Comics, Voice(s), and Ethics of Care in M. K. Czerwiec's *Taking Turns: Stories from HIV/AIDS Care Unit*

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Abstract

This article examines how M. K. Czerwiec's *Taking Turns*, a work of graphic medicine and oral history, embodies an ethics of care in its structure, discourse, and visual representation. The book transcends conventional graphic memoir by minimizing the author's voice to foreground the oral histories of patients, nurses, and volunteers on Chicago's Unit 371 during the AIDS crisis. The analysis shows how Czerwiec's cartooning style emphasizes similarity over difference, deliberately blurring the visual border between caregivers and patients to resist their Othering as mere objects of suffering. Ultimately, *Taking Turns* uses the perspectival richness of comics to articulate a reciprocal, mature ethics of care, memorializing the lives lost and affirming the endurance of the queer community through communal action and ethical remembrance.

Introduction

Graphic medicine is an emerging field that was first theorized by Ian C. M. Williams in 2007 and then elaborated in *The Graphic Medicine Manifesto*, a book-length series of connected essays by pioneering scholars in the field. The book defined "graphic medicine" as "the intersection of the medium of comics and the discourse of healthcare" (1). Complex examinations of nursing ethics on both a personal and institutional level can take place in a medium—comics—that has a "perspectival richness" and thus "the potential to spatiotemporally map the tacit experiences [that] formulate graphic medicine as one of the finest genres for achieving therapeutic, community-building and pedagogical goals of autobiographical narratives" (Venkatesan and Peter 3). Similarly, Susan Squier argues that:

> Comics can show us things that can't be said, just as they can narrate experiences without relying on words, and in their juxtaposition of words and pictures, they can also convey a far richer sense of the different magnitudes at which we experience any performance of illness, disability, medical treatment, or healing. (131)

M. K. Czerwiec's *Taking Turns: Stories from HIV/AIDS Care Unit 371* (2017) is just such a work of graphic medicine. *Taking Turns* is a multi-genre exploration of Czerwiec's experiences as a nurse and emerging artist during the AIDS crisis. As a work of graphic medicine specifically, the book shows how Czerwiec was re-educated on the unit into a feminist ethics of care and how the entire ward was built on the same ethic. The book is also an oral history that tells the story of Unit 371, which was founded in the midst of the AIDS crisis by two gay doctors to take care of their own community. In a short article on *The Oral History Review* blog, Czerwiec describes her process of creating the book, noting that she conducted ten years' worth of oral history interviews and then "integrated my own memoir of being a nurse on this unit" ("5 Questions"). This article examines how care ethics infuses into the memoir through structure, artwork, discourse, and representation, in order to remember and memorialize those lost in the AIDS epidemic, the unit itself, and the enduring queer community of Chicago.

Care ethics arose in the mid-1980s, largely from the work of psychologist Carol Gilligan and philosopher Nel Noddings. Rather than seeing people as rational actors seeking to maximize utility or goodness via moral reasoning rules, care ethics focuses on the interdependence of people and the ethics that arise from that interdependency. Since Gilligan and Noddings, much work has been done to refine the understanding of care ethics and connect it to the field of nursing. Tove Pettersen notes the many care ethics theorists who point out that "attention to which voices are silenced and which are heard must be a central premise within a feminist ethics of care," and this acknowledgement of the patient's humanity and perspective is one of care ethics' most important insights (373). Patient experiences and voices are also at the center of graphic medicine, which grew out of the larger medical humanities and narrative medicine spheres. Dr. Rita Charon, co-founder of the field of narrative medicine, has insisted on the centrality of the voice and humanity of the patient in narrative medicine, of which graphic medicine is a subset, and is currently working with bioengineers at the MIT Innovation Lab to include the voices of patients themselves in their medical charts by using AI tools (9). Graphic memoirs are one of the most popular forms of graphic novels, both generally as well as in graphic medicine, in which pathographies—graphic stories of one's own illness—are predominant. Memoirs by caretakers are another prominent strand within graphic medicine. Both types of graphic medicine memoirs—and, as discussed below, *Taking Turns* partakes in both strands—provide an avenue for restoring the agency of patients and their families, as well as that of the caregivers. While being treated by medical professionals within the institutions of the healthcare industry can diminish one's agency, writing one's own story can serve as a way to bolster it. Telling one's own story, detailing, and sometimes critiquing the treatment one has received—foregrounding the very personal and emotional stakes of illness which are often minimized by healthcare professionals—can be empowering in the face of what may be very disempowering. Embracing an ethics of care is likewise empowering, not only for the one who is cared for but also for caregivers. *Taking Turns* is a hybrid genre that allows for complex representations of Czerwiec's own journey to nursing and art as well as the story of the Unit and its denizens all taking care of each other in varying ways.

Genre Hybridity and an Ethics of Care

Interestingly, as noted above, *Taking Turns* seems at first to be a conventional entry in the graphic caretaking memoir tradition before widening beyond Czerwiec's own experiences in a way that mimics theorists' conceptions of how care broadens out from the mother/child caring dyad. While Czerwiec's experiences comprise parts of the book, her own story is minimally present in the middle of the narrative in order to foreground the stories of her patients, colleagues, and the institution itself. The book opens by covering ground familiar from countless other graphic autobiographies, including graphic medicine memoirs of caretaking. This part of the book includes information about her past before becoming a nurse, her family history with caring for her sick father, her mother's "magical powers" as a nurse herself, and her own struggles in nurse's training (2). Not only is this sort of information typical memoir material, but the emotional tone is also within genre expectations. At this point, the narrative focuses on Czerwiec's feelings, including her dissatisfaction with the job she was able to get after college, her happiness at how happy her mother was when she told her she wanted to become a nurse, and the difficulty she had with taking care of an assigned patient who reminded her of her father.

The book continues in the memoir vein by tracing Czerwiec's early experiences as a nurse, which almost instantly begins with her questioning the training she received, marking the departure from simple memoir. In her first nursing assistant role, her preceptor, Lashon, encourages Czerwiec to question what she was taught in school. She asks: "how would you like being towered over by people when you already feel crummy and vulnerable[?]" (12). Czerwiec further notes that when Lashon talks to patients and their families, her tone conveys that:

> they were in a situation together. She wasn't standing outside their reality bringing in medications and changing dressings; she was IN their reality, engaged, and together they were a team. They had goals. They had a plan, and the patient led the way. (12)

Czerwiec notes: "I followed Lashon's lead and liked where it took me" (13). In her discussion of a mature ethics of care, Pettersen asserts that "what is required is a dialogical, rather than monological, comprehension of care" which would "pave […] the way for a moral epistemology of which responsiveness, attentiveness, and reciprocity are important features" (374). It is such qualities that Czerwiec is learning from those in Unit 371, not just from the other nurses but also from the doctors, volunteers, art therapists, and others who are in a caring relationship with the patients.

Within a few pages, *Taking Turns* sheds the familiar conventions of memoir—although her questioning of boundaries does serve as a repeated refrain throughout the book—and instead Czerwiec begins to focus on the (composite) stories of her patients and the oral history of Unit 371. Despite the differences between memoir and oral history as cataloged by Sharon O'Brien, both interrogate memory, subjectivity and history, although one from an individual perspective and the other from a collective perspective (113). *Taking Turns* incorporates both. The book "concerns the self," as O'Brien notes is true of memoir, but it also "moves outward" from the self and alternates between inward and outward, between the self and others, throughout the narrative (113). Thus, from a memoir-like beginning that focuses on Czerwiec's feelings and experiences, the book progresses to her introduction of the unit itself and its inhabitants, resulting in a lack of traditional genre markers of memoir. At this point, the narrative begins to focus on two related but distinct strands that make up much of the rest of the book: an oral history of the ward and the stories of some of her patients who she memorializes in the book. Peta Bowden notes that an ethics of care can and should involve "institutional critique" because an ethics of nursing care "articulates a focus that sees ethics everywhere and the need for ethical caring as pervasive and ongoing in all our relationships, not only between nurses and patients, but between nurses and nurses, doctors and nurses, hospital administrators and nurses, as well" (36-9). *Taking Turns* engages in this work by widening the perspective from a focus on Czerwiec to a focus on the oral history of the whole unit, including not just doctors, nurses, and patients, but also volunteers, the art therapist, and ancillary caregivers.

This structure of beginning with a focus on Czerwiec that quickly becomes a focus on the patients and the unit generally mimics how an ethics of care theorizes that people begin by being taken care of, which then leads to a reciprocity of caring for others later, when one is able to do so. Noddings theorizes that ethical action begins in two impulses, the "human affective response that is a natural caring sentiment, and the memory of being cared-for that gives rise to an ideal self" (in Sander-Staudt). While all humans start by needing to be cared for, an ethics of care asserts that they will grow up to be carers themselves, making a widening of perspective and moral obligation natural. This is similar to the structure and organization of *Taking Turns*, which also shows her taking on the role of ethically representing the experiences of many of those people as an artist.

From a graphic memoir of an individual, then, the book becomes an oral history which strives to represent the community of the ward and how an ethics of care was forged in the unit. Throughout *Taking Turns*, the oral histories are represented differently by first minimizing and then eliminating Czerwiec's presence on the page, allowing others' perspectives to literally take over both visually and textually. At first, some of the historical information from interviews is worked into Czerwiec's story. For instance, on page 24, Czerwiec is introduced to the people who work in or with Unit 371, including Sharon Ward, who has been there since before its establishment. Czerwiec asks about what it was like before the founding of the HIV/AIDS unit and Ward's reply takes up the next two panels, both of which feature only Ward who is placed in the bottom left of both panels, with the rest of the panels taken up by a large word bubble filled with her reply. Czerwiec is not present on these pages at all. This rather brief injection of oral history is quickly followed by a more extensive one only two pages later. After Ward, Czerwiec is introduced to the two founding doctors of Unit 371 and asks them how the unit came to be. Their collective reply takes up the next five full pages, none of which include Czerwiec. In a memoir that is focused on the creator's experiences and thoughts, this comes across as an unusual move. However, *Taking Turns* broadens from a memoir and instead becomes an oral history of the ward and the people who inhabited it, whether as caretakers, volunteers, patients, or therapists. As Alessandro Portelli argues, "the first thing that makes oral history different, then, is that it tells us less about *events* than about their *meaning*," although that does not necessarily mean that oral histories are not also factually valid (52). Thus, *Taking Turns* is not simply interested in representing what the AIDS crisis required in terms of equipment or care but also seeks to elaborate what meaning the caregivers, volunteers, and others found in those experiences. Not only does Czerwiec herself struggle to find meaning in her experiences, she also allows her subjects to discuss what meaning they found in the unit.

Oral history as a genre is compatible with both graphic medicine and an ethics of care. As an interdisciplinary field, graphic medicine, which arises at the intersection of the medium of comics and the healthcare field, is always already negotiating boundaries and borders and is interested in communicating between and across different constituencies within the field of healthcare. As Kimberly R. Meyers argues, the writers of *The Graphic Medicine Manifesto*—including Czerwiec herself—claim that graphic medicine is "a political enterprise that deliberately eschews normative assumptions in medicine" such as an 'ideal' or normative patient that can successfully and completely represent the experience of a disease in favor of a democratic sense of "inclusivity of multiple subjects whose points of view and experiences can be provocative and contradictory" (246-47). Thus, oral history, with its focus on the inclusion of multiple voices and perspectives, not just those from leaders, is a good match with the approach of graphic medicine, particularly for an AIDS narrative, since the disease affected people differently and could involve a number of bodily systems and symptoms.

This inclusive approach is also compatible with an ethics of care which similarly emphasizes "concern for care, responsiveness and taking responsibility in the maintenance of interpersonal relationships, and the development of the moral integrity of people in those relationships" (Bowden 39). Oral history allows for multiple constituencies to have a voice and Czerwiec's graphic oral history seamlessly includes not only her own experiences and those of some of her patients, but also extensively includes the voices of the ward's founders, its art therapist, other nurses, volunteers, etc. Even when the voices of others take up several pages with no representation of Czerwiec herself, everything is in her hand and style which unifies the narrative stylistically and makes for a clear reading experience despite the multiple viewpoints.

Visualizing Patients Ethically

Many of the speakers in Czerwiec's oral history were her patients, and giving a voice to patient and family experiences dealing with the healthcare industry is an important aspect of graphic medicine and an ethics of care. As with narrative medicine, a core tenet of graphic medicine is that patients' voices must be heard and respected. Even with the best intentions, patients' voices are often marginalized or absent from the narratives (re)created by doctors (Myers 248). Worse is when artists, whether doctors or others, create representations of patients that Other them or are exploitative of them or their story. Gesine Wegner, for instance, notes that graphic medicine narratives often use visual strategies and tools to indicate the difference between patients and other non-ill characters (63). Furthermore, she points out that these visual strategies also foster *distanciation* between the visually ill character and the non-ill "normative readers it imagines" (64). Identification or empathy are thus shut down not only between ill and non-ill characters who are visually distinct, but also between the ill character and the imagined normative reader which Others the patient by rendering them as visually differentiated (66).

Rather than literalize the borders between patients and others, as Wegner argues many graphic works do, Czerwiec's work does the opposite by using visual tools and strategies that emphasize the similarities between patients, caregivers, and readers, thus blurring the problematic border between patient and other just as an ethics of care would dictate. Throughout the book, all people are depicted very similarly in a minimalist cartoon style with few details. Visually, this strategy serves to emphasize the similarities between all those in the ward. For instance, early in the book there is a full-page drawing of a patient in a gown with an IV stand, surrounded by text boxes that describe the toll that AIDS takes on various systems of the body, including the gut. It furthermore describes how medications and infections can lead to relentless nausea, vomiting, and diarrhea which leads to weight loss. This page also notes similar issues with the brain, eyes, sinuses, mouth, kidneys, liver, lymph nodes, lungs, and genitals. While this page could be similar to a typical medical educational drawing, Czerwiec deliberately includes the patient's own voice. Czerwiec wants to establish early in the narrative how devastating AIDS is to the patient's body. Despite her role as a professional nurse, however, Czerwiec uses the tools of the comics artist to point out that while she is knowledgeable about the disease, she is not the authority on the patient's experience of the disease. The patient himself tells Czerwiec that she "forgot my skin. Be sure to tell them all about Kaposi's sarcoma" (9). Czerwiec never depicts herself as infallible and she draws this patient reminding her of his symptoms in a way that allows him to interrupt the captions surrounding his body with his own speech bubble. He directly addresses her to insist she include his own ideas of what is important about his experience.

Furthermore, Czerwiec emphasizes her patients' humanity and need for ethical care by refusing to reduce the visual depiction of her patients to their suffering; the patients generally are depicted very similarly to the nurses and others in the ward. Susan Sontag asserts in *Regarding the Pain of Others* that "photographs objectify: they turn an event or a person into something that can be possessed" (81). But as Scott McCloud notes in his foundational *Understanding Comics*, cartoons are icons and amplify by simplifying (30). By choosing to not only create composite patients and represent them in cartoon form without visible suffering, Czerwiec amplifies the humanity of the patients as a collective, as well as the universality of needing care from which an ethics of care derives its power and relevance. She sidesteps the ethical problems Elaine Scarry describes in *The Body in Pain*, in particular the idea that the "unshareability" of pain risks dehumanizing both observed and observer (5). Other than the IV stand, Czerwiec does not show the patient with any KS lesions or other physical markers of suffering. Even though he clearly states that he has issues with his skin, Czerwiec does not depict those issues visually. She hereby gives information to the reader about AIDS in a way that includes the patient's voice without reducing him to an image of suffering that makes readers feel pity and horror. Czerwiec thereby ensures that no distance between the reader and the patient is created, as Wegner accuses many artists of doing (68). Instead, the reader is encouraged to hear his voice, recognize him as a person with a point of view on his own illness, and think about his experiences. The narrative told in the speech bubbles and captions does not shy away from the horror that is experienced on the ward, as when a patient calmly tells her "It's a virus paralyzing me. It started in my feet and is slowly moving up. When it gets to my lungs, I'll die" (37). The suffering of AIDS is thus clearly included in Czerwiec's work. However, her decision not to show that pain visually helps the reader focus on the people at the heart of the story rather than dwelling on what makes the reader different from the represented patients. Artistically emphasizing similarities rather than differences between patients and caregivers is a move familiar in care ethics, which points out that all people will eventually be both care-givers and care-receivers. One of the founding doctors notes that "we are all just people taking turns being sick. I may be the nurse or doctor today, but I could be the patient tomorrow" (70).

Art and Ethics of Care

As befits a graphic medicine text depicting an ethics of care, Czerwiec also notes how deliberately that ethics of care was fostered by people working in different areas of the ward. One major way that the ward respected the full humanity of the patients and workers was by emphasizing the necessity of art. Czerwiec notes that "making art was an important part of life on Unit 371. Most of what hung on the walls was by or about patients" (48). She recreates a number of art works made by patients, which is another way to honor them not just as patients or the remembered dead but as creators who added to the world. Again, the unit and Czerwiec's depiction of it refuses the hard boundaries around the roles of nurse or patient and allows for the potential of connection and growth even in the face of AIDS. Czerwiec notes that the art therapy room was "the heart of the unit, a place where possibility, maybe even joy, could still show up" (48). Later in the book, she wrestles with the ethics of meeting a former patient—who is likely to be a future patient—to work on art together but ultimately decides that it is permissible. Institutionally, her supervisors and co-carers are likewise fine with seeing patients off the ward. On or off the ward, both are artists and have that bond which encourages reciprocity.

By encouraging the patients to make art, the unit's art therapy director, Russell Leander, enables them to not only be a patient who is taken care of, who is in need, who is sick, but also someone who can make something and give back in a reciprocal way. Czerwiec explicitly represents this when one patient creates a painting that expresses his gratitude for the care he has received. Czerwiec recreates the image and includes a representation of the patient explaining its meaning to Leander. The chapter ends with a page of three panels of Leander: one with a patient, one with art supplies, and one with him just talking, having the final word of the chapter. Like the earlier examples of oral history, Czerwiec does not include her avatar anywhere in these panels. Leander is speaking about his own thoughts and experiences as he articulates the meaning that he found in his time in the unit. By emphasizing Leander's ruminations about his role and the role of art in the Unit, Czerwiec points out that care takes many forms and thus it is not just her or even only nurses who need to rethink professional boundaries in order to care for patients respectfully and fully, as an ethic of care requires.

Despite its beginnings of focusing on one-way care relationships and mother/child dyads of care, ethics of care more recently also emphasizes the importance of reciprocity, which Czerwiec includes in a number of ways in the book. For instance, art is not just therapy for the patients on the ward; Czerwiec shows how the identity of artist as well as caregiver and care-receiver are changeable and fluid, applying to the same person in different ways at different times. Often, *Taking Turns* shows that the reshaping of professional caretaking boundaries enables the crossing of artistic borders as well. For instance, Czerwiec depicts the end of one shift when she has a disagreement with a coworker and goes to the locker room. She is hailed by a patient, who simply says: "Hi. I'm Stephen and I'm really scared. Could you hold me?" (44). The next page is image-less including only four panels with minimal text relating what happened between her and Stephen. The first panel says: "I sat down on his bed and put my arms around him. He leaned his chest toward me" (45). This goes against the professional boundaries that she was taught in school, but she has taken the lessons of actually caring for people to heart and comforts Stephen. The second panel says: "His oxygen mask hissed over my shoulder. He smelled of medicine. I felt bone, skin, cloth. Heartbeat" (45). Despite the focus on tactile and physical details, Czerwiec refuses to depict this moment visually. The third panel says: "After about ten minutes he said 'thank you' and let me go" (45). The final panel says: "I felt silenced, shaken. I felt awe" (45). The simple writing focuses on the plain facts of the interaction, a variety of sensory details, and the profound impact that caring for him has on *her* without any images. It would be difficult to say that the relationship between them is one-sided caring as it clearly has an impact on her and the book as well.

The next image on the following page is in a very different artistic style than the rest of the book, demonstrating the change that this interaction has wrought as Czerwiec struggles to articulate the meaning this patient interaction has on her. Rather than the simple cartoon drawings that dominate the book, this image of Chicago at night is more like a watercolor painting with rich and varied color in the buildings of the skyline and the night sky, fine line details of bare trees, and the presence of shadows and darkness throughout the frame. The stark difference in artistic style notes the impact of the moment with Stephen on her. The text in the image says: "It was midnight. I drove up and down Lake Shore Drive listening to Van Morrison. 'And It Stoned Me,' 'Dweller on the Threshold'" (46). These two songs in particular seem appropriate to the moment as one song revels in the profundity of simple human connection and the other meditates on liminal spaces and boundary crossing, respectively.

Moreover, both songs meditate on spiritual awakenings, again showing that Stephen had a reciprocal effect on Czerwiec. It is after this encounter that Czerwiec herself begins making visual art. She notes: "Home by 2 A.M. I started painting images on pieces of wood" (46). The final image on that page shows four painted boards in the shape of a room divider. The next page is a full-page image that describes the gulf between her life on and off the unit with boards at the center bottom of the image. The text on the left side of the image describes her life in the unit, including perpetually bad news, ongoing out-of-control crises, honest and direct communication about important issues, and a sense of purpose and belonging. The right-hand text describes her life outside the unit, including the fact that life would go on, not everyone she was close to would die in the next year, her impatience in the face of people's inconsequential-seeming problems, and a desire for "less bullshit" (47). She asserts that she "was starting to feel out of place" (47). The image itself however belies the notion of a *gulf* between the two parts of her life, as the boards at the bottom of the image literally form a pyramid, the top of which provides a bridge between the two serving as a connector between her two worlds (166). This is echoed in the words at the bottom of the image, which claim: "Painting these boards helped form a bridge" (47). The boards are filled with imagery like sun, stars, leaves, branches, etc., showing the need for both nature and art, the personal, and purposeful manipulation of materials into patterns and meaning. Czerwiec's own art-making becomes a way of not only making meaning from her intense nursing experiences but also a form of self-care, which Pettersen's notion of mature care sees as crucial. Pettersen argues that mature carers must take "the interests of both self and others into account" and requires "ongoing reflection" on not just the one being cared for but also about "how one cares about oneself" (377-78). Like oral history, which focuses on meaning more than events, Czerwiec's art becomes about self-care and finding meaning in the work she does that nevertheless takes a toll on her.

Ending(s)

Czerwiec struggles with self-care and establishing the correct boundaries for herself as a professional and an artist throughout the book and never arrives at a final perspective, which seems appropriate for a book that takes as part of its mission the memorializing not just of Unit 371, but also the enduring queer community of Chicago. In the final few pages, the book both reemphasizes its commitment to oral history and to thinking about how to move forward without forgetting those lost in the AIDS epidemic as well as those who continue to be affected. The end of the book is both definite and deferred. On the one hand, it ends with the finality of the closing of the ward itself once new treatments have made AIDS a chronic disease rather than a death sentence. However, the last three chapters are a series of deferred endings, all of which offer a sort of an end point for the narrative, but the narrative persists nonetheless. By multiplying the endings, Czerwiec denies any single final ending. As a story of taking care of HIV/AIDS patients, the book embodies the hope of many of those patients, a deferred ending, a putting off of what seemed in the 1980s and through the early 1990s as the inevitable ending. By refusing such narrative closure, Czerwiec emphasizes the continuance of both the lessons and fallout from the crisis but also the continuance of the queer community which survived even though so many individuals were lost.

Stars, which have been represented multiple times throughout the book, are also present in each of the three endings, offering different aspects of closure for the many narrative strands. The first ending, time stamped 1999, describes the unit's closure, and ends with Czerwiec drawing her very first page of comics. The penultimate section takes place nine years later in 2008 and concludes the series of interviews that comprise the oral history of the unit. This takes the form first of an interview she conducted with Roger, a former patient who has been living with AIDS for years, and their conversation about art, the enduring impact of AIDS on his life, his role as a community oral historian, etc. At the end of their discussion, though, the focus turns to her and they discuss how, then and now, her art often features stars and

Roger explains to her that "stars are guides" and that "even if you can't see the stars, they're still there" (179–180). In this same chapter, she also gives many of the oral history subjects familiar from earlier in the book a chance to sum up what Unit 371 meant to them. Rose Ortiz, for instance, says: "I think I did my best. I received a lot. It's not what I gave, it's what I received" (183). This ending is a return to oral history both in style as well as its focus on meaning and lessons rather than particular events. Again, this has the effect of multiplying the ends rather than simply insisting on hers being the only voice. The final section of the narrative proper is labelled 2016 and shows Czerwiec at a beach party with her friends and community. Eventually, the party winds down and the last image is of an empty beach with stars overhead. The unit has closed, people are living with AIDS, and the queer community has continued to advance the struggle. The stars are still there, offering help in navigating from where we have been to where we are, to where we hope to go. It is significant that the book ends with a wordless commemoration of Chicago's queer community that has endured beyond the AIDS crisis. While the AIDS crisis has largely passed, the scars and losses remain and the final image of the book reminds the reader that caring for one's community is work that ensures the continuance of that community through and beyond hardship, trauma, and grief. Czerwiec's art memorializes her patients, those of the queer community that she and her colleagues in Unit 371 took care of during those dark years. In the foreword to the book, Czerwiec also reminds us that bad times will come again, as they did with the COVID-19 pandemic, which forcefully reminded her of the AIDS crisis, with "the brunt of the disease falling disproportionately on marginalized communities" and with "caregivers becoming patients within their own hospitals and wards" (ix). As ever, people need each other to care and communities must not let divisions impede caretaking; hope, Czerwiec exhorts us, "lies in community action" (x).

In *Taking Turns*, Czerwiec combines graphic medicine and oral history in ways that embody an ethics of care through its visual strategies and structure in order to not only memorialize those lost in the AIDS epidemic but also to affect readers. As Czerwiec notes in the foreword to the book, the COVID-19 pandemic, like the AIDS epidemic, asks people to bear witness and remember what has happened and to learn lessons to hopefully do better next time. Sontag reminds us that "Compassion is an unstable emotion. It needs to be translated into action, or it withers" (101). Czerwiec provides concrete examples of how people helped during the AIDS epidemic by including the stories of not just nurses and doctors but also patients, families, volunteers, and artists, all of whom did things to help. Furthermore, by ending the book with a remembrance of those lost, Czerwiec points out how remembering itself, to return to Sontag once more, is "an ethical act" (115). Care ethics, as expressed by Czerwiec, not only recognizes the humanity of patients but tasks us with remembering them in order to continue to do better by them.

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Biography

Laura L. Beadling earned her Ph.D in American Studies from Purdue University in 2007 and is currently a professor of English and Film Studies at Youngstown State University. She has recently published on Lucy Knisley's graphic memoir of caretaking, *Displacement*. She is also working on another graphic medicine article focused on memoirs of caretakers, particularly of children taking care of sick parents.