

Networks of Coexistence in Vulnerable Settings

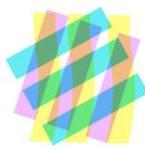
Ivan L. Munuera

My name is Iván Lopez Munuera. I am an academic, critic, and curator of art and architecture. I live in New York and my work explores the intersection of culture, technology, politics, and bodily practices in the present day around the world. I teach at Bard College in the architecture and human rights departments and in the Center for Curatorial Studies.

My work aims to build bridges and connections between architecture and HIV/AIDS specifically. In other words, how not only was there a series of places where activism, the fight against HIV/AIDS emerged in the early 80s, for example, hospitals, laboratories, and places for protest and organisation, but also how architecture shaped certain epidemics. I mean, how the architecture of nightclubs, something which I will discuss later, gave rise to a type of activism and type of relation to HIV, which were a revolution in the engagement with earlier epidemics.

One of the fundamental questions in understanding the relationship between architecture and epidemics is thinking about contagion itself. Contagion is always a function of close contact, something which over the last 18 months with COVID-19 has started to become really uncomfortable. We have to consider that the ecological destruction perpetrated by colonial capitalism created the conditions for many epidemics to begin, for many jumps between species to occur. Let's turn our attention to, for example, cholera, Ebola, AIDS, and many of these epidemics have started to break out, to jump between species, in what is termed the zoonotic jump, much more frequently. Protocols concerning controlling the spread of contagion have generally been drawn up by public health authorities as a way of also shaping buildings or cities, from hospitals all the way to public spaces.

Yet, beyond ideas from a European or American setting, in other words, a Western setting, public health has also been a tool of colonial oppression, violence, segregation... Even if we think of the West, certain targets or social groups who didn't



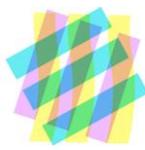
adhere to norms have been structurally excluded. This was very noticeable with HIV/AIDS.

When HIV/AIDS first grabbed public attention, in a series of stories in certain outlets, for example, in the New York Times in 1981, it was dubbed a gay cancer or gay plague. And what were called the 4-Hs were identified as the groups most likely to be contagious. The 4-Hs were homosexuals, heroin addicts, Haitians, and haemophiliacs. This did not stem so much from the statistical data which, at that time, right at the very start, even before the HIV/AIDS crisis demonstrated it was clear it was quite intersectional, rather it stemmed from the idea itself of how science is done and what are the privileged subjects.

For me, it was essential to understand that many of the first associations, many of the first demonstrations, and support groups giving information on HIV/AIDS had been formed in places such as nightclubs. Because nightclubs like Paradise Garage, like the Palladium, like Danceteria, in cities like New York, had been social melting pots, where different groups generally marginalised by the decisions of power, gays, racialised bodies, gender dissidents, came together in these same places and started to put together networks for support, information, and communication which enabled them to confront the way they had been excluded, not only by the apparatus of government but also by the social aspect of the epidemic itself.

I started to conduct research, as I say, on many of these nightclubs and to see how these spaces had shaped the understanding we now hold of HIV/AIDS. We have to think that, at the same time, certain structures of power, the city of New York itself for example, quickly identified these spaces as places of rebellion, as happened with, for example, saunas and public restrooms. And even the medical profession started to say that these places were more prone to contagion, which was not true, based above all on a vision more grounded in ideology than in the real or the material.

In COVID-19 we have also seen how a series of material, relational, performative transformations have swept over the world. And they have also become apparent. We have witnessed how the climate crisis, displacement of humans and also non-humans, and the destruction, at the same time, of habitats that would have been considered wild but have produced a series of jumps between species, have heralded the rising frequency of new pandemics.



We have to consider that COVID-19 isn't a global crisis because it doesn't affect everyone in the same way, rather it is a crisis happening all over the world which in some way makes visible the inequality in the world and between nations, and how it has had an unequal impact on different communities. Socio-economic circumstances have made visible the way that even coronavirus has been tackled and how it has affected different communities. It doesn't affect equally people who have access to universal healthcare as it does other countries, nations, communities that lack those types of resources. In this regard, we have to view architecture as an expanded social practice that does not include buildings alone but also economic, social, cultural, and ecological conditions that blur the limits of the discipline of architecture: we also have to understand that COVID-19 has redefined the very definition of a healthy body and the relation between humans and non-humans. In other words, humans and the coronavirus, for example. And also how relations of coexistence could be brought about that did not feature the eradication or slaughter of one of the sides. That is, reduce somewhat the rhetoric of war or the metaphors mentioned by Susan Sontag, which do not allow for the development of a relationship with other viruses, other bacteria, which actually live in peace in our bodies, the human body, naturally and also help to create other types of relationships with other types of ecosystems. Let's think, for example, about how bacteria can be viewed as deadly but can also be seen positively. Yogurt adverts which speak of the bacterial flora in our digestive system are received positively. However, viruses are not regarded in the same way despite medicine, microbiology, not only accepting that our body is also made up of viruses, but that these viruses may also have a positive impact. And this doesn't mean that we should treat non-humans in an "exploitative" way. In other words, getting them to work for our benefit, but rather searching for networks of coexistence.

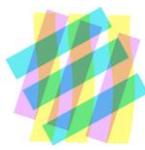
We also have to consider that there have been other traditions in which humans have lived alongside epidemics and have lived in ecosystems that have been full of pathogens. We may think about, for example, how the work of Andrea Bagnato investigated how malaria had been present on the island of Sardinia ever since the beginnings of the first human settlements there. Simply, over the course of a few months in summer, when mosquitos carried malaria from the marshlands of Sardinia, humans moved away and retreated to the centre of the island so as to not catch malaria and when the growth period for these mosquitos came to an end, they returned to the marshlands and lived alongside other living organisms. In other words, we also have to change that idea of viewing the relationship with ecosystems and epidemics as wholly negative and something to be destroyed towards a different way of living



alongside them. Once again, I come back to this idea of how we have to also redefine what a healthy body is and what our relationship with a healthy body is like. Today, there are people who are labelled immunosuppressed or immunocompromised who may not have access to certain treatments. Yet, that doesn't mean that their body cannot coexist with other definitions of health, or marginalised communities, other individuals who may not have access to green passports because they lack documents or are from displaced communities. And we must also think about other forms of coexistence that do not reclassify their citizenship status, but rather enable the development of other types of relationships, not only on what a healthy body is, but also what a body is, on how to live alongside those other bodies that defy such definitions.

In related issues, such as the destruction of certain habitats, there has been a jump between species that has had a fatal impact on humans. We should not think about coronavirus alone and, of course, we should not push conspiracy theories around secret laboratories or eating exotic types of meat, rather we should offer scientific knowledge. In the discussion of jumps between species, it is usually clear how the destruction of certain habitats has brought about this jump between humans and non-humans.

Let's think about Lyme disease, for example. Lyme is a town in the state of Connecticut in the United States. In the 60s and 70s, there was an increase in deforestation and urbanisation which destroyed what is termed the natural habitat of a type of tick that had previously mainly fed on the blood of small rodents or small mammals. As this habitat was destroyed and urbanised by humans, these ticks were denied this type of host and these types of small mammals which they previously sucked blood from non-fatally and jumped to pets and humans themselves who they now sucked blood from. When sucking blood they also transmitted Lyme disease, which was previously unknown and had been recorded in virtually no cases of jumps between ticks and humans. It started to develop, as I said, in the 70s in the northern United States and Canada and then also reached other places, such as the United Kingdom or Northern Europe. It became an epidemic that architecture had shaped. In other words, by deforesting and redeveloping, architecture and urban planning developed a highly specific type of epidemic. Moreover, we have to consider how these ideas on how eating bat or pangolin soup have been triggers of the COVID-19 crisis - something which has been proved to be false, COVID-10 is not transmitted through the eating of meat - have brought with them or have made visible once again a series of narratives



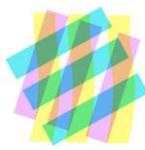
that have always been present and which are clearly xenophobic, which are racist, and which embody that vision of the “other”, which has also been a feature in other types of epidemics, as I mentioned earlier, as in HIV/AIDS, for example, in the relationship with other types of bodies and other types of communities.

One of the most common issues when thinking about or rethinking the relationship between the ecosystem, or various ecosystems, and coronavirus has been this idea of how by stopping certain air traffic or halting certain types of emissions for a number of months the planet in some way, or our relationship with the ecosystem, had changed and was much healthier. We have to understand that this is not true. Those images, for example, of wild animals taking back urban areas were mostly false, such as dolphins swimming in the canals of Venice which also wasn't true.

We have to contrast these images with this idea of hyperconsumerism in even essential materials which are single-use, such as face masks, latex gloves, which have a very short life and are very difficult to recycle. In other words, the idea is not simply based on a pause at a specific moment in time, but on our relationship with the ecosystem and a global consumer economy that affects everyone.

At the same time, these ideas of, for example, “stay home”, “stay safe” by staying at home direct the focus onto the highly privileged person who considers home a safe place. That is, in first place access to a house, removing obviously a great number of people and communities who do not have access to a house as well as another group of people who do not consider home to be a safe place. Let's think about the victims of domestic violence, for example.

I think COVID-19 has made us question these geographical divisions, the conditions of migration, even the manufacturing of the idea of the refugee; re-examine displaced communities, not just humans but also non-humans, old and new forms of colonialism, justice linked to economic systems, access to healthcare, racism, xenophobia, the rhetoric of war, the guarding of urban infrastructure, of public spaces, of borders, in general. But I think it has also highlighted other systems for cooperation, for creative thinking, for developing relationships or ways of living together that may also allow for other types of relationships between humans and non-humans. In this regard, I think that one of the latest missions for architecture would be to establish responsible transport networks between places, how resources are extracted, the relationships



between urban and rural areas, the economic, political, and ideological conditions that are forged between architecture and other communities.

Returning to the idea of how epidemics shape architecture and how architecture shapes epidemics. I think it would be meaningful to return to a case such as the city of San Francisco during the HIV/AIDS crisis.

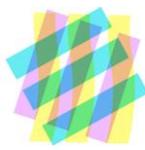
San Francisco was the first place where the first cases of Kaposi's sarcoma were diagnosed in 1980. We have to consider that, in the following years, the city saw how there were a serious of evictions, which were even illegal at the time, that mainly affected people living with HIV/AIDS. The owners of these buildings, where tenants lived, used the epidemic to gentrify a number of neighbourhoods, which had previously been home to a large part of the queer community, such as The Castro district, for example.

In a neoliberal world, even deadly viruses can be used to accelerate financialisation and the extractive housing market, and even the normalisation of LGBTQI+ culture. The combination of precariousness... Rising rents and these types of manoeuvres came first, but then the very groups who had been marginalised up to that point were broken up by this series of practices, by removing their community structures and, in some way, asserting that they could only be influential if they belonged to the upper-middle class in economic terms. In a place like the US, this also had an intersectional reading: it involved not only issues of class but also issues of race, gender, citizenship. In other words,

the HIV/AIDS epidemic not only shaped these neighbourhoods, but the neighbourhoods themselves also shaped how HIV/AIDS was understood, as well as the very groups who were part of the activism tackling the epidemic.

We must realise that COVID-19 isn't the only pandemic that has affected the whole world. It isn't the first, it isn't the only one, it isn't even the only one happening right now in the world. We have to consider that the deaths, the death rate from infections and from epidemics remains the biggest cause of death in Sub-Saharan African countries.

I think that we should understand that our relationship with non-humans, whether it's viruses or bacteria and also other types of species, should entail networks of coexistence that do not mean the eradication of some but rather finding ways, finding technology, and finding ideologies that enable species, humans and non-humans, to



live alongside one another. In other words, make our idea of the human body one of a vulnerable body and this is not derogatory, this isn't negative. The human body is vulnerable, but ecosystems are also vulnerable. Relationships are also vulnerable. Vulnerability is also another way of viewing other forms of coexistence, of developing relationships between different groups.

When discussing vulnerability and how vulnerability must be recognised as a trait that must be protected which affects not only humans but also non-humans and ecosystems, we may think of different examples linked to epidemics. For example, yellow fever was introduced to the Americas in the 17th century. It was inadvertently carried on the boats used by European colonists and the slave trade from different countries that now make up Africa. It was an epidemic, an illness, with colonial origins that crossed the Atlantic and mainly reached the sugar plantations in the Caribbean and the north-east of Brazil. Cutting down trees and the jungles of this ecosystem to plant sugar cane allowed the mosquitos carrying yellow fever to find a viable ecosystem for reproduction with no natural resistance at all, we could say, from other agents that could stop it.

[Yellow fever] somehow belonged or stayed dormant for centuries due to public health and monitoring campaigns during the 19th and 20th centuries. But yellow fever appeared once again in Brazil in 2018, possibly as a consequence of the increasing deforestation of the Amazon by the government of Jair Bolsonaro. Since Jair Bolsonaro took office, epidemiological conflicts have mixed with the nationalist policies of his campaign to make not only an ecosystem, but the people who live in it too, vulnerable. And faced with recognising this vulnerability and trying to find networks of co-existence that can tackle the crisis of the destruction of these habitats, policies, and the rhetoric of war, for example, faced with these epidemics what they do is destroy ecosystems, which were already vulnerable enough. And they increase vulnerability as a negative in these settings, rather than recognising that vulnerability, the protection and the mutual care that can be developed.