeated soliloquy about the continued onslaught of the COVID pandemic, but the urge to connect—or reconnect—is clearly there. The initial confusion at the news of staggering numbers of COVID-positive cases and millions disabled by Long COVID is, of course, a failure of public health messaging. But what has the administration done to combat it?

In an era of large-scale COVID denialism and insistent back-to-normalism, steady discussions about the devastation wrought by the pandemic are crucial. We, however, have fallen out of the habit of making space for such conversations, just as the majority of Warren Wilson students in the 1980s and 1990s ceased to discuss safe sex practices to prevent the rapid spread of HIV. We have no sense of object permanence if we are privileged enough to forget about the toll of disease: symbolic absences thus become material. Instead of mourning the lives lost or irrevocably altered, we shudder at the personal incoveniences wrought by mass "lockdowns," which, in our fragmented memories, have lasted so long that the world was seemingly made anew in the process. The practice of public mourning for the wrong thing reflects our present values and just how we frame the narratives of the past: it is a continuous process of history-making that destroys the essential chronology of grief. Narratives

"...masks, just like condoms, become a visual reminder and a strategy of resistance against the frightening reality of pandemic apathy"



of viral outbreaks eventually get rewritten or omitted altogether, and masks, just like condoms, become a visual reminder and a strategy of resistance against the frightening reality of pandemic apathy. As I rail against the unavailability of respirators and testing materials on campus in 2024, a select number of students was likewise concerned about the same evident lack of access to contraceptives. Joe Williams, a staff writer for the *Common Tongue*, writes on November 8, 1992:

> Due to intravenous drug use and increased sexual activity, today's college communities are at high risk for spreading HIV/AIDS. Warren Wilson College is no exception. While WWC works to educate the college community about HIV/AIDS risks, some students suggest the education could improve. In the past year, students have expressed concerns about the unavailability of condoms on campus. [...]
>
> During the '87-'89 academic years, three condom vending machines were stocked and in operation on WWC's campus. However, during '88-'89 the machines were repeatedly looted and vandalized, with repairs averaging $300/machine. After several repairs and continued vandalism, the WWC Health Department stopped servicing the machines. Instead, condoms were donated to WWC by the NC Health Department, and were made available to students at dances and coffeehouses. In 1990, State Health policies stopped the donation of condoms to WWC. Not much student concern was expressed over the issue, and the vending machines remained inoperative.
>
> This year, students have begun to express new concern and interest in getting the machines back in order. The issue has made its way to the Student Caucus as well as the WWC Health and Counseling Departments. While repairing the vending machines was found by Caucus to be economically unfeasible, donations of condoms to the college is a likely alternative. Student Krisha Parkey effected a donation of condoms to the college by the Western North Carolina Aids Project, and Dorland RD Anne Miller received a similar donation. Neither of these donations was of an inexaustable supply of condoms, however, and each Residence Hall has divided up a somewhat proportional number of condoms per residents.
>
> Each Residence Hall Director has or will select some way of providing condoms to their residents. Some of the condoms, however, do not contain Nonoxynol-9, which has been proven help [sic] in the prevention of AIDS/HIV. Students, then, may wish to pay special attention to the condom packages. Nonoxynol-9 spermicide is sold in most drug stores, and can be applied to non-spermicidally lubricated condoms easily. Students interested in helping to bring condoms to campus may contact a Student Caucus member for more information.

The burden of keeping themselves and others safe, therefore, is once again placed on the shoulders of a few concerned students. It seems as if they are fighting a constant battle on multiple fronts: the forces

Nov. 8, 1992 The Common Tongue page 3

We've Got You Covered

by Joe Williams
Staff Writer

It is estimated that 1.0-1.5 million Americans are currently infected with the AIDS virus (HIV), and that one of every five people with AIDS is 20-30 years old. Due to intravenous drug use and increased sexual activity, today's college communities are at high risk for spreading HIV/AIDS. Warren Wilson College is no exception. While WWC works to educate the college community about HIV/AIDS risks, some students suggest the education could improve. In the past year, students have expressed concerns about the unavailability of condoms on campus.

Using a spermicidally-lubricated latex condom during sexual intercourse is considered one step in the possible prevention of contracting AIDS. During the '87-'89 academic years, three condom vending machines were stocked and in operation on WWC's campus. However, during '88-'89 the machines were repeatedly looted and vandalized, with repairs averaging $300/machine. After several repairs and continued vandalism, the WWC Health Department stopped servicing the machines. Instead, condoms were donated to WWC by the NC Health Department, and were made available to students at dances and coffeehouses. In 1990, State Health policies stopped the donation of condoms to WWC. Not much student concern was expressed over the issue, and the vending machines remained inoperative.

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Students interested in helping to bring condoms to campus may contact a Student Caucus member for more information. ■

Condom machines on campus have been repeatedly broken into.
photo by Michele Lowry

Cheek's Probable Cause Hearing Waived

by Meredith Massey
Staff Writer

"We've Got You Covered" by Joe Williams, published in the ***Common Tongue*** *newspaper on November 8, 1992*

of disease itself, the indifference and animosity of fellow students, and the genocidal efforts of American society at large.

Vandalized condom machines that ceased to get repaired due to the issues of funding and—let us be completely frank, unwillingness of the administration—is a fitting comparison to the disbanded COVID Task Force, inadequate supply of masks and test kits, and the now-deactivated dashboard outlining the number of positive cases on campus. The frequency and sensitivity with which the catastrophic impact of the COVID pandemic has been covered in *The Echo* newspaper matches that of its predecessors in *The Talon* and *Common Tongue*, respectively: that is to say, the self-same lack and absences abound. I am reminded, for instance, of the April 7, 2022, *Echo* article under the title "Unmasked: Ignored Student Perspectives." Its author intentionally platforms the voices of students who, at the time when the mask mandate was still enforced on campus,

expressed opposing sentiments in pursuit of individualistic, anti-scientific objections to COVID mitigation practices. The student writer has seemingly taken up such a topic under the pretense of journalistic integrity and objective reporting, but that would be an audacious attempt at prevarication: as the voices of the contrarian minority quickly transmutated into the mouthpiece of the majority, such conscious choices dictate the entire foundation of pandemic coverage in this college's student publications *and* the world at large.

The Echo presents valuable opportunities for student writers to explore topics of political significance, which they often do. The newspaper's previous manifestations clearly offered the same possibilities: among many other issues, Warren Wilson columnists were deeply concerned about the war in Iraq as well as national abortion rights. Such concerns seem to correspond to the advocacy work and activism conducted by Warren Wilson students now. I do not wish to be misinterpreted—I believe that the coverage of such subject matter is remarkably significant. However, the mitigation efforts surrounding both HIV/AIDS and COVID are so deeply intersectional that it simply astonishes me that they are so often excluded from the predominant journalistic narrative of radically motivated writers. Warren Wilson students who are otherwise deeply politically conscious do not seem to recognize the interconnectedness of disability justice, anti-racist efforts, advocacy for queer liberation, *and* environmental implications that are clearly at play when we aim to educate the larger public about HIV/AIDS and COVID.

This, therefore, is a story I must tell and retell again until my breath hitches in my throat. Memory is a treacherous thing, an unkind companion in the chronicles of disaster and disease; it, however, has been my most precious teacher these past four years, grasping me by the back of my neck and forcing my eyes open until it burns—until I can finally see. The year was 1985—it took Ronald Reagan four years to publicly mention AIDS for the first time since the first cases of the syndrome were announced in Los Angeles. Thousands became ill and died following the governmental and social neglect surrounding the conditions that cause HIV and its progression into AIDS in those four years alone, and thousands would continue to die in the decades that followed. To weave a narrative of the AIDS epidemic is to recite a litany of mourning for the forever lost and indelibly broken. "CDC KILLS," professed the protest banner of ACT UP agitators hung from the roof of the Center for Disease Control in 1990. Have we forgotten? Did we—the self-professed radicals, the "hope" of a utopian queer future, the progeny of those who had their wrists cuffed for throwing bottles at cops and those who pressed their heads to their lovers' chests to feel their dying breaths—forget? Or perhaps their inheritance was not ours to start with; perhaps their legacy is lost on us precisely because it is not ours to own. If you imagine yourself proudly marching down the streets of New York, Chicago, or Philadelphia during a massive ACT UP rally sometime in the year 1987, ask yourself this simple question: where is your mask?

We, the new generation of queer persons, envision ourselves as those emerging from the dark ages of the AIDS epidemic, but *here* is a virus to battle and *here* are sacrifices to make. COVID may be a "universal equalizer" that does not carry the same connotations as HIV/AIDS do historically, but the racial and sexual disparities in those who become sick and develop Long COVID are immense. Black and Brown individuals are more likely to become sick, require hospitalization, die following their infection, or develop life-altering complications that will not abate and only get worse over time. Queer and transgender persons, of course, are likewise overrepresented among the sufferers of Long COVID. Disease is cultural warfare, and we can no longer aid genocidal forces with names and addresses in their continued onslaught against the marginalized. The only dark age we must emerge from is the conceited belief in our own invulnerability: we are one infection away from a complete loss of that self-same queer "joy" that we, *the pre-Disabled*, are so preoccupied with chasing.

What does our continued consumption of material goods or superficial notions of community matter when the sick and Disabled, as well as our own immunocompromised queer elders, are actively excluded from the narrative? COVID, just like HIV/AIDS, remains an intersectional issue that is riddled with the same silences, screams of pain and agitation, and continued streams of scientific inquiry that go unheard and deliberately suppressed. These silences are positively deafening—we are all drowning in pronounced absences and blurred outlines of those too sick to shower standing up more than

ACT UP demonstrators hang a banner reading "CDC Kills" from the roof of the Centers for Disease Control. Photograph by John Spink—January 10, 1990

once a week. We are losing millions of loved ones to the profound misery of Long COVID, much like countless others have lost friends and lovers to the crushing burden of AIDS. We can never replace or atone for such loss: it is a history etched in our bones.

That chasmic lack, of course, was not unfelt by Warren Wilson students. Their stories are so rare, however, that my finding them was completely accidental. "Billboards and Junkies"—an indescribably poignant piece written by Sabrina (whose last name was not attributed) in the *Common Tongue* in 1995 or '96—was printed on the back cover of the newspaper's issue. It is an unassuming thing, something to devote a cursory glance to before closing the periodical. Even so, it is in such accidental findings that I am forced to uncover this history. I must let the article speak for itself: it dares to tell that self-same story that lays perpetually suppressed and buried as deep as words on a page would go.

Billboards and Junkies

by Sabrina

I've seen these new billboards up lately. I thought they were ads for the army at first. Spaced across a white back drop are three army helmets. Perhaps you have seen these bulletins too heading towards Black Mountain or the lower end of Coxe Ave. at Biltmore.

Stenciled across the front of each of these helmets are the words Korea, Vietnam, and Persian Gulf. The message is about a disease. "AIDS has killed more than these three combined."

"That's a lot of people," I thought when I first saw it, and then, "That's sad."

I wonder if they counted each person who has died from AIDS. Every single one you know? From all over the world. I wonder if they counted and knew my friend John Osmond or his boyfriend who chose to die in the Florida Keys. I wonder if that included my best friend's Dad, Gerry who poured a soy shake all over the counter once because his tremors were getting so bad, then looked up at his daughter and I and said, "What a klutz, huh?"

I wondered if that really big number would eventually include most of my gay friends in Florida who all seemed to live rather extravagant lifestyles and were now being stifled from fear or sorrow or both. Somewhere inside of me I think, "They all have "it", they were all sleeping together."

It seems that total is going to include a friend who I visited last summer in San Francisco who dropped a bomb so coincidentally as if it were gossip at tea time that on his last six month test he showed up positive. He went from my funny, eccentric friend to a dead man with the wave of his fingers.

One night as we were getting ready to go out to a club, I was shaving his neck and back for him. He asked me to pop this zit that had been bothering him. Along with the dirt came a little blood. I didn't think about it until I got home. I had taken an HIV test before flying out there because it had been a year since my last test and I had been sexually active with a different partner since then. I got scared and didn't go back for the results. I'm too scared now because of a zit to even get it re-done.

Certainly that big number on the board is going to increase by my San Fran friend's roommate who was a junkie and a dealer. I though on my visit that his addition was going to be rung up on the kitchen floor as he crawled on emaciated, yellow hands and knees towards the sink, eyes watering from the sweat of bad stuff or tears that he was crying for himself maybe. I don't know. I wondered if anyone would do that for him. My fear, was for myself.

I jumped over him and heard the tally ring one more.

Scared to death, scared of death.

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The article's selfishness, colored by a paradoxical devotion to the memory of the ones the author is soon to lose, is that of sepulchral anticipation. It memorializes just as it conveys our detachment from the realities of those who will crawl on their hands and knees to catch intermittent glimpses of their jaundiced skin in the kitchen sink. The picture it paints is bleak, *so* bleak, and I cannot help but feel as terrified and defeated as the nameless Sabrina in 1995/6. And yet, in my unceasing panoply of unanswerable questions, I dare to ask another: what if these memories dare rewrite our futures?

I hold no answers; my only hope is that we wake up to the

need to develop care and mutuality as a practice of resistance in response to the overwhelming, insidious apathy instilled in us by a society that wishes us dead. We must learn to cradle care in our arms and bear its weight on our shoulders. The seeds of mutuality lay buried within every single one of us, and all we must do is till the soil and let the fruits ripen. It is no easy task: the weeds run so deep that oftentimes it may seem that the field will always lay fallow. The poison chokes the shoots, warmed by the April sun, and makes the earth bitter. When apples of discord make the crooked trees bear their impossible weight, we collect. The ruinous harvest festers and molds as it makes a different future unimaginable, but we must fight this sickness and replant—change is but one turned field away. Instead of watering our own grave plots, we may nurture a garden, an Arcadia where the air does not make us sick and our hearts may beat steady. A queer utopia is something we make, something we must mold carefully and relentlessly: the world we create is one where I may not see your face, but I will feel the warmth of your smile nonetheless. The crinkled eyes of my lovers remind me of this daily:

"What if there never is an end? All we have is means."