

allow their daughters to be vaccinated against HPV and to themselves undergo regular Pap screenings.

The fourth chapter considers factors that have disrupted the functioning of the postrevolutionary public health care system. Key here is the failure to sufficiently finance the system, particularly in rural areas and small towns (Romania's rural population fairly consistently remaining around 45 percent since the 1989 revolution). This has resulted not only in inadequate staffing of OB-GYN units but also, in some cases, their outright closure, as some health care professionals seek more lucrative options abroad or in major municipal centers (pp. 98–99). This has intensified deep misgivings that many women already have about the system's ability to provide services for managing reproductive health.

Pop's exposure of fiscal austerity is an especially noteworthy contribution of the book, but it could go further. Recognition that not only public health services have been neglected in the postcommunist era but also education, social housing, infrastructure, and other components of the public sector would allow for an even more vigorous argument to be made that Romania will continue to lose its people to illness—as well as, in particular, migration—if state-run institutions are not reconstituted. Notwithstanding absence of this broader critique, Pop's evidence of the ramifications of health system oversight, including women's "resistance to gynecological exams, Pap tests, and HPV vaccinations" (p. 109), alone is astounding. This avoidance engenders a sense of empowerment, but at what a price! "In the end, it may have consequences on their health" (p. 109).

The fifth chapter addresses the privatization of medicine, including OB-GYN care, in postcommunist Romania, a process that has had unfavorable implications. A major one is the "fraudulent reallocation" of public revenue to private medical enterprises (p. 128), theft that has affected OB-GYN services

in particular. This, perhaps ironically, has been accompanied by increasing acceptance of private care, many women warming up to the idea of medicine as a consumer good despite, it seems, its expense, a sentiment that is not, however, by any means universal—working-class people with whom I have spoken in eastern Romania have responded more scornfully to this transformation. Yet even if private services have become only partially legitimate, the fallout of this for cervical cancer prevention is worrisome because it appears to have led at least some women to altogether dismiss free cervical cancer prevention services. Meanwhile, integration of public, private, and NGO-financed medical care services has faltered, resulting in a disorienting health care environment, making it even more likely that disease will proliferate.

Another source of the cervical cancer crisis is the impugnement of health care services morally, narratives of corruption in medicine—propagated at times by devastating tragedies—thriving in public discourse, further corroding people's belief in the system. The focus of chapter 6, corruption in medicine comes to life for women in the expectation that informal payments be made for reproductive services. Pop examines how this practice is interpreted, showing that some acquiesce to the payments—more, though, should be said of those who cannot—and benefit from doing so, but it has also further diluted faith in medicine, justifying decisions to keep daughters from receiving the HPV vaccine. Policy makers in Romania need to learn from this and the other "systemic contingencies." Cervical cancer and other relatively manageable illnesses will persist if people experience such rejection from—and themselves reject—a system that should be on their side. And the negative effects of this on the development of Romanian society will continue to be felt.

DOI: 10.1111/amet.13162

## The borders of AIDS: Race, quarantine, and resistance

By Karma R. Chávez. Seattle: University of Washington Press, 2021. 264 pp.

Andrea Bolivar 

University of Michigan

*The Borders of AIDS: Race, Quarantine, and Resistance*, by Karma R. Chávez, is the book that many have been waiting for. Chávez centers immigration within the study of HIV and AIDS and Blackness within immigration studies. She does so to answer urgent questions, some old and some new, asked by both scholars and activists. She is bold and unapologetic. The book's main framework is "alienizing logic," a concept

referring "to a structure of thinking that insists that some are necessarily members of a community and some are recognized as not belonging, even if they physically reside there" (p. 5). Chávez demonstrates that the boundary between alien-outside and nonalien-inside is blurry, offering a capacious understanding of alien that includes citizens and migrants. Chávez further shows throughout that in the United States the alienized are poor, disabled, sex working, and, importantly, Black.

The book is divided into two parts. The first focuses on how politicians and public health professionals used HIV/AIDS rhetoric as an opportunity to enact alienizing logic, specifically around quarantines and bans. The second part turns to how mostly queer AIDS activists resisted alienizing logic directed at migrants. As a result, Chávez inserts responses to quarantine and ban into the scholarly record of queer AIDS activism. Chávez also includes the voices of migrants, Black women sex workers, and Haitians—voices long silenced by HIV researchers—in the AIDS activist archives.

The chapters beautifully build upon each other, creating a well-developed narrative. Chapter 1 discusses the development

of quarantine laws in the United States as inherently related to migrants, racialized citizens, and those considered sexually deviant. This provides a historical foundation for the rest of the book.

Chapter 2 shows how public health officials, politicians, and members of the public considered quarantine an appropriate response to the AIDS pandemic, despite its scientific nonsensicalness. Chávez importantly contends that state quarantine laws were created on the “backs of a handful of Black sex workers” (p. 14). For instance, we learn about Felicia Ann Horton, a 21-year-old Black woman sex worker who was solicited by an undercover police officer in 1991. At the time, she supposedly knew her HIV-positive status and became one of the first people charged with a felony related to HIV transmission in Illinois. While successful at evading law enforcement for months (except for when she went to a hospital to give birth prematurely), her case was covered by various media outlets, exposing her to many violences. In her last journal entry in 2011, she wrote, “I wish to get myself together to better my life. I am getting older now and I should give myself a chance at life.” Two months later she jumped from a moving vehicle and died, “perhaps her last fugitive act,” writes Chávez (p. 53). The stakes of Chávez’s scholarly and methodological interventions are clear. Chávez’s theoretical dexterity is also apparent. She engages with Black feminist and queer theorists, such as Saidiya Hartman, Evelyn Hammonds, and Tiffany Lethabo King, to support her arguments about Black fugitivity, fungibility, and invisibility/hypervisibility. At the same time, Chávez is careful to call attention to “Black livingness,” alongside heartbreaking stories of women like Horton.

Chapter 3 turns to noncitizens, and how politicians and public health officials enacted alienizing logic through a ban on HIV-positive migrants, even though many—including representatives from the State Department, CDC, and HHS—cautioned that the ban was ineffective and problematic. Chávez analyzes congressional debates about the ban and how alienizing logic related to migrants and HIV morphed into “national common sense,” revealing similarities between quarantine and ban.

Chapter 4 covers boycotts of the International AIDS conference in 1990 and 1992. Both conferences were scheduled to take place in the US, but US immigration law prevented people living with HIV from entering the country and thus attending the gatherings. Public health officials and nongovernmental

organizations refused to attend the San Francisco conference in 1990, inspiring international AIDS activists to join the boycott. Activists continued to protest the 1992 conference, causing it to be moved to Amsterdam. This chapter also highlights an understudied connection between ACT UP and religious groups organizing around Central American sanctuary.

Chapter 5 examines how Haitians are portrayed in AIDS activist media. Chávez argues that AIDS activist media provided some of the most accurate reporting on the “Haitian connection” and later became one of the most prominent to document the fight against the detention of hundreds of allegedly HIV-positive Haitian migrants in Guantánamo Bay. At the same time, Chávez shows how AIDS activist media was still complicit in racism against Haitians, illuminating the complexities of coalitional politics. The importance of this chapter is not to be underestimated. As Chávez points out, despite the detention of hundreds of Haitians in Guantánamo Bay, there is little research on the connection between HIV and Haitians, even within the scholarship on US-Haitian relations.

While the power of Chávez’s voice is evident throughout, it is most palpable in the conclusion. Though initially skeptical of a rhetorical analysis of Abraham Lincoln’s first inaugural address, I was quickly convinced. A critique of citizenship and the entire project of the United States undergirds the book. To critique both, Chávez must contest anti-Blackness, a move reminiscent of recent amplified calls to combat anti-Blackness within anthropology. There is still much work to be done and Chávez’s “coalitional gestures” may be instructive moving forward. Coalitional gestures are not romantic. Rather, they are “imperfect tactics” that Chávez boldly suggests can alienize. We must accept and interrogate this within and outside our coalitions in order to “hone our collective ability to build coalitions to fight alienizing logic” (p. 166).

This book made me hopeful about what scholarship can be and do. Chávez plays with time, drawing connections between the Reconstruction era, the AIDS epidemic, the COVID-19 pandemic, but always carefully. Chávez is confident about her political commitments, while not afraid to admit what she and we do not yet know. And perhaps most importantly, she allows oppressed people’s freedom dreams to live on.

#### ORCID

Andrea Bolivar  <https://orcid.org/0000-0002-5379-1841>