

GROUNDING.
GROUNDING.
GROUNDING.
GROUNDING.
GROUNDING.
GROUNDING.

KATHERINE CHEAIRS

Deep exhale in. Long exhale out.

Deep exhale in. Long exhale out.

Deep exhale in. Long exhale out.

Rest your eyes gently or close them. Whichever you prefer.

Notice the pace of your resting breath.

Is it faster than usual? Is it more intermittent? Is it at its usual pace?

Just notice. Start at the tip of your toes and feel the warmth start there.

Let this warmth drift from the toes to the top of your head.

Feel this warmth throughout your entire body.

Bring the full force of this warmth into your heart and let it radiate from the center of your chest. Be here. Whatever it brings up. Be here. It could get heavy. Be here. It could get light. Be here. It could be in the I don't know/overwhelm. Be here.

Whatever here is, is yours.

The past, present, future are all present within you.

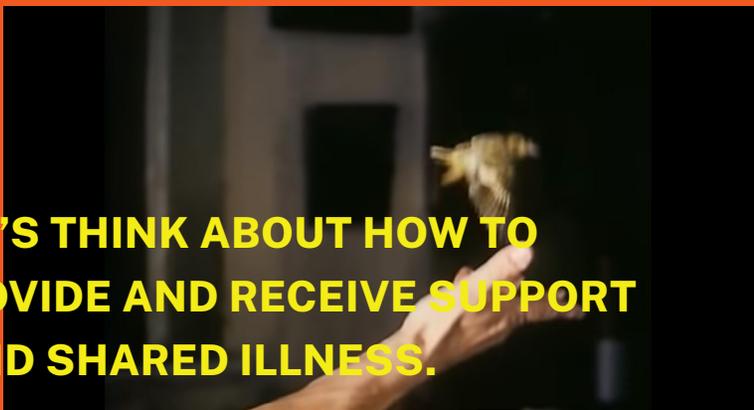
The Archive that has been and will be is within you.

You don't have to do anything to make it so.

Be here.

LET'S NOT BE AFRAID OF EACH OTHER.
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LET'S THINK ABOUT HOW TO
PROVIDE AND RECEIVE SUPPORT
AMID SHARED ILLNESS.

WHAT DOES A COVID-19 DOULA DO?
WHAT DOES A COVID-19 DOULA DO?

Interstitial Images from *Safe* (1995, Todd Haynes)

In *Safe* Julianne Moore gives a breakthrough performance as Carol White, a Los Angeles housewife in the late 1980s who comes down with a debilitating illness. After the doctors she sees can give her no clear diagnosis, she comes to believe that she has frighteningly extreme environmental allergies. A profoundly unsettling work from the great American director Todd Haynes, *Safe* functions on multiple levels: as a prescient commentary on self-help culture, as a metaphor for the AIDS crisis, as a drama about class and social estrangement, and as a horror film about what you cannot see. This revelatory drama was named the best film of the 1990s in a Village Voice poll of more than fifty critics.

— The Criterion Collection

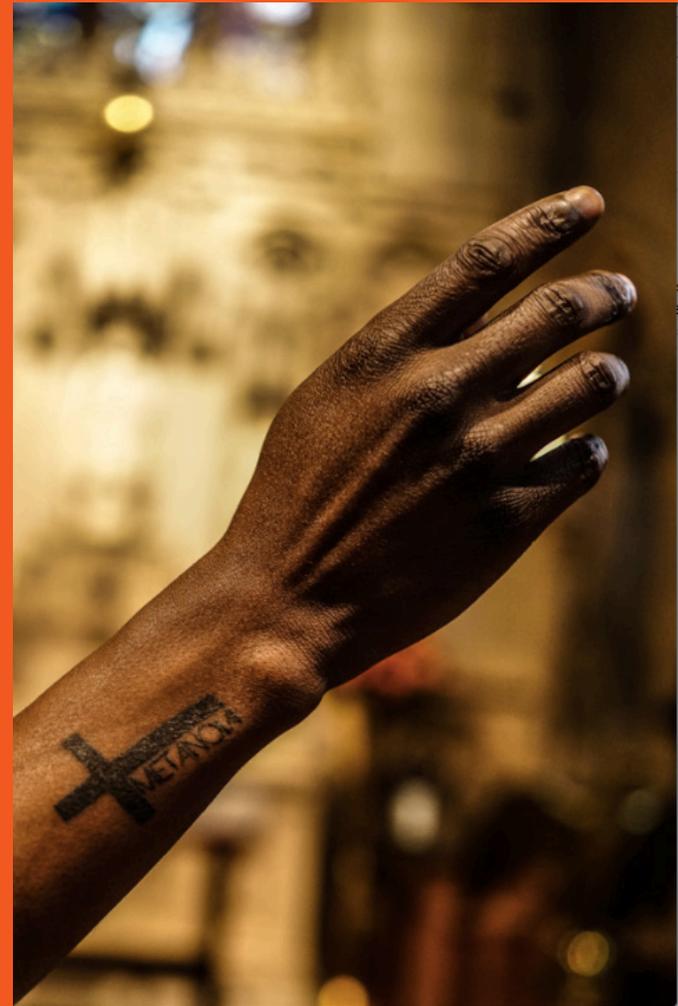
Safe resonates today, in the context of another viral pandemic.

— Damon R. Young for Bunker Bloggers

WHAT DOES A COVID-19 DOULA DO?
WHAT DOES A COVID-19 DOULA DO?

Talking about the body in the time of COVID-19. This photo by Lolita Lens is one of the first images created for *Metanoia*. It is the arm of co-curator, Jawanza Williams. What has always been true when it comes to HIV, is true now in the era of COVID-19: QTPOC communities are particularly vulnerable because of the labor our bodies often perform, and the health care disparities present in our communities, including in the cities, the rural parts of our country, and of course, inside prisons and jails. Our bodies represent hope, care, grace and beauty — all things that I want to be present to in this time of COVID-19.

— Katherine Cheairs



Jawanza's Arm, 2019, photo by Lolita Lens Photography

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Online zine pro-tips:

Zoom to make the text smaller or larger.
Underlined texts are links.

Questions? Email us at hivdoula@gmail.com

INTRODUCTION.
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INTRODUCTION.



Joann Walker: "If I was a weak person I probably would have hung myself."

ALEXANDRA JUHASZ

As someone who made art, activism, and community during one height of the AIDS crisis in NYC in the late 1980s, and who continues to do that work today during another juncture of the AIDS pandemic, I begin by attesting that AIDS and COVID have little in common, outside the fact that they both start as viruses, which are highly communicable, potentially deadly, frightening, initially little-understood, and prone to the dangerous distortions of mis-, under-, and over-reporting.

But, in this limited commonality there is something vital. Shared between the pandemics is the role of art, activism, community-making, and related projects of care. I am certain that in times and places of viral illness, our art, activism, community-making, and care, allow us access to the dignity of our own voice and knowledge; to correct and add to limited or distorted

San Francisco Bay Guardian.
Newspaper Clipping. "To Die
in Chowchilla," 1994. Article by
Noelle Hanrahan.

No photo credit provided. Judy
Greenspan Papers, The LGBT
Community Center National
History Archive.

information; to connect to others who share our needs and outlooks; to render beauty, pain, anger and more; to make and share demands; and to enter what we knew, did, and want into history.

Metanoia: Transformation through AIDS Archives and Activism, curated by four members of What Would an HIV Doula Do? (me, Katherine Cheairs, Jawanza Williams, and Ted Kerr) for the ONE Archives Foundation is such a collection of archived and activated pandemic responses. Our art show of archival materials, and a few we commissioned to represent today's manifestations of the struggles we found recorded in boxes, was first on view in spring 2019 at New York City's Lesbian, Gay, Bisexual & Transgender Community Center and then in winter 2020 moved to the ONE Gallery in West Hollywood. The exhibition illustrates how linked communities of Black women, women of color activists, and their allies, fought against indifference, greed, oppression, and the state. Now, imagine this: they actually won! Through the efforts of incarcerated women activists like Katrina Haslip and Joann Walker, the definition of AIDS was expanded to include the opportunistic infections and lived experiences of women; and the daily medical opportunities of incarcerated women with AIDS, as well as their chances for compassionate release, were bettered.

From fliers, newsletters, poems, personal correspondence, videos, photographs, educational materials, posters — the compelling and commanding cultural objects made at that earlier moment of the AIDS pandemic by some of the least enfranchised members of American society — we learn successful tactics, we are reminded of people's power, we grieve for their losses, and we find solace in their strength to fight, endure, imagine, and then actually produce this, our bettered future in which we now face new challenges. We can share these histories with you because not only was that history lived by real people, it was saved by them too. The majority of what makes up *Metanoia* comes from two holdings, collections donated by women who are both life-long activists: Judy Greenspan, whose papers are at The LGBT Community Center National History Archive; and Judy Sisneros, whose papers are at the ONE Archives at the USC Libraries.

Now imagine a show like ours, in the future. An archival show of the representational life and objects of COVID, thirty years from now. It might honor, as inspiration for a future time, today's tweets and instagrams, our intra-building help-lists, or video records of Zoom calls with friends and chosen family. It might hold this zine. These efforts are the start of what we are building, and sharing, in this time of fear, uncertainty,

illness, and community. Technologies change, but our needs to be heard and seen, to better our conditions, to demand dignity and justice in the face of ill-health and indifference, do not; these needs — and our responses to them — are what keep us human. We are lucky that in a time where intentional distancing may be a form of care that helps, we have technologies that can aid us in staying close. And, we are luckier still that we can learn from what our forebears did with the technologies, practices, and viruses of their time and place. This zine — filled with the thoughts and responses to WHAT DOES A COVID-19 DOULA DO? From our *Metanoia* and WWHIVDD communitiues — is one humble attempt to give care to ourselves, and to hopefully call for a future that will learn from all we did in this shared present.



Catherine (Saalfield) Gund and Debra Levine. Still from a short video. “Katrina Haslip, the vibrantly inspiring AIDS activist leader,” 1992. “I’m You. You’re Me.” With permission from artists.

WHAT DOES A DOULA DO?
WHAT DOES A DOULA DO?

THEODORE (TED) KERR

This zine is a snapshot of a time from our community responding in words, actions and images to the unfolding, unprecedented, global crisis we find ourselves in. The first half of the zine is rooted in our exhibition, *Metanoia: Transformation through AIDS Archives and Activism*. The second half are responses from our Metanoia and WWHIVDD communities responding to the prompt: What Does a COVID-19 Doula Do? Many of the entries were submitted the second week of March as people in the US were finally waking up to the emergency. Other submissions came in after we hosted, LET'S NOT BE AFRAID OF EACH OTHER, a community gathering I co-hosted with Ripley Soprano on March 17th, that was intended to be an in person/ Zoom event, that was then changed to be an all Zoom event as the new reality reigned.

The goal of the zine is to highlight the everyday role that we all play in creating the world we need and want through being a doula for each other, for ourselves, and for the systems we live within and under. Over the course of 2015 and 2016, a group of us came together, inspired by all the different forms of doula-ing in the world — Birth, Death, Abortion, Gender, etc — to ask, what would an HIV doula do? The name and the question stuck. Here is what we came up with:

What Would an HIV Doula Do? is a community of people joined in response to the ongoing AIDS Crisis. We understand a doula as someone who holds space during times of transition. We understand HIV as a series of transitions that begins long before being tested or getting a diagnosis, and continues after treatment. We know that since no one gets HIV alone, no one should have to deal with HIV alone. We doula ourselves, each other, institutions and culture. Foundational to our process is asking questions.

Key to our definition is an understanding that a doula is a noun, and a way of being. By making the role of “space-holder” legible, we hope to make it easier to recognize the often overlooked and vital tasks that people around us do during times of transition, the everyday work so many of us do to keep our friends surviving and thriving. Doulas can save the life of a parent and a baby

during a birth. Doula-ing can be understood as a form of outreach like sending an emoji to a friend in times of unmitigated terror that reminds them that they are not alone.

In the face of COVID-19, we see ourselves, each other, and others, doula-ing. We are inspired by the Doulas that came before us, like Joann Walker, and Katrina Haslip. They were Black women, living with HIV, who changed the world for the better, from inside prison, by attending to the personal and the systemic. This zine is our humble attempt to capture this doula-ing in real time to help ensure that people are getting the support they need to live through this pandemic and beyond. It is also a time capsule of sorts, a cultural object, made to be distributed online, with the hope it will one day be printed (a dream of the physical).

The creation of this zine came at the kind invitation from the ONE Archives Foundation, and was designed by fellow WWHIVDD member Virgil B/G Taylor. Aside from this zine, we will be posting COVID Doula examples and tips on social media using #coviddoula. Please share your own examples with us using the hashtag.

And if you have not done so already, please check out [#COVID19DecarcerateSyllabus](#), A Political Education Resource, Curated by the California Coalition for Women Prisoners (CCWP).

**METANOIA IN TIMES OF COVID-19.
METANOIA IN TIMES OF COVID-19.**

JAWANZA WILLIAMS

Metanoia, which is a Greek word, translates for me to mean transformation. After I was diagnosed, I had the word, along with a cross, tattooed on my body because Metanoia, is the first word that I've learned that articulates fully the transformative nature of movement work. AIDS requires a moment to address the issue. It still does. And the archives substantiate that something as devastating as AIDS, racism, sexism, and imprisonment are catalysts for movements to build a new world. In this new era of COVID-19, the lessons we have learned and are learning in our AIDS activism can be applied to the work ahead.

SELECTIONS FROM
SELECTIONS FROM
SELECTIONS FROM
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SELECTIONS FROM

**METANOIA:
TRANSFORMATION
THROUGH AIDS ARCHIVES
AND ACTIVISM**

CHOWCHILLA PRISON: A MEDICAL HELLHOLE

*California pays prison guards \$56,000 a year
instead of hiring qualified medical personnel*

Women prisoners will die of neglect and inadequate medical treatment at the Central California Women's Facility (CCWF) at Chowchilla.

Women at Chowchilla complain about the lack of medical care for prisoners in general, the substandard nature of care that is available, and the censorship of HIV/AIDS educational materials.

Women with AIDS are segregated at Chowchilla and medical services offered are solely inadequate to meet their needs. There is not one HIV/AIDS medical specialist on staff. Not even a gynecologist is regularly available to the women.

PRISON GUARDS EXAMINE AND DIAGNOSE WOMEN

MTAs—guards with little or no medical training—are diagnosing medical problems and prescribing drugs. These MTAs have made incorrect diagnosis and prescribed wrong drugs, leading to further illness and even death. One woman had HIV-related thrush in her *mouth*. When the medicated lozenges she needed were not available, she was given vaginal suppositories to *eat!*

The medical ignorance at Chowchilla is so widespread that another woman who felt stomach pains was diagnosed as having a bladder infection when she was actually having premature labor. She lost her child.

How would you like to be treated by a prison guard with some first aid training?

MTAs earn \$56,000 per year, far more than what it would cost to have a licensed practical nurse or even a registered nurse on staff.

Prisoners complain that it takes 2–3 weeks to see a “real” doctor, and they only get to see a “real” doctor if an MTA approves it. That is to say, MTAs are doing triage at Chowchilla.

The healthcare is so bad and the MTAs so abusive, that a “group appeal,” signed by more than 450 women at Chowchilla complained about one of the MTAs and the general situation. When several hundred women sign a grievance, knowing there will be retaliation from vindictive officers and staff, there are serious problems at the prison.

WOMEN WITH HIV—NO TESTS, NO TREATMENT

Women who request HIV tests are told that they will only be tested if it’s “medically indicated.” This means that women won’t know their HIV status until they are already sick. Even then, they will be given the least accurate test available. It is well known that early intervention extends life. By denying women knowledge of their HIV status, they are denied access to HIV drugs and treatments. They are denied the ability to change their high risk behavior and prolong their lives.

Because there is no AIDS educations at Chowchilla, the women prisoners are trying to be peer educators, teaching others about HIV. Prisoners are systematically denied access to outside HIV/AIDS education materials. ACT UP and the San Francisco AIDS Foundation have recently attempted to mail requested materials, only to have them returned. When AIDS activists sent a prisoner a copy of the ACLU National Prison Project pamphlet, *AIDS and Prison, The Facts for Inmates and*

Coalition to Support Women Prisoners at Chowchilla. Flyer. “Chowchilla Prison: A Medical Hellhole,” c.1993. Judy Greenspan Papers, The LGBT Community Center National History Archive.

This was the first object found during the archival research process for the exhibition that would become *Metanoia*. The piercing gaze of Joann Walker emanating from the page took co-curator, Kat Cheairs', breath away and she thought "Could this be the Ida B. Wells of prison AIDS activism?" Additional discoveries in the Judy Greenspan Papers at the LGBT Center in NYC, with co-curator Jawanza Williams led to locating letters, poems, flyers, and articles dedicated to the memory of prison AIDS activism by women at the Central California Women's Facility in Chowchilla in the 1990s. The archival process led us to the stories of Joann Walker, Betty Jo Ross, and Twillah Wallace, who established formative foundations of prison AIDS activism. The prison AIDS activism story and women's inclusion into the definition of AIDS formed the two narratives of *Metanoia: Transformation Through AIDS Archives and Activism*.

The Fire Inside

Caring Collectively for Women Prisoners

Newsletter of the California Coalition for Women Prisoners
100 McAllister St, San Francisco, CA 94102
Issue Number 1, June 1996

Joann Walker 6/1/50-7/13/94



Photo by Judi Parks

Her organizing and advocacy put the public spotlight on the medical neglect and abuse faced by women prisoners with HIV/AIDS. As a woman prisoner living with AIDS, she wrote, "Chowchilla is a medical hellhole. We need better medical care, high nutritional diets, and a caring, compassionate doctor." Joann died on July 13th, 1994, two months after winning compassionate release from prison. We dedicate our first newsletter to her memory and her fighting spirit.

The California Coalition for Women Prisoners — CCWP raises the public consciousness about the cruel and inhumane conditions under which women in prison live and advocates for positive changes. We promote the leadership of and give voice to women prisoners.

If Walls Could Talk:

Statement from Charisse Shumate, prisoner and lead plaintiff, Central California Women's Facility (CCWF)

I, Charisse Shumate, wish I could be there with you because, as you grow in numbers for us behind the walls of CCWF, the big cover up is going on inside. Now, for those who ask why should they care or believe we are asking for "Cadillac care," if we were allowed to have video cameras or tape recorders, the truth could be seen or heard about the junk yard care we receive. The sad part is why were we, who are mothers, daughters, sisters and grandmothers, compared to a car? Is it because they have forgot we are *human*? If walls could talk we would not have to beg help. Please, it could be your best friend that dies

behind the walls of CCWF. We made a mistake, one that we are paying for. But for those who believe we must pay with our lives, may god bless you, because he sees our cries, our pain, how women are locked alone in rooms to lay and no one to check on them or told to go back to their unit, they are not in a life threatening situation. For those who don't know how to help, just pray for us.

Once again, until there is no breath in my body, I will roar the words **HELP** stop the killing because we are the forgotten ones. •

Women Sue for Healthcare

by CCWP members

On April 4, 1995, 24 courageous women prisoners with grave illnesses, including cancer, heart disease, sickle cell anemia, AIDS and tuberculosis, filed suit in the Federal District Court in Sacramento against Governor Pete Wilson and the California Department of Corrections. The medical care in prison is so inadequate—seriously-ill women in pain are being systematically denied access to doctors and medication—that it amounts to a violation of the 8th Amendment of the U.S. Constitution which prohibits cruel and unusual punishment.

The shocking conditions facing ill women prisoners are torturous, as crucial medical attention is delayed and denied. Some women have suffered through the agony of AIDS, dying after having had pain medication no stronger than Motrin. Meanwhile, there is no HIV specialist for women prisoners and access to HIV/AIDS education materials have been denied to prisoners even though the number of HIV positive women in California prisons is growing. Told that there is nothing wrong with them and turned away from the doctor, women in debilitating pain suffer intensely, getting sicker and sicker, only to be diagnosed with life-threatening diseases like cancer after it is far too late for treatment to save them.

Tragically, Brenda Otto, a plaintiff in the lawsuit (Shumate et al v. Wilson), died at CCWF on April 28, 1996. When members of the lawsuit team interviewed

continued pg 2

They Said Nothing Was Wrong...

by Linda Fields #26257 from CCWF

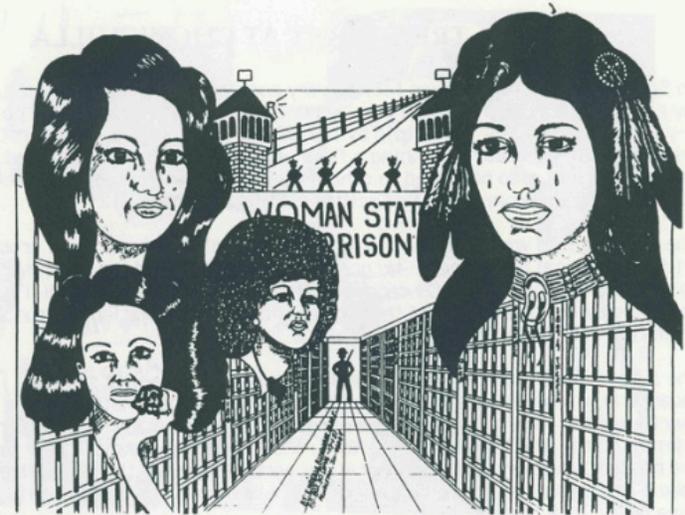
Her name was Anna, Annie Bells to me, Gator to most. She didn't have much book learning, she was illiterate. Annie took a remedial reading class as long as she could. She would come back to our room and read a children's book, so proud to be able to make out a few more words.

Annie loved the yard. She would work in the plumbing shop all day, come in for count and work in the yard all evening. People would stop in front of unit 507 and just gaze at all the beautiful flowers she had lovingly raised from seed. Our yard was a showplace. She was so full of life and joy. Her blonde hair would fly behind her as she'd race the wind. That was my Annie. But all things must change, not always for the best. Annie grew quiet. She no longer had energy. The medical staff said nothing was wrong. She hurt. She bled too much and too often. She kept asking for a pap smear. They didn't give her one. She couldn't eat, kept losing weight. They did nothing. After months, the doctors decided to give Annie her pap smear. All of a sudden, she was sent out to a cancer clinic for laser treatments. She laughed about her little tattoo dots, the marks showing where to aim the laser. They said she'd be fine. Then they kept her overnight for several days, putting radioactive pellets inside her. She came back weaker, with huge blisters from her buttocks to her

continued pg 2

California Coalition for Women Prisoners. Newsletter. "The Fire Inside," Issues Number 1, June 1996. Judy Greenspan Papers, The LGBT Community Center National History Archive.

The text comes from Joann Walker, an incarcerated California activist who fought for the dignity and compassionate release of fellow women prisoners who, like her, were dying of AIDS. This poster reflects the kinds of analog artistic practices that shaped movement work in the 1980s & 1990s and still has lessons for present day activism.



THE NAME OF THE GAME

HIV is the name of the game, to beat this thing you got to do your part, have a strong will and love in your heart.

Make your doctor get on down, don't let anyone push you around! Don't stress out, it will mess up your T-cell count.

Stress is the number one killer for people like you and me. From stress we must be free.

Take care of yourself, get plenty of exercise, don't you ever think of dying.

This is not a death sentence so clear your head. The meaning of HIV, is not dead!

Joann Walker
Chowchilla, California

Joann Walker, Coalition to Support Women Prisoners at Chowchilla. Flyer. "The Name of the Game," early 1990s. Drawing and design unknown. Text by Joann Walker. Judy Greenspan Papers, The LGBT Community Center National History Archive.

This poster encapsulates an important and often forgotten part of early AIDS history. Women and others were excluded from the U.S. Government's definition of AIDS, which meant they could not get the support and resources they and their families needed. A coalition of activists from across the country put pressure to have it changed, including Katrina Haslip, a prison and jailhouse lawyer in Bedford Hills.



**WOMEN
DON'T HAVE
AIDS
THEY JUST
DIE
FROM IT**

65% OF HIV POSITIVE WOMEN GET SICK AND DIE FROM HIV-RELATED CHRONIC INFECTIONS THAT DON'T FIT THE CENTERS FOR DISEASE CONTROL (CDC) DEFINITION OF AIDS

EXCLUDED FROM THIS DEFINITION, WOMEN ARE DENIED ACCESS TO WHAT LITTLE HEALTHCARE EXISTS FOR PEOPLE WITH AIDS.

THE CDC MUST EXPAND THE DEFINITION OF AIDS TO INCLUDE THE OPPORTUNISTIC INFECTIONS COMMON TO HIV POSITIVE WOMEN.

DEMONSTRATE

AT THE

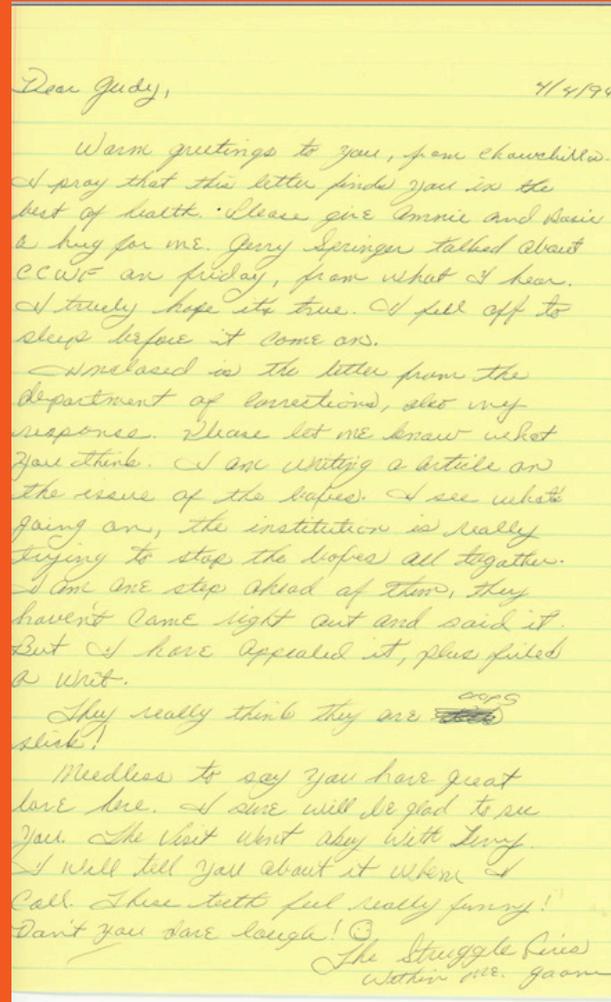
CENTERS FOR DISEASE CONTROL

MONDAY, DECEMBER 3

MORE INFORMATION IS AVAILABLE FROM ACT UP/ATLANTA AT 404/286-6247

ACT UP Network. Flyer. "Women Don't Have AIDS They Just Die From It," 1990. Judy Sisneros ACT UP / Los Angeles Records, ONE Archives at the USC Libraries.

One of the ways we know about Joann Walker's work is through letters she wrote to fellow activist Judy Greenspan. In this letter, one of many, we get a sense of friendship and shared commitments. In times of crisis communication becomes even more important. For various people in diverse situations, communication is difficult, due to incarceration, the limits of social distancing, access to technology. As we think our way through COVID-19, ensuring all people have a voice is part of our challenge. Additionally, as we consider what activism looks like now, we have much to learn from people in jail, who use limited means — such as connecting with people on the outside to advocate with them — to bring freedom.



Dear Judy, 4/4/94

Warm greetings to you, from Chauchillo.
I pray that this letter finds you in the
best of health. Please give Connie and Boie
a hug for me. Jerry Springer talked about
CCWT on Friday, from what I hear.
I truly hope its true. I fell off to
sleep before it come on.

I received in the letter from the
Department of Corrections, also my
response. Please let me know what
you think. I am writing a article on
the issue of the papers. I see what
going on, the institution is really
trying to stop the papers all together.
I am one step ahead of them, they
haven't came right out and said it.
But I have appealed it, plus filed
a writ.

They really think they are ~~going~~^{oops}
slick!

Needless to say you have great
love here. I sure will be glad to see
you. The Unit went away with Jerry.
I will tell you about it when I
call. These teeth feel really funny!
Don't you dare laugh! ☺
The Struggle Continues
Within me. Joann

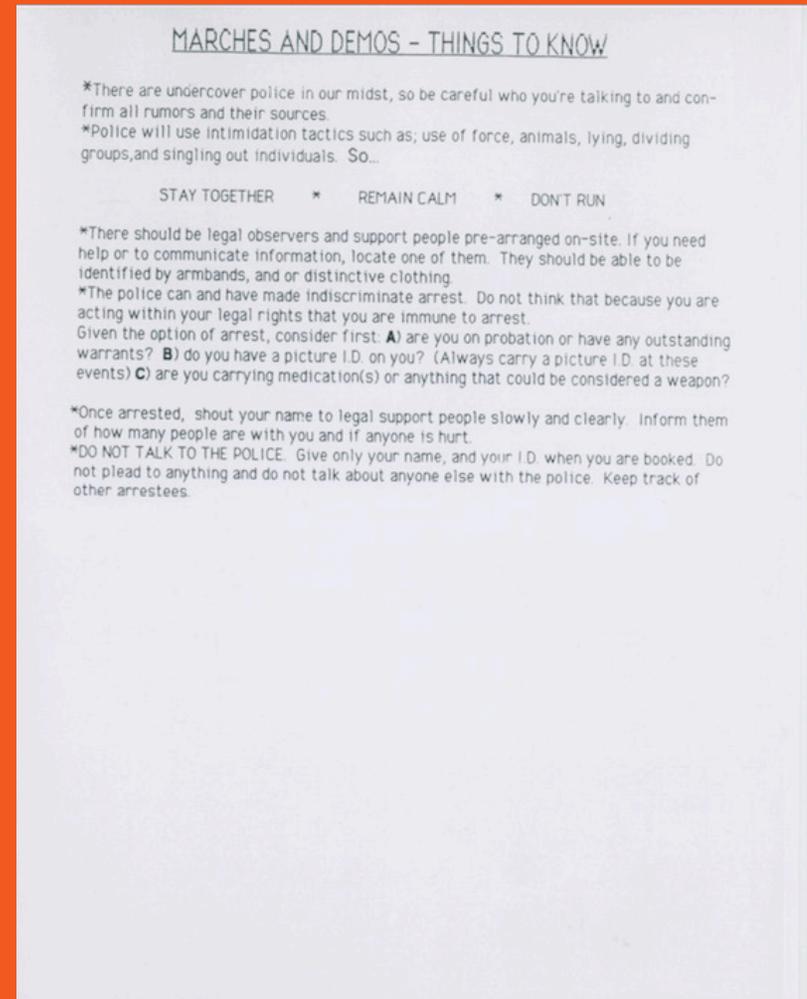
Joann Walker. Personal Correspondence. "Dear Judy," 1994. Judy Greenspan Papers, The LGBT Community Center National History Archive.

Much has been written about the relationship between HIV and COVID-19. Among the comparisons has been the relationship around who is impacted. By looking at the history of HIV, we see the work done to educate the public that anyone could be impacted by the virus. This education was happening alongside the ongoing work of activists showing the disproportionate burden HIV was having and has on Black people, gay people, poor people, people who do drugs, and people who live at the intersections of all these ways of being. As COVID-19 continues to unfold, we will want to be mindful of who is being impacted, who is being cared for, and who is being left behind. It is a lesson from AIDS activism, we are wise to drag forward.



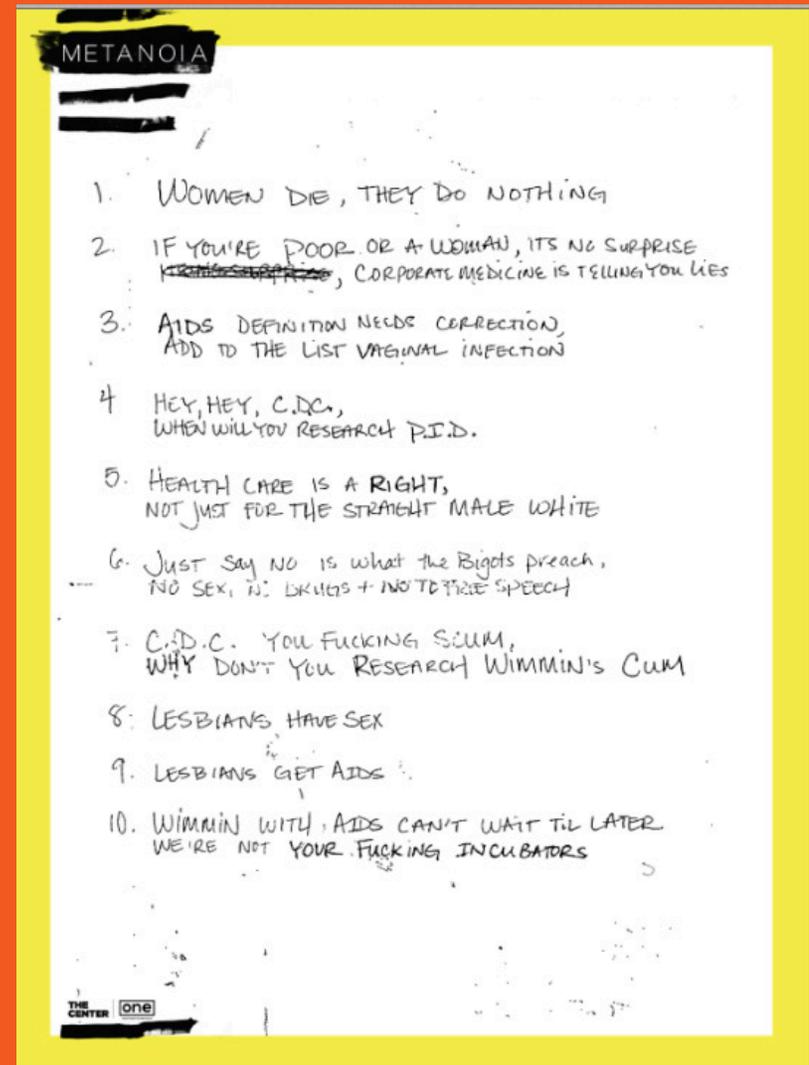
New Haven Women's AIDS Coalition of the Mayor's Task Force on AIDS. Poster. "AIDS doesn't...," c. 1980s. Poster made by T. Charles Erickson. PosterCollection, The LGBT Community Center National History Archive.

Direct action, social disobedience, activism of all kinds has long existed, taking the form it needs to be effective in the present. While we know that activism in the face of COVID-19 will be needed, we don't yet know how it will look like yet. The past offers us some things to consider going forward. Stay Together, Remain Calm, and Don't Run, seem like wise words even in the face of social distancing.



Gunther Freehill and Helen Schpak for ACT UP/LA. Flyer. "Marches and Demos - Things to Know," c. 1990. Judy Sisneros ACT UP / LOS Angeles Records, ONE Archives at the USC Libraries.

On a tour of the exhibition in New York, Brian, a formerly incarcerated person who shares his work later in this zine said that for him, hearing chants in prisoner solidarity was a life saving factor. It helped remind people on the outside that they were not alone. As we social distance, making noise across space is one of the tactics we have at our disposal. What noise do you want to make? What chants do you need to hear?



Unknown. Chants. "1. Women Die....," c.early 1990s. Judy Sisneros ACT UP / Los Angeles Records, ONE Archives at the USC Libraries. Designed for Metanoia by Kate Yeonjeong An

LET'S NOT BE AFRAID OF EACH OTHER.
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LET'S NOT BE AFRAID OF EACH OTHER.



**LET'S THINK ABOUT HOW TO
PROVIDE AND RECEIVE SUPPORT
AMID SHARED ILLNESS.**

Everything will be all right.

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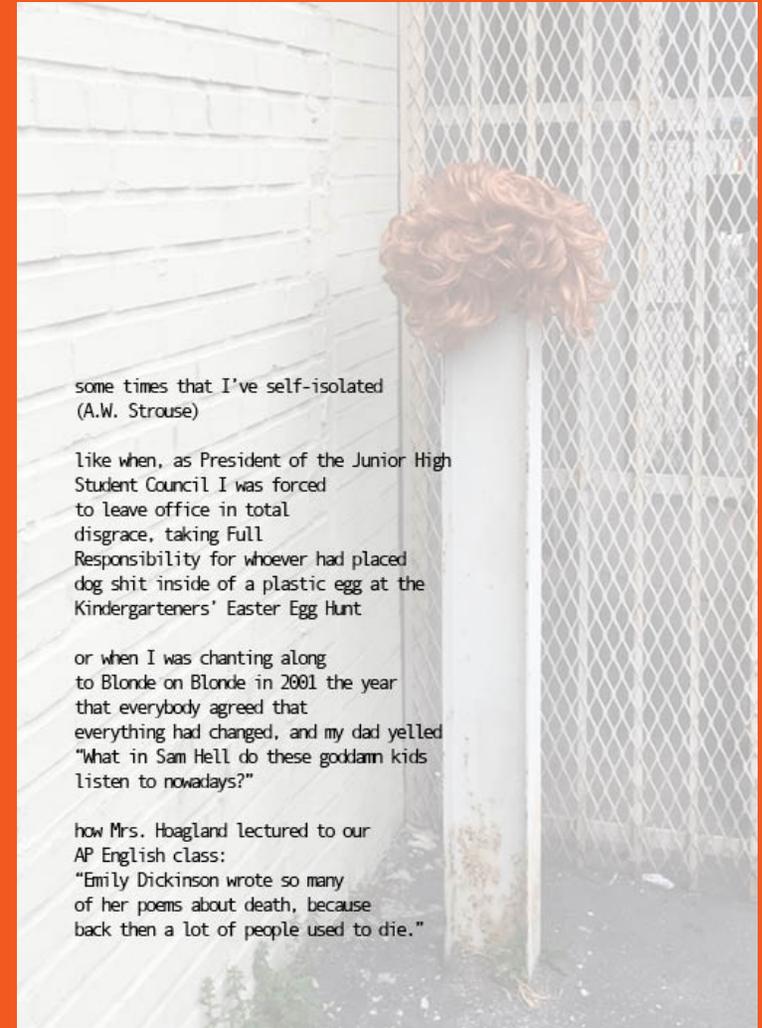


**LET'S THINK ABOUT HOW TO
PROVIDE AND RECEIVE SUPPORT
AMID SHARED ILLNESS.**

WHAT DOES A COVID-19 DOULA DO?
WHAT DOES A COVID-19 DOULA DO?

A. W. STROUSE
A. W. STROUSE

AWSTROUSE.COM



some times that I've self-isolated
(A.W. Strouse)

like when, as President of the Junior High
Student Council I was forced
to leave office in total
disgrace, taking Full
Responsibility for whoever had placed
dog shit inside of a plastic egg at the
Kindergarteners' Easter Egg Hunt

or when I was chanting along
to Blonde on Blonde in 2001 the year
that everybody agreed that
everything had changed, and my dad yelled
"What in Sam Hell do these goddamn kids
listen to nowadays?"

how Mrs. Hoagland lectured to our
AP English class:
"Emily Dickinson wrote so many
of her poems about death, because
back then a lot of people used to die."

ALEXANDRA JUHASZ
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ALEXANDRAJUHASZ.COM

A COVID Doula holds space for people made vulnerable due to one or many viruses. Doulas make space for fear and love, help and incapacity. A COVID Doula understands that illness makes people need, and uncertainty about illness does the same. Doulas recognize the need of food, compassion, medicine, touch, information, distance, shelter, ideas, beauty, and more. A COVID Doula listens and responds to needs, all the while evaluating risk, reward, vulnerability, and possibility with those they care for and with. Then, a COVID Doula takes these personal, material, and changing spaces, needs, and evaluations, shares them with other Doulas, and makes space (like a zine) to make some of this public, thereby drawing larger conclusions and demands about COVID.

In this time of social distancing, a COVID Doula holds spaces online and off, using media, memory, and time to abet our art, interaction, and care.

Until we can be together again:

We will be together through media.

We will activate art and archives, in search of proximity.

We will use our devices as tools to connect.

BLACK QUEEN PHOTOGRAPHY
BLACK QUEEN PHOTOGRAPHY

A COVID19 doula should be checking in and speaking up for the elderly, the young, and the immunocompromised (pretty much those at high risk). They should be doing things like advocating to grocery stores to have early hours for the elderly to come and shop; petitioning schools to create plans to still feed kids (as school meals are sometimes the only/best meals that some kids get); they should be advising their peers that although they are at low risk/not showing symptoms, they should still practice social distancing to help the community.

BRIAN CARMICHAEL
BRIAN CARMICHAEL
BRIAN CARMICHAEL
BRIAN CARMICHAEL
BRIAN CARMICHAEL
BRIAN CARMICHAEL
BRIAN CARMICHAEL

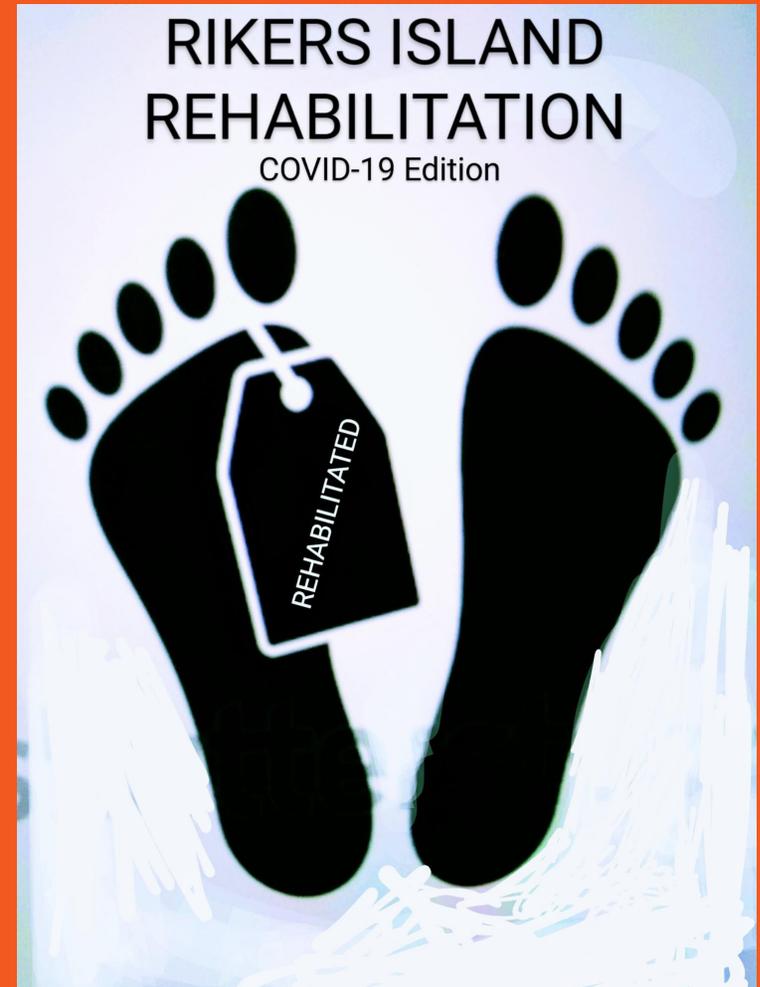
VISUAL AIDS ARTIST+

Clean the fuck outta this place, all day. If i'm gonna be cooped up here every day now, its gotta be conducive to painting and writing and working out and eating eating eating. Ha, and I've got such an advantage over all of you, having so much experience with 'sheltering in place' 🤪

I had a room this size for 13 years, only the kitchen and bathroom were in there too. So heck, this little SRO/art studio/Isolation station is fucking spatial. Palatial! Hope you are as comfortable in your space. If you need me, just holler. I'm just a few cells away...I mean a few subway stops away.

Love, Faith and Solidarity,

Brian



**COALITION FOR COMMUNITY
COHESIVENESS. BUT STILL
KEEP YOUR DISTANCE.**

To enable everyone in the country to follow the advice, policies and orders from the medical community and government, that we reduce the number of people we come into contact with, and to not congregate in a group of more than 10 people, millions of citizens are quickly and adeptly transitioning to video tele-conference apps, such as Zoom, GoToMeeting, etc., and many more are postponing a visit to neighboring friend, opting instead to rely on video calling. Many families, with kids out of school and home, can now sit back and watch endless movies and content on their Netflix or Amazon Prime Video account. Every smart phone, Android or Apple, and most every laptop and computer, come with pre-installed video calling features and apps. All you need is the necessary Minutes and Data plan from your phone company or internet provider, and you're all set. Netflix and self-quarantine. Except for the simple, forgotten fact that many

tens of millions of Americans can't afford the Unlimited Talk, Text and Data plans. Even the ones with moderate to generous Data caps can be unaffordable. You can wipe out an entire month's allotment of data (often just 2 to 5 gigs) watching an afternoons worth of Netflix, in most of these "affordable" plans. The bottom line is this: while many tens of millions of us have been able to easily make the switch to our cell phone or laptop to shelter in place, reduce the number of contacts we have with others, and thereby reduce the potential exposure to the deadly and virulent CoViD-19 virus...there are many tens of millions of us who cannot, simply due to the price of that privilege. They cannot afford the Data and Minutes required to take advantage of these readily available technologies. This must be changed and fixed immediately, before many millions of economically disadvantaged and disenfranchised citizens become infected by this virus and die, while the wealthy and privileged among us embrace the tired old tradition of economic, racial and "social distancing." The details released this week for hundreds of billions of dollars being spent, for corporate bailouts, stimulus spending, medical spending, etc. failed to adequately address this dangerous and potentially deadly injustice.

Therefore, we respectfully demand the following remedy:

Be it voluntarily, by force of law or legislative mandate, or by Executive Order, all Americans should be IMMEDIATELY granted Universal and Unlimited Minutes and Data plans from their phone and internet providers, until September 1, 2020, or for so long as the CoViD-19 Pandemic continues to pose a Public Health Emergency.

**BROTHERS SICK
BROTHERS SICK
BROTHERS SICK
BROTHERS SICK
BROTHERS SICK**

EZRA AND NOAH BENUS

**AN ARMY OF THE SICK CAN'T BE
DEFEATED: REFLECTIONS ON CARE
WORK IN PERPETUAL SICK TIMES**

On the following page: two images formatted the same with different text on the two blue face masks centered in frame, arranged like a blue equal sign on a pale yellow background. The masks each have a red typed messaged on the fabric. Masks read “an army of the sick can’t be defeated” “to be scared of the sick is to be scared [the] living” “networks of care CAN and SHOULD be contagious” “illness finds us all but care unfortunately does not”.

an army of the sick
can't be
defeated

to be scared of the sick
is to be scared of
[the] living

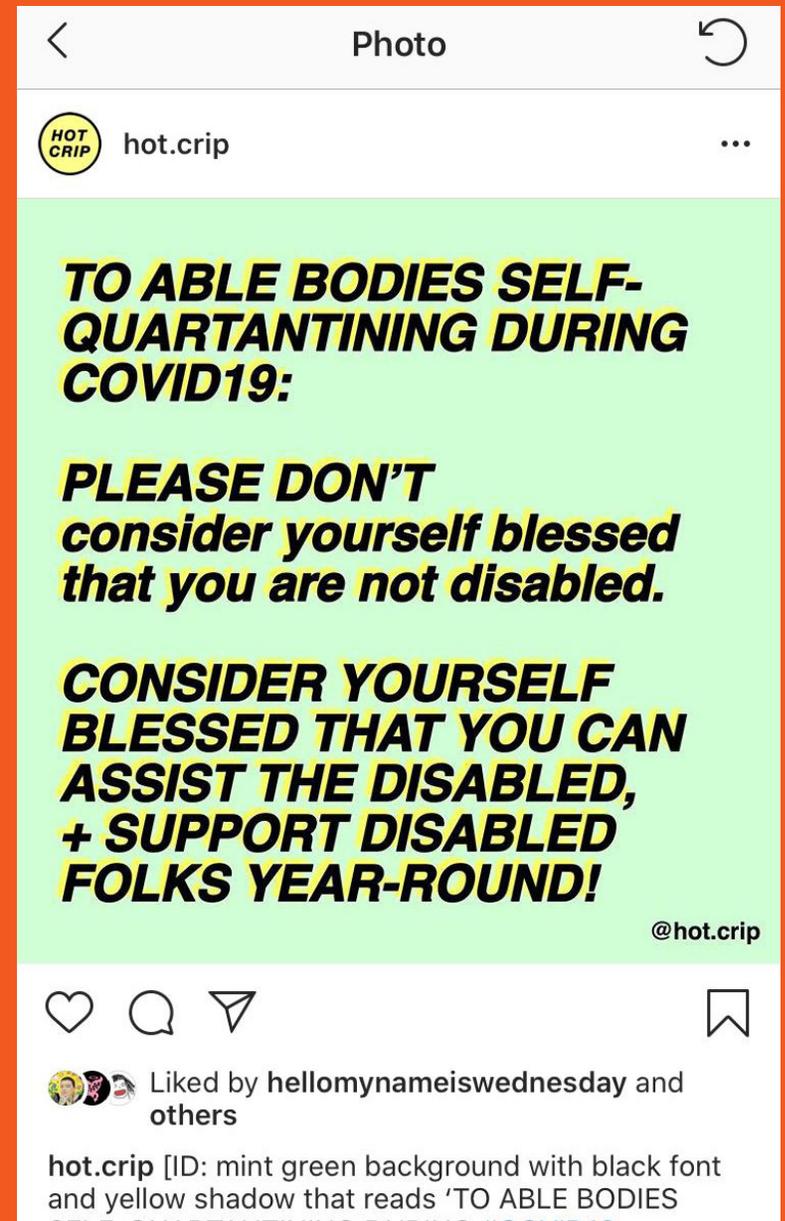
networks of care
CAN and SHOULD
also be contagious

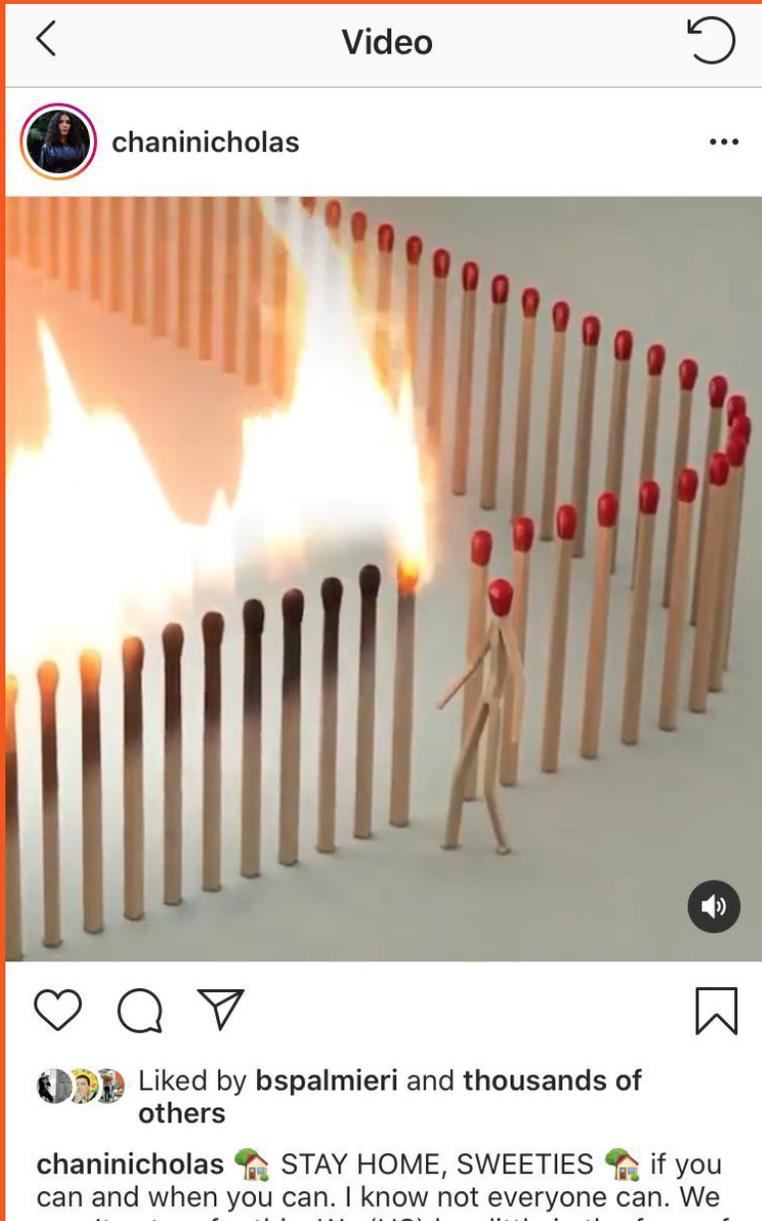
illness finds us all,
but care unfortunately
does not

CAITLIN MCCARTHY
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CAITLIN MCCARTHY

CMCCARTHY@GAYCENTER.ORG

I'm thinking a lot about stemming panic and obsession with productive care, for ourselves and others. To me, a COVID19 Doula stays home if they can, without withdrawing; if abled, a COVID19 Doula learns from the expertise and experience of our disabled or chronically-ill folks, in tandem with them; organizes and contributes to support streams (gift cards, mutual aid funds, supplies runs, etc.); holds space both literal and figurative. Two memes/posts that stick out for me:





EMILY BASS
EMILY BASS
EMILY BASS
EMILY BASS
EMILY BASS
EMILY BASS

EMILYBASS.CLUB

In Conversation with Yvette Raphael and Lillian Mworeko

The way I tried to answer to this question is also an answer itself. A doula would start by asking people where they are and what they are thinking about and being reminded of, because the notion that an outbreak interrupts healthy ‘normal’ lives is false except for those privileged enough to live in a certain kind of ignorance or a certain kind of comfort. Many, most people do not have that privilege or that ignorance. This includes including people living with HIV, women living with HIV, including people living in communities where self isolation and hand washing are incompatible because of daily trips to a communal tap where, if the line doesn’t move along, it stretches “over the mountain,” as my friend and activist comrade Yvette Raphael said to me the other day. I asked Yvette and Lillian

Mworeko to talk to me about where they were at with covid as it was coming towards but not yet arrived in their countries, South Africa and Uganda respectively. Here is some of what they said.

Lillian: “We are seeing instructions – which do not give us the real solution – if you tell a woman who is struggling to even – on the street from Kampala where this woman has to be whole day long and night to get what they need to survive and their children to survive and you tell them get out of street, make sure you are sanitizing yet you are not giving them the basics they need, how are they going to do it. We are getting instructions and we are told the dos and donts but we are not enabling the community to follow the dos and donts and therefore we are getting back to the days of when HIV and AIDS was at the peak. We seemingly are not learning a lot from what has happened within HIV world.

If it’s safe sex via condom use or social isolation via sheltering in place with months of supplies, the public health guidance doesn’t fit with real lives. A doula asks for harm reduction-centered solutions, solutions that stand on the queue for the water tap and at the side of the woman who needs to sit on a piece of cardboard on a crowded street or else sell her body to make a living. A doula remembers what has worked in the past and asks past practices if

they are relevant and asks her comrades if they share her memories.

Yvette: I think you remember – we are still all thinking around it – you remember in the early days, Lillian, where we had home based care, where we literally had to look after each other, our families were distancing themselves from us, our families weren't feeding us, we had to go around to check is there a person living with HIV in this house, how are they supported? Having the support of families and people in the community, is there anyone not well in this community?

A doula centers class, income security and the well being of caregivers in her consideration of the space around her.

Yvette: We are in a field where we are driven by social mobilization, we are driven by workshops, so one of the things is – how is that [social isolation] going to affect the community health worker or volunteer who depends on that 500R stipend to get by ...

A doula acts boldly from an embodied space. When Lillian saw the meetings being cancelled, that African heads of Commonwealth countries wouldn't be meeting in June at a gathering known as CHOGM – and wouldn't be meeting earlier to plan a coordinated regional response, she wrote an

op-ed about what this meant to her and called it “A Litmus Test for Global Leadership”.

Lillian: Instead of cancelling if I was the Queen probably I would bring CHOGM closer so I have my global leaders closer so we come up with a comprehensive plan and approach for the issue that was affecting the country. And therefore seeing the Queen cancelling the meeting and not hearing what I was expecting in terms of bringing these leaders to help us come up with a solution ... it was a trigger and I thought this coronavirus from my point of view was a test of the leadership. I felt the leaders were not giving us enough in terms of guidance. I could see a lot of fear, everyone fearing for themselves and nobody taking the leadership that they needed to make sure that communities remain strong ... that is when I put up that statement that was – you know like – deep from my heart, from my thinking and from how I was thinking at that moment. I felt that was a test of leadership, leadership was not giving us what we deserved as a people. I saw people fearing, I did not see them using the opportunity they already had, for example those important meetings that were coming that could be brought closer [in time] to come up with a common agenda, especially in my African region.

EZRA BENUS
EZRA BENUS
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EZRA BENUS
EZRA BENUS

[@EZRABENUS](#)

Listen, learn, and prop up the voices and actions of sick, disabled, and poor people in our culture, particularly those multiply marginalized by factors of race, gender, immigration status, and sexuality who have been navigating under the pandemic of white supremacist capitalism. Share funds. Allow space in the new online meeting driven for us. Understand that this newfound online/isolated/distanced life was not seen or considered a truly valuable existence before now. Disabled people asked for this social, educational, and vocational accommodation of “remote” access, for access to care, for subsidized housing, for paying healthcare workers enough to put their bodies on the line for us all. If we center being remote, then we center all of us who have been left out. Do not forget that illness is normal, therefore this moment is actually normal. Our reactions in selfishness are what makes the pandemic feel so strangely abnormal. Realize we are part of a larger whole before it is too late. Our bodies were never truly only our own. Just in existing, the individual body is inextricably part of a constellation of other bodies from the local to global body. We need each other, we always have, and always will.

JEANNE VACCARO
JEANNE VACCARO
JEANNE VACCARO
JEANNE VACCARO
JEANNE VACCARO
JEANNE VACCARO

@WHATEVERJEANNE

I've been dressing for a hysterical quarantine all my life. What I mean is, I own a lot of nightgowns. A week of uncharacteristic rain in Los Angeles is adding to the drama. I renamed my group text The L Word: Generation Quarantine.

About 10 days into an indefinite isolation I am thinking a lot about privilege and entitlement and the discomfort of being out of control, about resources and what constitutes a public in a crisis. I had already cathected to that line in *Calamities* by Renee Gladman — “No one knew who I was at the grocery store, but going there was my big event” — from living, as I like to say romantically, on assignment, in Bloomington, Indiana, the place I learned the painful and sometimes pleasurable sensations of enduring loneliness. Reading it again today felt less therapeutic and more like an indictment. Like

many of us I am figuring out the line between safety and satisfaction.

I want to experiment with other ways of calibrating distance and intimacy, the way Gladman looks to speculative grammar and line drawing to mitigate the limits of prose. Title aside, it is book of small incremental shapes and not calamities, the words “I began the day” marking the start of each section. A simultaneously hesitant and bold inquiry, making each day as open a field of possibility as the aesthetic. I am reading *Calamities* to friends in a virtual room every night as a kind of lullaby, a way to think about to begin the day tomorrow. (Get in touch to join us.)

LOVE: FROM A SOCIAL DISTANCE

“Social distancing” makes no sense — that’s nothing new.

At root, “social” means “living with others” and “distance” means “dispute or controversy, civil strife, rebellion.” How will these roots grow?

As AIDS social service provider turned historian of viral pandemics, I translate science for public education and to nurture social networks for prevention, care, and treatment. Given those imprisoned, undocumented, institutionalized, abused by family, immunocompromised, and/or living in streets, is social distancing the solution or problem?

With smiles, conversations, touch, kisses, love, and sex, we must find ways to navigate borders of exclusion, which viruses trace and expose.

Viruses aren’t strangers; they communicate across distances and differences.

AIDS taught us to research and educate authorities, especially regarding the “social”: If viruses infect through the enclosed fields and herds of genetic conformity and environmental dismantle, then we must instead cultivate vulnerability, multiplicity, mutuality, and ecological interdependence.

Will surveillance generate interpersonal and medical policing? Or, will we connect with compassion?

Will we relinquish civil liberties and further erode democracy? Or, recall how AIDS activists rebel to radically re-envision living together?

Will technology’s convenience exacerbate mistrust, starve the flesh of our desires, and make collective survival inconceivable in our times? Or, will we share art to enact these imaginations?

Will HIV/AIDS + COVID-19 = criminalization, corporations, prisons, and gentrification? Or, stop evictions, ensure universal housing and healthcare, and abolish property, police, military, prisons, borders, settler occupations, mass agriculture, environmental extraction, and conformity?

In love, there is no distance. In love, there are no strangers.

KATHERINE “KAT” CHEAIRS
KATHERINE “KAT” CHEAIRS

@KACHEAIRS

Ask what you need in the moment. Do you need water? Are you hungry? Is it time for a nap or wake up? How did you manage your panic attack today? You can still be a doula and have a panic attack. Can you know there are infinite ways people will find to survive a plague? Be clear on which ways are yours. Watch being too judgy about what others think are theirs.

- COVID-19 makes us all the infected/ infectious; the contained contagious, the contaminated vulnerable; the diseased other/viral. If it weren't so right in front of us, we'd have a lot of poetic shit to say. Like, "Wow look at Mother Earth getting a break from us!" Or, "damn, I'm really afraid to die." Also, "I didn't want to leave my house for a week anyway."
- Am I being a good doula if I'm less afraid of COVID-19 than I am of what will happen

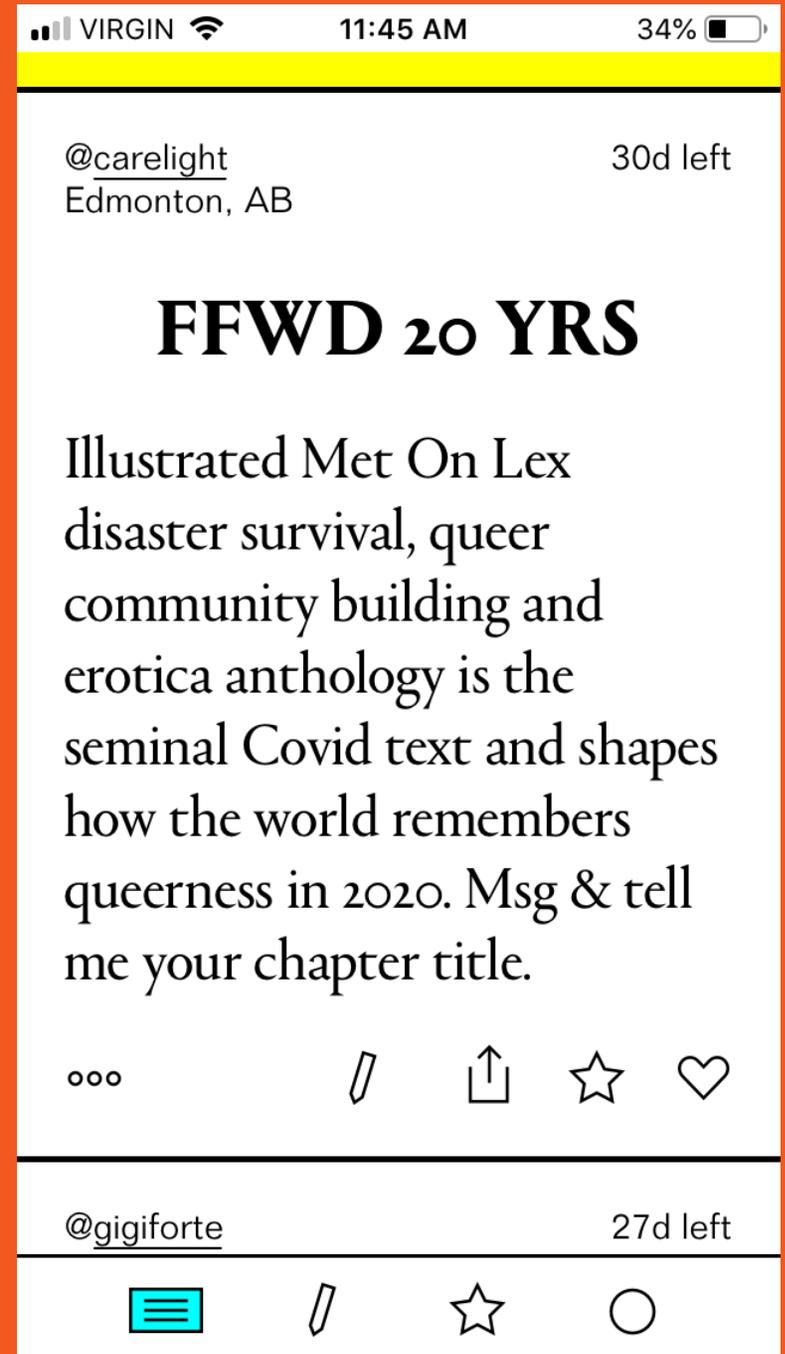
to people depressed and anxious after weeks of social isolation? Am I still a good COVID-19 doula if I just had to have a drink with a friend, like out in public? Am I a bad COVID-19 doula if I want to go out but afraid that I'm contaminated but would really like to go out? I'm being the best COVID-19 doula I can by speaking up for others with chronic illness and those losing income from lost work.

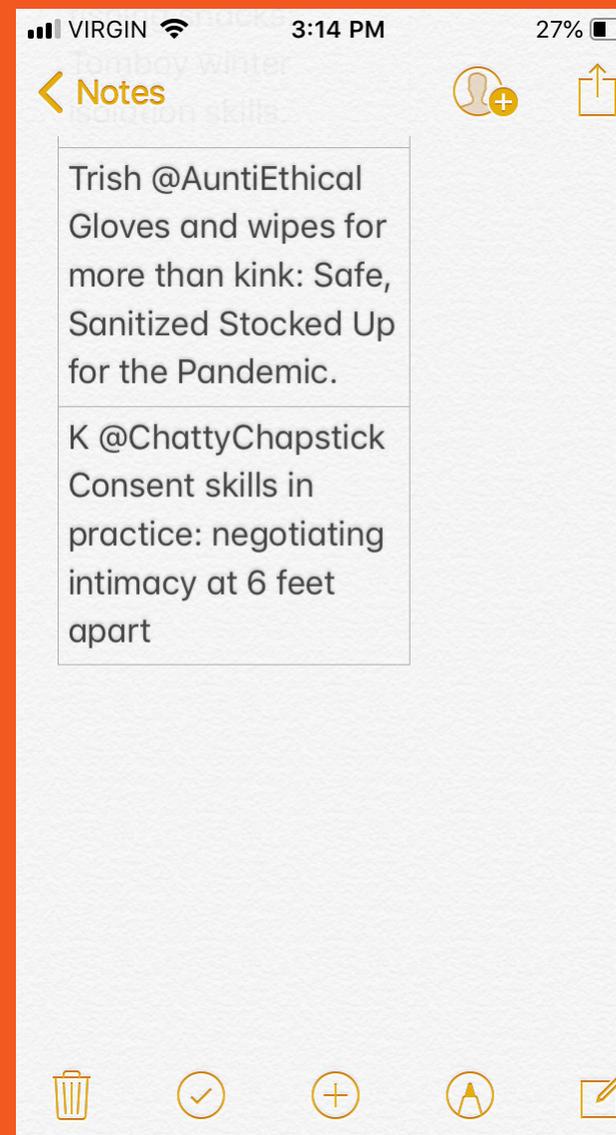
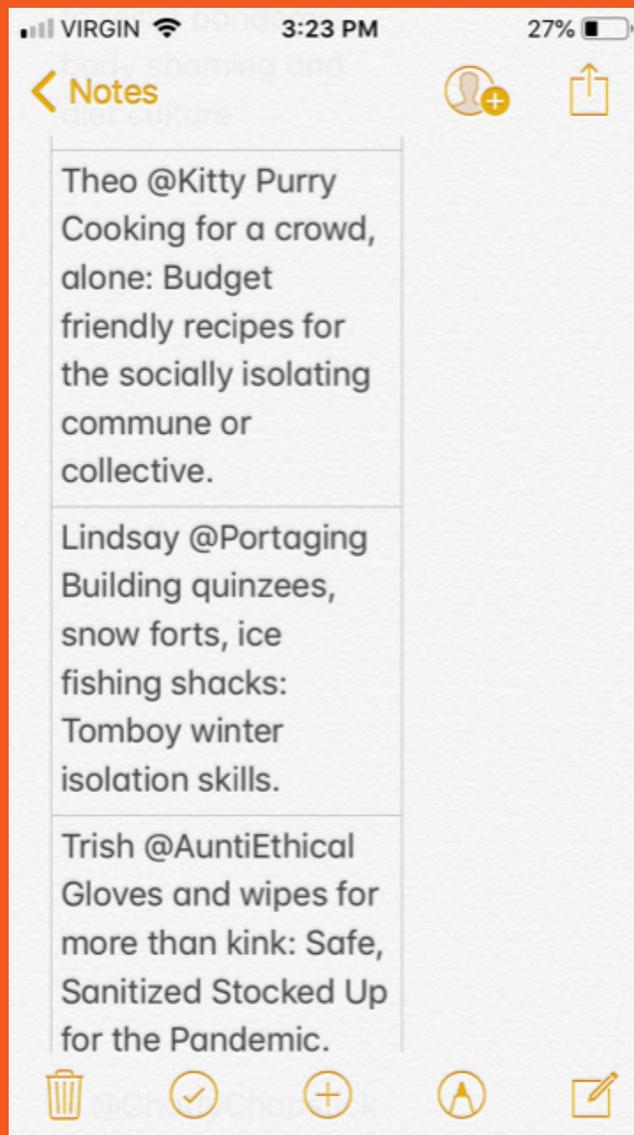
- COVID-19 is no doubt holding space for itself. It is doing the most and has us to deal with too! All of us. Not the other us. But, us.
- At this point, we are all COVID-19. It can no longer be separated from us, even if it is contained. The fact that most medical experts agree that many of us will get COVID-19 and recover underscore this point.
- What we also have to live with in the age of COVID-19 is terms like social isolation, social/physical distancing, and self-quarantine that have entered into the public imagination to such a degree that they will become common ways to deal with future pandemics or perhaps illness in general.

/KATHERINE “KAT” CHEAIRS

- A COVID-19 doula contends with the reality that some will get sick and recover, others will have mild symptoms for a few days, some will die. Any of those categories could include us or the ones we know and love.
- COVID-19 presents us with a moment of humility for a species where the threat of the atomic bomb, unchecked capitalism, and irrevocable climate crisis have not proven to be the appropriate wake up call. Of all these things... Yet, COVID-19 was the one ring to rule them all. Somewhere, a virologist, is saying, “I told you so. I knew it the whole time.” They are a COVID-19 doula too and so are all of us. Now, what are we going to do?

KRISTY HARCOURT
KRISTY HARCOURT
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LOLITALENS.COM

I took this photo 9 years ago on the NYC subway. I still love this photo because there is so much going on: joy, sisterhood & connection.

While sitting this close and touching friends is NOT, I repeat NOT how I want people to interact during this pandemic, this IS how I want people to act spiritually, digitally & emotionally. In other words staying CONNECTED to each other. Call, text, DM or Skype friends & loved ones. Check on the relative working from home with their child who suffers from anxiety. She might need a laugh. Call a friend who lost their job a few weeks ago. He may need resources. Text a co-worker who suffers from migraines. Maybe no one else has reached out. DM the extrovert who always seems to have it “together”...they may secretly be falling apart. Skype your Mom just because.

And don't forget that having these conversations will be cathartic, healthy and meaningful for YOU too.

I am a strong believer in talking things out with a trusted friend or relative, whether you've had a lousy hour, a horrible day or the best year of your life ... not just during a pandemic. Getting things off your chest, laughing it out, receiving validation (or a reality check!) is healthy & freeing for the SOUL.

Now, RIGHT NOW, literally more than ever, we all need to BE & STAY PRESENT for each other to get through this.



MOLLY M. PEARSON
MOLLY M. PEARSON

@MOLLYMPEARSON

SOME OF US ARE OBSESSED EVEN THOUGH WE KNOW THAT A VIRUS IS A VIRUS IS A VIRUS IS A VIRUS, AND ITS CONTAINMENT IS ONLY AS STRONG AS THE SOCIO-POLITICAL ACTIONS TAKEN TO SUPPORT THE PEOPLE MOST IMPACTED. I LOST 2 OUT OF 3 OF MY QUEER PARENTS TO AIDS, I KNOW THAT POINTING FINGERS, TRYING TO PIN WHO "GAVE IT" TO WHOM IS, AT BEST, AN EXERCISE IN FUTILITY, AND AT WORST, A QUICK WAY TO LOSE YOUR HUMANESS. I BELIEVE THIS. I FEEL THIS. I KNOW THIS. YET WHEN I AM CARING FOR MY CHRONICALLY ILL SURVIVING FATHER I SING "HAPPY BIRTHDAY" TWICE, FOLLOWED BY THE ABCS FOR GOOD MEASURE, RINSE, REPEAT. REPEAT. MY HANDS HAVE BECOME RAW AND CRACKED. SOMETIMES THEY BLEED. BETWEEN WASHINGS, I WINCE THROUGH THE BURN OF HAND SANITIZER, AND I THINK ABOUT MY DAD WITH A TUBE DOWN HIS THROAT LAST NEW YEAR'S EVE. I WONDER IF MY HANDS WILL EVER BE THE SAME AFTER THIS. I WONDER IF HE WILL SURVIVE. I SING HBD X2/ABCS AGAIN.



WHATEVER HAPPENS,
IT'S NOT MY FAULT. I KNOW THIS.
MY HANDS WILL NEVER BE THE SAME.

NICHOLAS D'AVELLA
NICHOLAS D'AVELLA
NICHOLAS D'AVELLA
NICHOLAS D'AVELLA
NICHOLAS D'AVELLA
NICHOLAS D'AVELLA

@NNIICCHHOLLASSSS

As an HIV and COVID doula, part of my practice involves rethinking the present through apocalyptic fantasy. I'm not quite sure what this does for me yet, but it is comforting for me as a way into the present moment. Speculative fiction is a tool through which foremother doulas like Octavia Butler and Ursula Le Guin, or contemporary writers like Torrey Peters, work to rethink our reality. In this Instagram post from mid-March, I recast the bevy of messages from corporate CEOs many of us have received in the key of zombie apocalypse.

If anyone's working on their mid-apocalyptic novel, remember to include emails from the CEO of every business they've ever patronized flooding in to let you know things are fine/different/bye.

Loyal customer:

While zombie herd growth in lower Manhattan has necessitated the closure of locations below 96th St., our uptown and Brooklyn locations remain open to serve you! We have increased disinfection cycles in all our stores and our staff are in daily contact with the CDC to make sure we are meeting or exceeding best practice protocols at all our branches.

Enjoy our 40% off sale and remember we are modifying our already-flexible returns policy through June 30!

PATO HEBERT
PATO HEBERT
PATO HEBERT
PATO HEBERT
PATO HEBERT
PATO HEBERT

Yesterday, I received a call telling me that I tested positive for the COVID-19 virus. Ever the artist, here are photos of me in the mask they gave me on Tuesday as I pulled into the parking lot for my test, before I knew the outcome.

I am sharing to help counter the stigma of this virus, to ground it and to make it real. To remember that care can look and feel like so many different things and that right now we must summon them all in our fragile, magnificent world.

I feel great rage, if no surprise, that the federal government responses have been deadly slow and inadequate. That our healthcare providers and caregivers and grocery workers are so under supported and imperiled. That testing and the most basic epi responses are only now slowly beginning to ramp up. That profits have been prioritized over people and the planet. That health necessities and food are considered commodities. That our people on the inside are at great risk. That our people without shelter are so

vulnerable. That national leadership still doesn't understand that healthcare is a human right. It cannot be tied to employment or the market. That childcare and eldercare are not valued, resourced and prioritized. That so many people are now without work and food, or will soon be. These gaps in funding and resources are by design. Some of us have been surviving them for centuries. It does not have to be this way.

So I am also moved by all of the amazing community organizing afoot, our interpersonal, local, regional, national and transnational systems of mutual care. We have to keep cultivating and expanding these care networks in all the ways that we can. I am grateful to have decades of collective HIV, feminist, QPOC, immigrant, class conscious, counter-ableist and popular education wisdom, tactics, strategy and community to guide, nourish and fortify us. I am grateful for folks who are doing the work on the daily, and stepping into and channeling their power rn.

I am also writing to tell you that I love you. And that I want you and yours to be well. To embrace joy and the important things. To live as we always have in our shared work together — with consciousness, consideration, critical thinking, compassion and care. This time will pass, and we will be both diminished and stronger for it. We will also be changed.

I already am. With today's rising sun I ask that I might have the gift of slowly continuing to evolve into my better self. More mindful of my selfishness and ego, greed and fear, ignorance and weaknesses, wobbly courage, wavering certainty, blessed potential, sacred breath.

I clear the bits of phlegm from my throat and open my lungs to it all, embracing that nothing is assured. But unlike so many others, too many thousands upon thousands of others, I will likely be fine. I am home and safe in LA, I have no fever, plenty of groceries and provisions, only very minor cold/flu symptoms, a Monday afternoon phone consult with a PCP just to be connected to medical expertise, surrounded by love and support, and I live four blocks from a hospital. So do not worry about me.

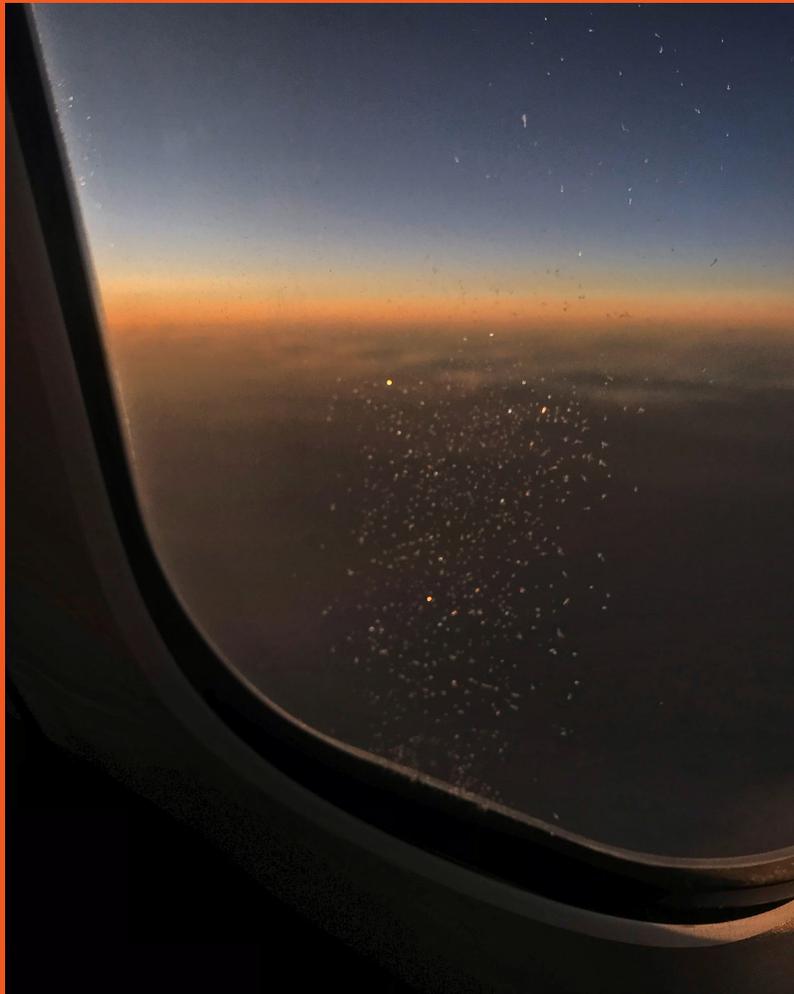
Instead, please practice renewed generosity, sharing in new and sometimes uncomfortable ways, principles of mutual and self care, love. And be gentle with yourselves as the work around us intensifies and exhausts.

I am diseased and well, fragile and strong, laughing and quiet, vulnerable and resilient, radiant and unsure, loving and loved. May you be loved and loving too.

@ Elysian Park, Los Angeles



A corona gets its lime (Brooklyn street hustle), March 10, 2020.



Crystallized condensation on window at sunset on flight from NY to LA, March 12, 2020.



Supporting my favorite mulita truck in mi barrio, their business already down 40%, March 17, 2020.

our now collectively
compromised
commune
system

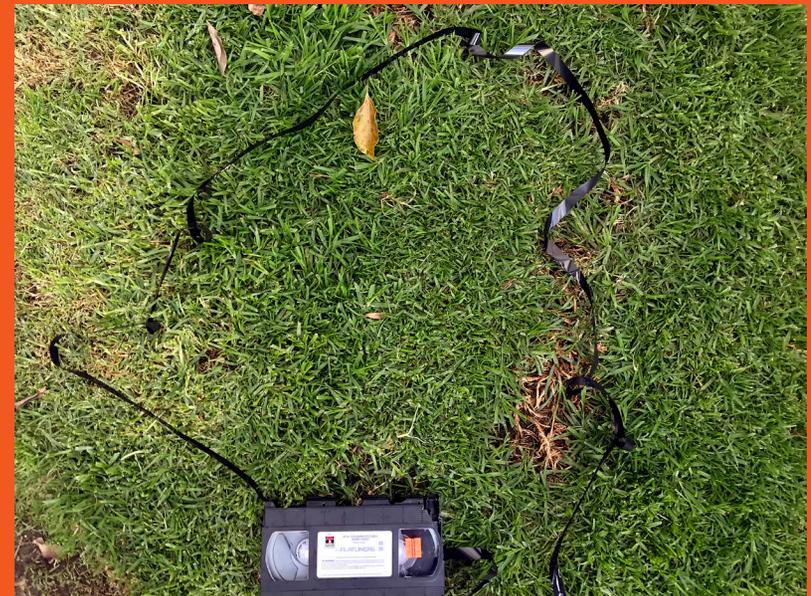
CAN BECOME

our collectively
improvised
commune & care
system



Video entrails on my block, March 19, 2020.

Meme: our collectively improvised
commune and care system, March
18, 2020.



Video entrails on my block, above, (*The Crying Game*), and, below, (*Flatliners*), March 19, 2020.

Video entrails on my block, above, (*Dangerous Liaisons*), and more below, March 19, 2020.



Spring flowers in Elysian Park,
March 21, 2020.



Selfie taken as I wait in line to be
tested in Elysian Park, March 24,
2020.



Free COVID-19 public testing site
in Elysian Park, March 24, 2020.



Mask I was tested in, March 24,
2020.

RIPLEY SOPRANO
RIPLEY SOPRANO
RIPLEY SOPRANO
RIPLEY SOPRANO
RIPLEY SOPRANO
RIPLEY SOPRANO

@KYLIEJENNERSAGORAPHOBIA

Hello, I am COVID-19 Doula and I am about to read a declaration of a state of war:

Faggotry is touching all of our lives ...

Faggots are revolutionaries and revolutionaries are faggots. If you want

to find us, this is where we are. In every bathroom stall hook-up,

8-bedroom queer house, every methadone clinic, where faggots are fucking for money, taking tinctures, writing on walls, and shooting up —

All faggots are fugitives from American justice

And we are free to go.

Within the next fourteen days we will 🤪👁️ REDACTED 👁️🤪 symbol or institution of American injustice. This is the way we honor the unnamed and disappeared: Robert Rayford, and Bobbi Campbell, and all those who first inspired us by their fight behind enemy lines for the liberation of our people.

SALONEE BHAMAN
SALONEE BHAMAN
SALONEE BHAMAN
SALONEE BHAMAN
SALONEE BHAMAN
SALONEE BHAMAN

@SALONEEE

Never again will we fight alone

being a doula is about holding space, and the space that seems so vital to hold right now is the generative tension created by responding to the immediate and urgent needs and fears of community while naming/framing the COVID-19 crisis in historical context. That means understanding this pandemic as a stress test that our government, our gaping and threadbare social safety nets, and our ever reducing workplace safety standards will fail in slow motion while never forgetting that failure will take a human toll that is uneven, unfair, unjust.

disaster is always the canvas for transition-- and a COVID-19 doula is poised to gently turn attention towards what could be different in the world we remake in its wake. maybe it's the

COVID doula's job to gather our collective anger and turn to power, and ask, "explain to me, like I'm a child: why can we bail out the banks but not offer everyone health care for free? Why is staying home from work a privilege for the wealthy? explain to us, in your words, why some lives are worth more than others in this system."

it struck me that the mutual aid projects responding to this crisis mobilized so quickly (grocery money, ad-hoc unemployment benefits, healthcare funds for sex workers, retail workers, restaurant workers, artists, theater workers, nail salon workers, musicians, authors) because our communities have had to hold each other tightly and provide for contingency in the face of state neglect for a long time. We have insurgent and hard-won knowledge about how to make a legume last for a long time, how to take care, nourish, and to protect your body when your work is touching others. the work of the COVID-doula is to share this information, to connect these communities, and think about who falls through first when society cracks under outside pressure.

I guess, phrased in another way, the work of the COVID-19 doula is to make space for softness so that we can look at this crisis unflinchingly, and not turn away from what is most difficult about it. it's about making space to talk about being afraid, and sharing your grandmother's recipe for dal, and crying on the telephone with

those you love. the work is asking your kin and kindred to be accountable to those who are more vulnerable than they are, even when it feels bad, and asking how you can make it easier. the work is also remembering that when the going got tough, some people fled for their beach homes-- but first, they took yoga classes that others cleaned up after and taught, they ate dinners others served them, and they drank craft cocktails others poured them. some people will be allowed to stay safe, and others are being asked to expose themselves so that we can keep this system going. it is not fair. it is not right. we cannot forget it.

STEPHEN MOLLDREM
STEPHEN MOLLDREM
STEPHEN MOLLDREM
STEPHEN MOLLDREM
STEPHEN MOLLDREM
STEPHEN MOLLDREM
STEPHEN MOLLDREM

[@STEPHENMOLLDREM](#)

On the following pages are several slides from a March 17th, 2020 Zoom presentation by Stephen Molldrem to the University of California, Irvine School of Social Sciences. Molldrem studies HIV/AIDS, LGBTQ health, and health data infrastructures in the United States. He spoke about how social scientists can play a role in contextualizing the current moment, bearing historical witness, and resisting the use of harmful narratives, stigmatizing discourses, and abuses of power in the collective COVID-19 response. View the talk [here](#).

Everyone should be following guidance on CDC's website, and checking it every day: [Coronavirus.gov](https://www.cdc.gov/coronavirus)

In the current COVID-19 pandemic, social scientists are best-positioned to contribute to the response by "keeping calm and doing our jobs." Major aspects of our jobs include using our wide-ranging forms of expertise:

- (1) to make sense of the current moment and to help our students, friends, and families do the same
- (2) to translate between different constituencies or communities with varying levels of health literacy
- (3) to support behavioral modification in our workplaces, homes, and communities that follow evolving public health guidelines
- (4) to help ensure that the COVID-19 response does not exacerbate existing social inequities.

Person diagnosed with COVID-19 ✓

Person who has been exposed ✓

Person practicing social isolation ✓

Person practicing social distancing ✓

Social scientists can and should actively work in our classrooms, communities, and professional circles to resist the use of stigmatizing language and moral panic discourses in the response to COVID-19.

"Patient Zero" "Super-Spreader"

"Chinese Disease" "PUJ"

Social scientists can reinforce, affirm, and normalize recommended behavioral changes to support public health goals in the short term (e.g. emergency measures like social distancing, self-isolation) and in the long-term (less extreme measures TBD).

STEVEN G FULLWOOD
STEVEN G FULLWOOD

@THELUXEXPERIMENTDELUXE

If It's Any Consolation: In Response to "What does a COVID 19 Doula Do?"

Social Distancing is a strange, uncomfortable phrase to me. Given that people need each other more now than ever, I need people more now than ever, the emergence of pandemic COVID 19 feels like a dark prank. Really, it does. Indulge me. Even before the last presidential fiasco of an election, people have been making incremental social progress. There's a feeling in the air that things can get better, will get better by upending sexism (#metoo, thank you, Tamara Burke), by surfacing/ rethinking gender (thank you, trans folk) and by identifying/critiquing white misanthropy (can't really call it supremacy, as there's nothing supreme about it). Social Distancing feels anti-antidote. Like deliberately pouring acid onto new conversations and fragile alliances struggling to

get to know one another. Corona is absolutely no fun.

What does a COVID 19 Doula Do? Bear witness.

Sure, I don't want to catch COVID 19, or as I like to call it, The Rona, but I'm weary of resultant anxiety and crazy. Anxiety because I live in NY and therefore have enough, thank you. Crazy because some fool bought 17,700 bottles of hand sanitizer and nowhere to sell them ('tis true, see The New York Times for deets.) Crazy in New York is commonplace. A bouncy fat rat on the subway platform. A buff naked man walking down the street like we're crazy for looking at him. We trade in anxiety and crazy here. Oh, and it's kind of spring because NY didn't have a winter and I have allergies that give me headaches and congestion and it's not corona or influenza, okay? Right. Right?

What does a COVID 19 Doula Do? Look around.

The Rona offers up anxietycrazy that appears to have surfaced our collective fears about the world ending, which has been ending for-ever now. In real-time, Harlem is like most densely populated areas, ghostly. Whole Foods and other groceries in my neighborhood exhibit empty shelves and freezers. Long lines filled with frustrated people frowning under their surgical

masks. Masks confound me. Are people sick and do not want others to catch the virus, or are they people who fear being sick and don't realize that masks don't necessarily prevent you from catching the virus? I've read that if you don't have a N95 mask, you might as well be going to a Halloween party.

March 13, I posted this message on Facebook:

What's the Rona teaching/affirming for you?

I'm an über hugger and handshaker. Now I'm an elbow-to-elbow kind of Negro, for now.

I've become so much more aware of what I touch throughout the day.

I'm fortunate as finance that I have a job that allows me to work from home.

All we have is each other.

That post only got a few responses and jokes, much less than I expected, nay, wanted. Someone say something, please. Barber shops are going to kill us, said a writer. I'm in the demographic and experiencing health challenges so I need to be careful, said a good friend. Then I posted Nine Inch Nails videos out of frustration. Something to jar the senses and to make me feel...useful. Alive.

What does a COVID 19 Doula Do? Confess.

I've been lost myself in a miasmic funk for days now. Like I'm lying down on a bench waiting for a ride from an unknown driver to a place I'm not sure I want to go. Nodding off but not resting. Unable to work on projects. Just television shows and updates on The Rona.

But oh, my fingers feel good typing this rough essay. Call it a temporary reprieve from binging YouTube, being alone my apartment, four cancelled freelance gigs, ignoring texts, the knob turned up on my cosmic anxiety, my head, my head, my head...

I can't end this essay because we're just getting started.

TAMARA OYOLA-SANTIAGO
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TAMARA OYOLA-SANTIAGO
TAMARA OYOLA-SANTIAGO
TAMARA OYOLA-SANTIAGO

BRONXMOVIL@GMAIL.COM

We as doulas would care for the most vulnerable by doing street-based mobile harm reduction that is linguistically and culturally-centered and that incorporates COVID-19 information. Folks who use drugs and who are housing insecure and/or experiencing homelessness are facing multiple additional threats due to the virus, its health consequences, and distancing. As doulas we would shift the narrative to physical - not social - distancing and incorporate occupational safety measures and 'old school' elements like walking the neighborhood and phone trees when doing our work.

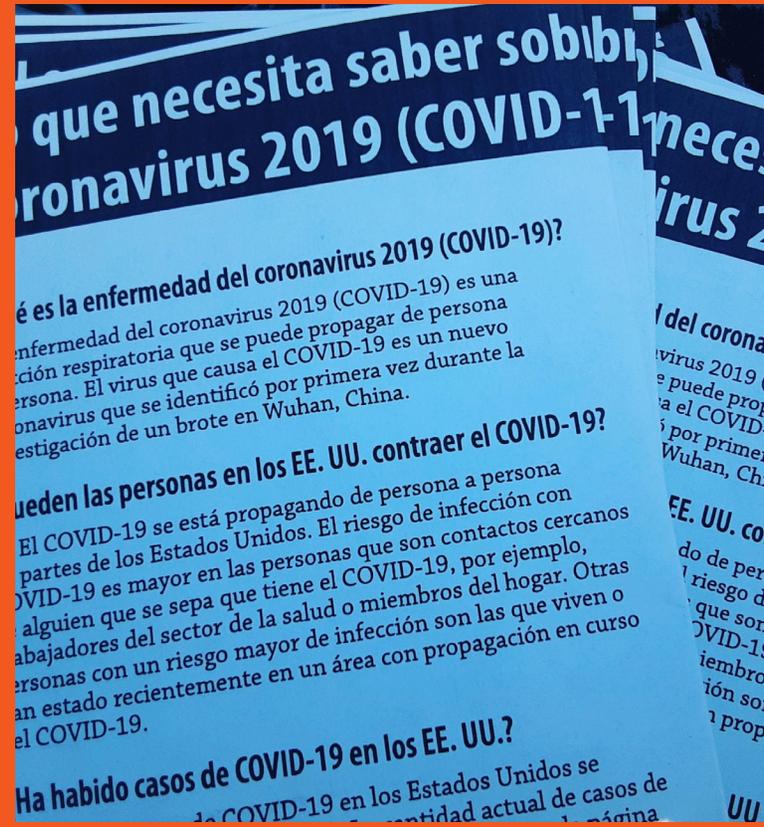


What does it mean when agencies close?

Libraries are closed, so where do our participants go now for their online information and to use the bathroom & wash their hands? Who has a home to go to? How can we care when we are to isolate? Even in the midst of a pandemic, we must continue to humanize and hold space and provide vital public health services and health promotion.

I am part of Bronx Móvil, a mobile street-based completely bilingual (Spanish/English) community of harm reductionists in The Bronx. We decided to do outreach and program provision March 14-15. In fact, since then, we have continued to do outreach but shifted our routes from car-based to walking and have limited the outreach to our home neighborhoods. This decision of continuing to do our work was made via consensus by the volunteers and we have incorporated occupational safety measures, like

limiting physical contact, wearing gloves that are discarded and replaced between each outreach stop, and sanitizing our hands every time we replace gloves. We have incorporated COVID-19 information from the CDC and NYCDOHMH, all in Spanish. We provide our usual -harm reduction kits and syringes, food and water. And we hold countless side walk dialogues on what is the coronavirus, where to go for care (shelter vs ER), which fixed syringe services providers remain open, getting dope sick and rationing drugs now to save for later, and how to distinguish COVID-19 symptoms from other health conditions. The neighborhood walks, taking time to listen, meeting people 'where they're at' physically, emotionally and harm reduction-wise are what doulas are all about.



I am most worried about the elders in my life. Laura lives here; she is the caretaker of my building, long time resident, Italian immigrant, who raised her four children here. I leave bags of goodies on her door, something i started doing as soon as I moved here 10 years ago. When we did see each other — pre COVID-19, we would kiss and hug and chat. Now we give love from afar. Usually I would have peeped in thru that door for a hallway check-in. Today we chatted from afar, from one end of the hallway to the other. I can't wait to hug her. #lifecontinues #physicaldistancingsucks #lovethyneighbor #covid19 #eldersareamazing



@flordepascuas

Day 7 of physical distancing and social solidarity. Cabin fever has slowly augmented day by day. I take a walk each day in my neighborhood in The Bronx, Belmont, also known as Little Italy. Each day there are less folks out and about; it feels good to see that folks are responding to the public health call for distancing. It also reinforces my love for my community and neighborhood because community care is being practiced. I do miss the eye contact and hellos from my neighbors. #covid19 #cabinfever #lonewalks #physicaldistancing #communitysolidarity



THEODORE (TED) KERR
THEODORE (TED) KERR

TEDKERR.CLUB

TO READ WITH FRIENDS

WE NAME OUR FEARS

WE HOLD SPACE AS OTHERS NAME THEIR FEARS

WE THINK THROUGH OUR FEARS, TOGETHER

WE FEEL THROUGH OUR FEARS, TOGETHER

WE ORGANIZE WITH AND BEYOND OUR FEARS

WE IMAGINE WITH AND BEYOND OUR FEARS

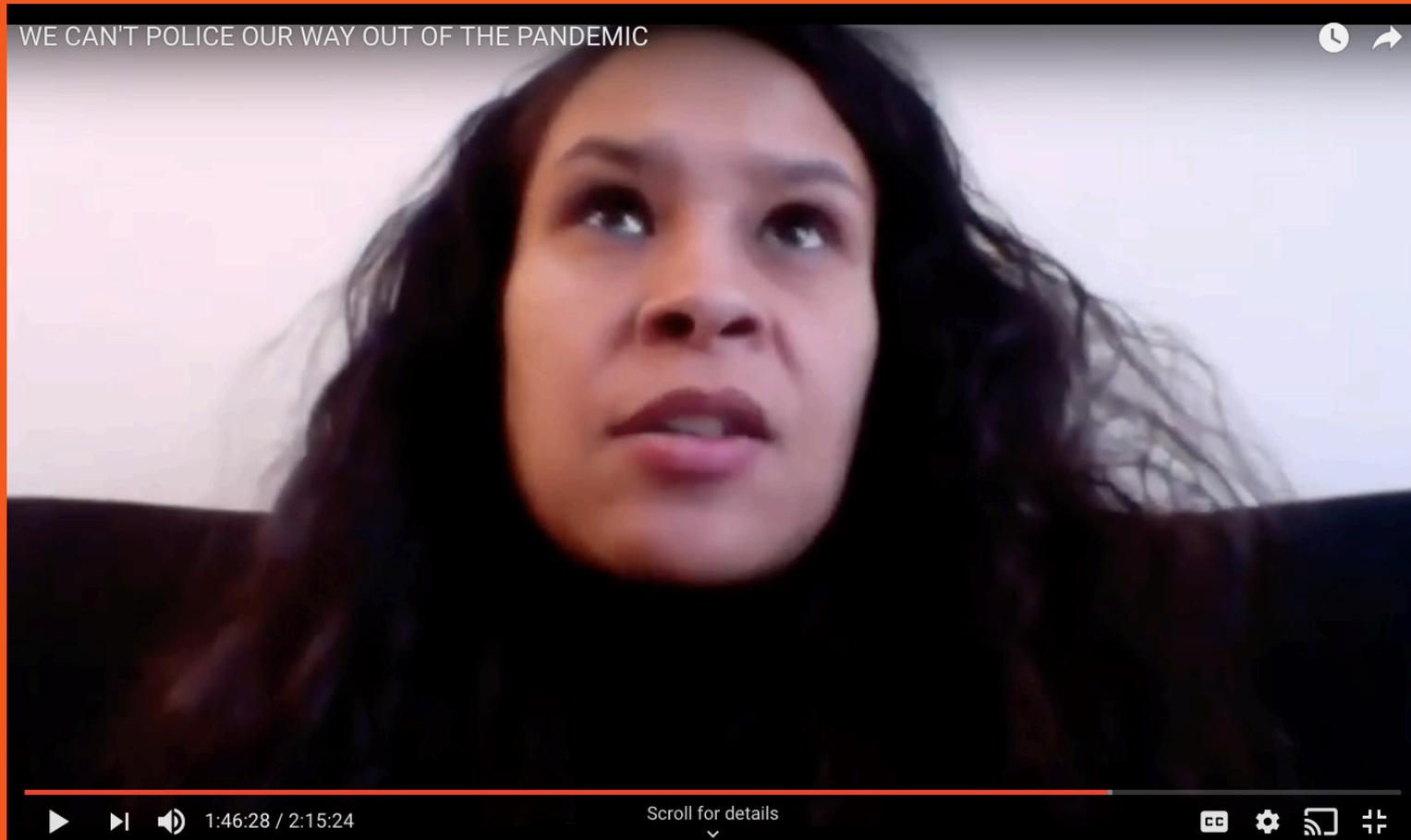
WE DON'T CALL THE POLICE

WE LEARN TO CALL EACH OTHER

OUR FEARS ARE REAL

OUR OPTIONS ARE REAL

WE ARE NOT ALONE.



Poet, professor and activist El Jones speaking during [We Can't Police Our Way Out of the Pandemic](#). Get connected at: policingthepandemic@gmail.com.

TONY VALENZUELA
TONY VALENZUELA
TONY VALENZUELA
TONY VALENZUELA
TONY VALENZUELA
TONY VALENZUELA

TONYVALENZUELA@GMAIL.COM

I don't panic. I don't respond well to doomsday scenarios. I spent years in the 80's and 90's in terror of getting AIDS and for what? I got HIV anyway and on the day I received my results in February 1995 I felt relieved. Why? Because I could let go of the terror of the unknown and deal with a new set of facts. Fear is an unsustainable way of living, at least for me. I prefer clear, fact-based information with which I'll make my own decisions. This is not denial, it's an aversion to alarmism.

I spent the weekend in the hospital with my 85 year old dad who was admitted for a dangerous-at-his-age urinary tract infection. I washed my hands 50,000 times, elbow bumped with the nurses and doctors, and did what I could to keep my dad safe. He's recovered from his infection and was admitted to a rehab nursing facility where he'll recover his strength so he can walk

on his own again. I wasn't allowed into the rehab facility. They're protecting the patients, as they should be. My family and I will check in with him daily by phone.

I returned home to 24/7 COVID-19 news. My organization cancelled a May fundraiser. We moved all our meetings to virtual. There's plenty of work to do internally until we can return to our external lives. My nonprofit industry is taking a hit and my Executive Director colleagues are supporting each other, helping each other however we can to get through the next few months.

For me, this crisis is a time to do whatever is needed. Personally, that means I'm staying calm and clear eyed for my board and staff, for my community and neighborhood, for my husband and family, and for my dogs. You won't see me panicking (not until we run out of toilet paper, that is).

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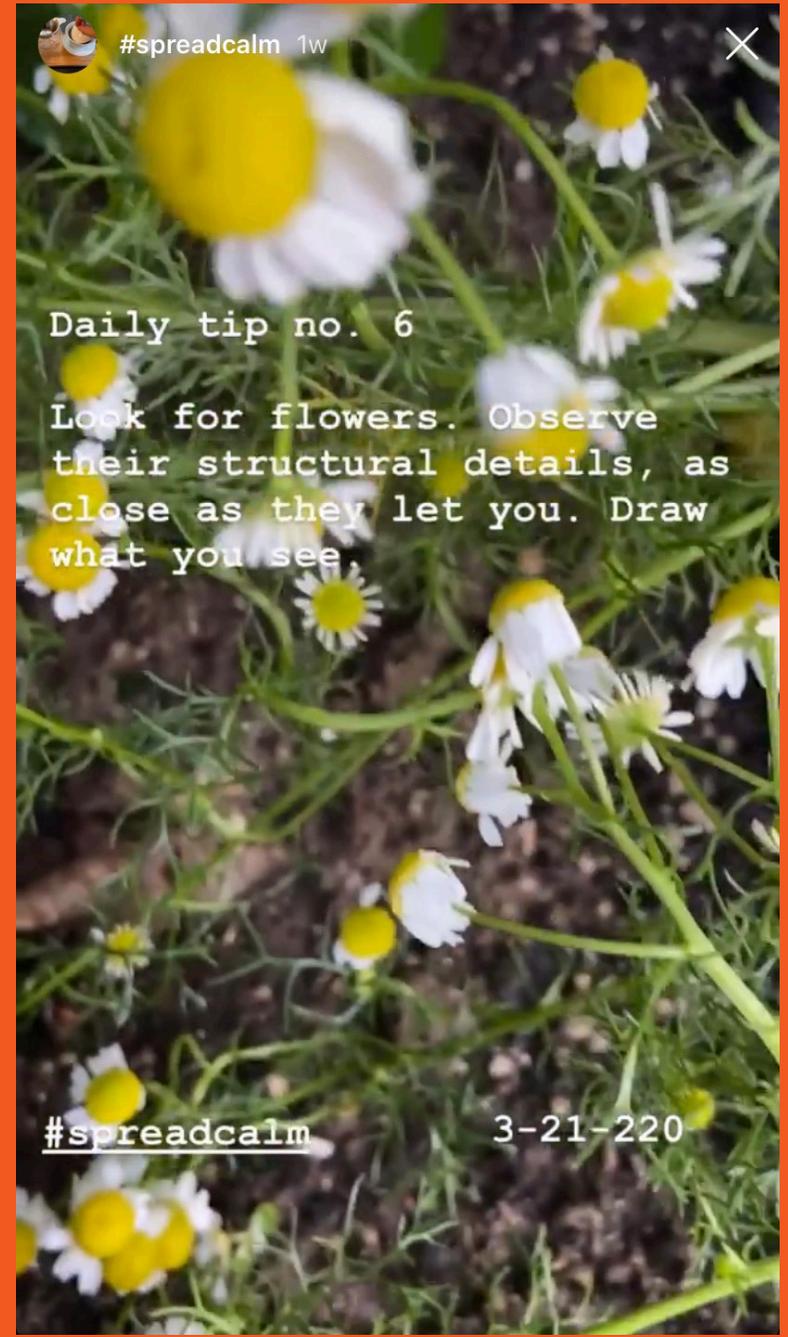
@WFUMIHSU

I used to get daily health tips every time I went home to visit my family in Virginia. My loving aunt CL gave me health tips every time I saw her in the kitchen or the garage. These tips are informed by syncretic mix of homeopathy, Chinese medicine, and Western medicine often about what to avoid eating, what to eat when sick, what to eat to build immune system, how to not touch food, stress relief, etc. I cataloged each tip inside my brain, each in a file that later became a sense of intuition. On days when I wasn't in the mood to understand the rationality behind each tip, I collected the tips anyway, as a mimetic exercise of doing, in hopes that doing through collecting, I will eventually absorb the wisdom.

Care is daily. Care consists of micro actions and actionable ideas. Care is a gift. Since March 16, 2020, I have been offering a #spreadcalm tip a day on Instagram. Some are practical, others are imaginative. All are embodied in some way.









The What Does a COVID-19 Doula Do? zine project grew out of the exhibition *Metanoia: Transformation Through AIDS Archives and Activism*, organized by the ONE Archives Foundation and The Lesbian, Gay, Bisexual & Transgender Community Center New York; and curated by Katherine Cheairs, Alexandra Juhasz, Theodore (ted) Kerr, and Jawanza Williams for *What Would an HIV Doula Do?* (WWHIVDD).

The zine project is funded by the ONE Archives Foundation as part of the exhibition *Metanoia: Transformation Through AIDS Archives and Activism*.

This zine was made by Fag Tips.

This zine is set in a font developed for the United States Federal Government, Public Sans: “A strong, neutral typeface for interfaces, text, and headings.” This zine asks what that could mean?

