An Uprising Comes From the Viral Underclass

And the Black Lives Matter movement could be the vaccine the country needs

By Steven W. Thrasher
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Last week, as an-ever larger portion of the world rose up in a rebellion triggered by his killing, an autopsy revealed that the late George Floyd had tested positive for the novel coronavirus, though it hadn’t factored into his death.

It is not surprising that this virus, such a marker of our present crisis, got into Floyd’s body before the Minneapolis Police Department took his life. Nor is it surprising to consider Breonna Taylor—who was killed by police in Louisville, Kentucky, two months before Floyd was killed.
in Minneapolis—had been working as an EMT helping to take care of people infected by the coronavirus.

The virus didn’t kill either of them; police did. But both Floyd and Taylor are part of the viral underclass—a population harmed not simply by microscopic organisms but by the societal structures that make viral transmission possible. Viruses directly affect the lives of people who become infected. But the bodies of the viral underclass are made needlessly vulnerable, and that vulnerability shapes their lives and their communities, even if individual people ultimately don’t become infected or killed.

The viral underclass has existed across centuries in many societies. But the out-of-control spread of the novel coronavirus in the United States has demonstrated the ways this country particularly sustains and promotes such endangerment. When we follow a virus—HIV, SARS-CoV-2, hepatitis B or C—we find all the fault lines of the society it is infecting.

This became apparent to me as a journalist when I was en route to Ferguson, Missouri, in August of 2014, to report on the uprising triggered by the police shooting of Michael Brown. Earlier that year, I had reported near St. Louis about the arrest and prosecution of Michael “Tiger Mandingo” Johnson, a Black, then-23-year-old college wrestler living with HIV who was facing life in prison after being accused of recklessly exposing six other men to HIV. When I returned to St. Louis to investigate another young Black man named Michael, I asked the HIV professionals I had met on the Johnson story what I should look for in Ferguson.

They told me they had recently been in the Canfield Green apartment complex, by the scene of Brown’s killing, because there had been new cases of HIV in the region and the area was known to have a high rate of HIV/AIDS. It was a revelation to me that following a police violence story would bring me to a community already affected by AIDS. At that moment, much of America was starting to look at maps of police killings and seeing that they overlapped with where poor Black people lived—and as I began looking at HIV/AIDS maps, I realized these were all the same maps. Where you’d find policing, you’d find poverty, and Black people, and new cases of HIV, and untreated cases of HIV—which, untreated, proceeded to AIDS, and to AIDS deaths.

The viral underclass was on my mind again when COVID-19 hit the United States, as it became obvious who it was hitting and how: as the disproportionate impact on Black people quickly became obvious, as a study in one section of San Francisco found not a single white person tested positive for COVID-19, as the coronavirus crashed into the wreckage left by the opioid epidemic, and especially when COVID-19 took the life of activist Lorena Borjas. Known as the “Mother of the Trans Latinx Community” in Queens, New York, Borjas had started a bail fund a decade prior to her death. Her dedication to sex workers, immigrants, and trans people included trying to spring folks from Rikers Island jail to save them from the coronavirus hot spot, even while she was on her deathbed from the virus herself. Her body had already been rendered so vulnerable in the U.S.—by racism, by transphobia, and by incarceration—that it was a likely target of the coronavirus.

The cracks for people to fall through are widening. Within months of the first coronavirus case being confirmed in the U.S., more than 40 million people were out of work, perversely including
nearly a million and a half health care workers. Meanwhile, approximately 27 million people lost their health insurance, which will make death by the virus ever more likely. A quarter of all Americans now rely upon food donations; even before the pandemic hit, white people were a plurality of those using food stamps. And the way the U.S. is trying to manage this expanding crisis is to punitively police it. With tens of millions falling into poverty, police will be dispatched to evict those behind on rent, to arrest those engaging in the informal economy, and to even kill someone alleged to have used a $20 counterfeit bill or to be living in a drug-drop house.

This is why so many people are spilling into the streets in all 50 states—led, as they’ve so often been, by Black activists. The Black protest tradition in the United States has a long history of fighting for a broad, multiracial swath of the American people. Among the 10 demands of the 1963 March on Washington for Jobs and Freedom was for a “massive federal program to train and place all unemployed workers—Negro and white—on meaningful and dignified jobs at decent wages.” When he was killed in April of 1968, Martin Luther King Jr. was planning the Poor People’s Campaign, an intended occupation of the National Mall of poor Black, Hispanic, and white people living in a shantytown. (This plan would influence the Occupy Wall Street movement four decades later.) And shortly after King’s death, the Black Panther Party was influential in the beginning of the gay liberation movement and the Section 504 disability rights movements of the 1970s.

So it’s fitting that it is the Black Lives Matter movement—formally begun in 2013 but really the latest iteration of generations of Black freedom fighters—which is leading America out of a crisis affecting white, Black, Asian, Native American, Latinx, queer, disabled, and middle class people. As Black people have organized against the connected crises of the virus and policing, they’re giving the viral underclass a map toward liberation. Facing the contagion of financial ruin and with time at home, many white people have realized (perhaps for the first time) that they have far more in common with other members of the viral underclass than they do with the ruling class.

The Black radical tradition may be our best hope for a vaccine.

I did not come up with the phrase “the viral underclass” on my own but first heard it in the summer of 2018, shortly after Michael Johnson’s HIV sentence was overturned. It was at a conference called the HIV Is Not a Crime National Training Academy, where activists from around the country gathered to strategize about repealing laws that criminalize HIV transmission. Some of the activists did not like how efforts were underway to reform (and not abolish) HIV laws. Such reforms argued that people who had access to HIV medication that made their viral loads “undetectable,” and thus unable to be transmitted to others, should not be able to be prosecuted under HIV laws, while people who had detectable viral loads should still be vulnerable to prosecution.

But people living with HIV who are not virally suppressed are disproportionately Black and homeless and often can’t get access to expensive medications. Leaving them behind, the activists argued, created a viral underclass.
Sean Strub, one of the main organizers behind the conference, coined the phrase viral underclass a decade ago, when he wrote:

Nothing drives stigma more powerfully than when government sanctions it through the enshrinement of discriminatory practices in the law or its application. That is what has happened with HIV, resulting in the creation of a viral underclass of persons with rights inferior to others, especially in regard to their sexual expression. After nearly 30 years of the epidemic, people who have tested positive for HIV continue to experience punishment, exclusion from services and a presumption of guilt or wrongdoing in a host of settings and for a host of practices that are, for those who have not tested positive for HIV, unremarkable.

As this coronavirus has grown to affect the day-to-day experiences of billions of people, I’ve expanded upon Strub’s phrase, as a framework for understanding how vulnerability is manufactured for certain kinds of people such that they’re susceptible to viruses, as well as to understand how viruses themselves can then shape vulnerable populations.

One of the ways such vulnerability is manufactured is when people—especially but certainly not exclusively Black people—become more at risk for viral exposure through policing. It is no coincidence that, according to Johns Hopkins University, the United States is home to about 1 out of every 4 of the 400,000 COVID-19 deaths worldwide and that it’s also home to about 1 out of every 4 prisoners in the world. We are roughly 5 percent of Earth’s population but account for 25 percent of the world’s prisoners and COVID-19 deaths. That the wealthiest nation on Earth has the most coronavirus deaths is because we put resources into policing, militarism, and punishment that we haven’t (yet) put into public health.

America is not alone in creating a viral underclass. Brazil recently surpassed the U.S. for the dubious distinction of being home to the most daily coronavirus deaths. About eight countries in Europe, topped by Belgium, the United Kingdom, and Spain, have higher rates of coronavirus per million than the U.S. In the U.K., Black people have died of COVID at four times the rate as white people have. But the U.K. also has the National Health Service, and those who survive the coronavirus aren’t plunged into economic ruination as they well might be in the U.S. Certainly among industrialized nations—and particularly in failing to support people financially during lockdowns—America leads the way in creating superspreader conditions in which viruses, poverty, and poor health can reproduce exponentially.

This is not only about anti-Blackness. A wide variety of viruses and bacteria (HIV, hepatitis B, tuberculosis, the coronavirus) thrive within America’s largest-on-Earth prison population, and while people in prison are disproportionately Black, 40 percent of white men in the U.S. have been arrested and most people in prison are white. Meanwhile, because disability is equated with disposability, the lieutenant governor of “red” Texas openly mused that the elderly should die of the coronavirus to help the economy, while in “blue” New York, 4,500 people recovering from COVID-19 were sent to nursing homes to recuperate, which led to more death. President Donald Trump failed to invoke the Defense Production Act to make masks to protect people, but he did invoke it to keep meatpacking plants open, which became powerful hot spots for spreading the coronavirus (as pig farms were vectors in spreading H1N1, or “swine flu,” in 1998).
U.S. citizens have a hard time understanding that—while there’s a viral underclass within the country, the country might be the underclass of the world. We are a “failed social experiment,” as Cornel West put it. Other countries may treat the U.S. as pariahs for years because our society allowed for uncontrolled community spread, staggering unemployment, and horrific levels of death. The nation’s massive wealth was not used to provide prophylaxis from this virus for the many; it just concentrated upward.

For a long time, we couldn’t see it. But the U.S. may also be offering ourselves and the world a vaccine of sorts: the Black Lives Matter movement.

It is bringing together members of the viral underclass who are Black—who experience health disparities across class lines—and people who are disaffected because of disability and economics. This has led to Black-led protests around the globe, from Minneapolis to Seoul, Tokyo and Rome. Protests in the United States have led to amazing progress already, particularly as calls to defund the police and abolish prisons merge with demands for true support for public health. They have also overcome one of the biggest problems in U.S. politics: that voting doesn’t provide a feedback loop for what people actually desire. Overpolicing and under investing in public health have plagued states that vote “red” and “blue” alike. The protests have accomplished what the ballot could not.

Viruses can be very dangerous. But they are good at exposing the myth that we live as discrete individuals. Viruses show that just as we share the air we breathe, we share our bodies, we share the collective body of the Earth—and a virus passing between us can remind us we need to take care of one another and of our shared ecosystems. Understanding and embracing this can lead us away from selfish politics and toward a new politics of communal care and understanding—to create the kind of multiracial, multinational uprising we have been seeing in the past few weeks.

But while it’s been a multiethnic coalition, it is great to see it being led by Black people. As Texas A&M professor of urban planning Andrea Roberts, Ph.D., wrote on Twitter, “I never again want anyone to say theorizing doesn’t lead to change. Black feminist theory and intersectionality informed the creation of black lives matter. We’d never be this close to change without powerful black queer women organizing & theorizing.”

In the past, when I’ve thought about what a world without AIDS would look like, I’ve thought about the words of the 1977 Combahee River Collective statement, which coined the concept of identity politics.* In writing about working in coalition, they wrote, “We might use our position at the bottom, however, to make a clear leap into revolutionary action.” This could benefit everyone, because, “[i]f Black women were free, it would mean that everyone else would have to be free since our freedom would necessitate the destruction of all the systems of oppression.” A world without AIDS would mean everyone had gotten the food, medicine, and shelter they needed and would, thus, be free.

What would a world without COVID-19 look like, or a world without a viral underclass more broadly? It would be a world where HIV medication invented 25 years ago would be so freely available no one with HIV would have to needlessly go to jail or die from AIDS.
It would be a world where George Floyd and Breonna Taylor and Michael Brown wouldn’t have had to die, because the same resources that could have protected the communities they lived in from viruses wouldn’t have been siphoned off to the police who took their lives.

Correction, June 13, 2020: This story originally put the date of the Combahee River Collective statement as 1997. It was 1977.

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