

BOOK CLUB KIT

“At once precise and sweeping, rigorous and inviting...”
—NAOMI KLEIN, *New York Times* bestselling author of *This Changes Everything*

THE VIRAL UNDERCLASS



THE HUMAN TOLL WHEN INEQUALITY
AND DISEASE COLLIDE

STEVEN W. THRASHER

Foreword by Jonathan M. Metz, author of *Dying of Whiteness*

DISCUSSION QUESTIONS

- 1 Before you read *The Viral Underclass*, how did you view the stigma about viruses, especially HIV? Have your views changed now that you've read the book? How?
- 2 Did reading this book challenge your opinions of "superspreaders" or the idea of "patient zero"? Do you find that you are now blaming different people and entities for the transmission of viruses?
- 3 Did you watch the movie *Parasite* before reading this book? Have you watched it since? What do you notice now about the movie that you didn't pick up on before?
- 4 Discuss Michael Johnson's initial thirty-plus year sentence. What would it take to prevent others in his situation from receiving similar sentences?
- 5 Do you know anyone who suffers from addiction? Have you witnessed them being treated unfairly? How has reading about the murder of Zackie Oh or what happened in Cabell County affected the way you think about what this person is going through?
- 6 Discuss the complicated relationship between the U.S. government and workers who are undocumented. In your opinion, what are the biggest hurdles to overcome? You may also want to consider setbacks that have occurred since the publication of this book.
- 7 While it's easy to blame one political party or the other for the response to COVID-19, what might the federal government have done better during the pandemic? Or during the outset of the AIDS epidemic? Which vectors that make a viral underclass do you think change depending on which party is in office, and which are largely unchanged?
- 8 What conceptual prophylaxis do you benefit from? Before reading this book, have you ever thought about your privileges (perhaps money, race, education, access to health care) as being the only things standing between you and infection, addiction, or incarceration? How does this change the way you think about people who don't have your same privileges?

DISCUSSION QUESTIONS

- 9 Were you surprised to learn that a large factor in the COVID-19 vaccine being offered for free is that the government needed laborers to keep working? Were you surprised to learn that the COVID-19 vaccine's global rollout was so slow partly because of the patent, whereas the polio vaccine has not been patented? How did these realizations make you feel about what you and others went through during this time?
- 10 Did you know anyone who lived in a nursing home during COVID-19 lockdown? Did their experiences change the way you feel about nursing homes? Do you have any suggestions for alternatives for people who need this kind of care?
- 11 Did you know anyone who died of COVID-19? Did lockdowns affect how you were able to mourn? What resonated with you while reading this book in thinking about the deaths and lives of those you lost?
- 12 Discuss the connection that the author makes between the spread of viruses and the meat processing industry. Do you have ideas on how to stop the spread along these vectors? Should people eat less meat? Or are there ways to make working conditions safer?
- 13 Why do you think the author chose to put himself into the book? What about his decision to explain his ideas through the lens of a handful of specific people? How did these personal stories affect your experience of the concepts discussed in the book?
- 14 What emotions did you feel while reading *The Viral Underclass*? Did anything in particular make you feel outraged? Did any particular story make you cry? Did any surprising fact cause you to spring into action?

AN INTERVIEW

with Steven W. Thrasher



STEVEN W. THRASHER, PHD holds the inaugural Daniel H. Renberg chair at Northwestern University's Medill School, the first journalism professorship in the world created to focus on LGBTQ research. He is also a faculty member of Northwestern's Institute of Sexual and Gender Minority Health and Wellbeing. His writing has been widely published by *The New York Times*, *Scientific American*, *Nation*, *The Atlantic*, *Journal of American History*, *BuzzFeed News*, *Esquire* and *New York*. In 2019, *Out* magazine named him one of the 100 most influential and impactful people of the year, and the Ford Foundation awarded him a grant for Creativity and Free Expression. An alumnus of media jobs with *Saturday Night Live*, the HBO film *The Laramie Project* and the NPR StoryCorps project, Dr. Thrasher has also been a staff writer for *The Village Voice* and a columnist for *The Guardian*. He holds a PhD in American Studies and divides his time between Chicago and New York. *The Viral Underclass* is his first book.

What is “the viral underclass”?

The viral underclass is a way to think about the kinds of populations repeatedly put in danger by viruses, and to think about why and how they are put in danger. If you look closely, you can see a viral underclass made at every juncture: at moments of “zoonotic jump” (when viruses transmit from nonhuman animals to humans), while transmitting between humans, during treatment, and in facing death.

Regardless of the particular virus, Black and Latinx people, people without homes, migrants, LGBTQ folks, shift workers, and people living in the Global South are hurt the most. This is because of “the isms”: ableism, racism, sexism, capitalism.

So, a theory of the viral underclass doesn't just let us see who is affected by literal viruses; it's also a prism for seeing what's plaguing society beyond viruses. And if we centered the viral underclass and addressed what is really harming them, it would make life healthier for almost everyone.

For years you've studied viruses — primarily HIV and hepatitis B — and how they impact marginalized communities, politics, and law. What similarities did you see in how COVID-19 has affected those same communities? What differences?

When people started dying of COVID in the U.S., I looked at maps in New York and in St. Louis — two cities where I have studied HIV — and I saw people were dying of COVID in

the same neighborhoods as they'd died of AIDS. In one way, it didn't make sense. HIV and SARS-CoV-2 are very different viruses, with different modes of transmission and different qualities. Everything with COVID happens so fast compared to HIV! It can take seven, 10, 15 years from the moment of an HIV transmission in a community until an AIDS death, while a COVID transmission can kill many people in mere weeks. And yet when I started looking at maps of COVID and AIDS deaths, despite all the differences of the viruses that cause them, they were happening to the same kinds of people, in the same places. Increased mortality isn't driven by the viral outbreaks alone, but by 12 major social vectors I outline in the book. The summer the hardcover of *The Viral Underclass* came out, there was a global outbreak of mpox (on "monkeypox"), an orthopoxvirus that had very different biological qualities from HIV and SARS-CoV-2. And yet, it disproportionately affected the same populations I had outlined in the book — people who were Black, gay, trans, poor, incarcerated, and/or unhoused — because of the social vectors.

In your book, you explore the stories of people from this viral underclass. Whose story has stayed with you most?

Except for the politicians and business tycoons, I love pretty much everyone in this book. Everyone who shared their story with me personally, or who revealed themselves to me from beyond the grave, occupies a place in my heart. But if I had to pick just one story which has stayed with me the most, I'd say it was the story of Lorena Borjas. As a transgender immigrant, she transgressed borders of gender and nation. She lived with HIV for many years and survived human trafficking. She dedicated herself to helping others for decades, passing out food, condoms, and sterile needles on the street. She created bail support networks to get poor people out of jail quickly, long before community bail funds were a thing. She'd show up for other transgender women at court arraignments, even if she didn't know them personally, just so the judge might see someone cared about them. And after surviving all of that, she was the first person in my extended social circle to get COVID. Her loss to her familia was immeasurable.

Looking forward, what are the first steps toward creating a world where the viral underclass does not exist?

An important step was taken by the United States as I finished edits on this book, when the Biden administration supported suspending patents on COVID vaccines at the World Trade Organization. That was a first step: to prioritize human life over intellectual property. Another is letting viruses teach us, because they can lead us toward a new politics of care. If we let them, viruses will teach us that we must take care of one another before, during, and after moments of transmission. Finally, a step to take right now is to learn from what has worked in the COVID pandemic. In the U.S., if people needed a test, treatment, or vaccine for the novel coronavirus, they could show up and get them. Free. It was paid for by the bounty of our society. Now that we know we can do it and people have gotten used to it, we need to take a step toward universal health care. That would not only mitigate or prevent the next viral pandemic, it would free the viral underclass (and the middle class) from medical debt, eviction, and homelessness — from the things truly plaguing our world.