



# Aids in Culture

Aspects of the Cultural History of Aids

Volume 1





NATIONAL COMMISSION FOR HUMAN RIGHTS

AIDS IN CULTURE  
ASPECTS OF THE CULTURAL  
HISTORY OF AIDS  
VOLUME 1



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## INTRODUCTION ABOUT AIDS IN CULTURE

*Lars Ivar Owesen\**

*Lein Borge\*\**

How can the Humanities and Social Sciences contribute in the Fight against HIV and AIDS? This question was on our minds since the very beginning of Enkidu Magazine. HIV and AIDS related topics were with us from the start, and soon we felt a need to organize the many articles on the topic that we had published to make them stand out from all the other articles on a considerable variety of topics and sections in Enkidu Magazine. By then, Enkidu Magazine had already started growing into one of the leading internet news agencies on culture, society and human rights in the Hispanic world. We also received an increasing recognition as a space encouraging dialogue and exchange of information, coming in from a network of correspondents all over the planet across linguistic, cultural and academic frontiers. From the beginning, one of the many keystones of Enkidu Magazine, was the translation of scientific and non-scientific articles from different societies, cultures and languages to Castilian, making them accessible and available for new audiences.

It was therefore a natural step to develop a separate news service within the Enkidu family, about AIDS and HIV related topics. In February 2004 AIDS in Culture was founded as a separate academic department in our interdisciplinary Study Center for the humanities and social sciences in Mexico City. In December 2004,

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the first international Aids in Culture conference was also held. Since then, with the exception of 2009, the conference has taken place every year. This conference cycle AIDS in Culture has developed into an annual, academic tradition, unique in the world.

Our 4 academic departments, united under the umbrella of CHiCS (International Society for Cultural History and Cultural Studies) provide global forums for dialogue and debate, where diverse voices from all over the world can come together, make connections, discuss topics of mutual interest and develop new ideas and theories across linguistic, cultural and academic barriers; where scientists in the humanities and social sciences working with a variety of topics, can meet and communicate about their work.

We hope that with the present volume about AIDS in a cultural context, generated in the annual AIDS in Culture conferences and in our manifold academic and cultural activities throughout the year, refreshing research and perspectives will be made available to a global academic community, through publication of the conference proceedings, and related articles. We aim to develop an extensive body of scientific literature on cultural responses to HIV/AIDS which can be used to develop strategies to fight HIV and AIDS that take the importance of cultural factors into consideration.

## ABOUT CNDH

CNDH (Comisión Nacional de los Derechos Humanos), the National Commission for Human Rights of Mexico, has since the very beginning in 2004, acted as co-organizer of the annual conference AIDS in Culture: Explorations in the Cultural History of AIDS. Mexico's National Human Rights Commission is a public institution that enjoys judicial, organizational and functional autonomy from the federal government. While not forming part of the Academic Committee, CNDH performs logistical and organizational tasks of the conference.

In 2004 AIDS in Culture took place in the National Centre for Human Rights (CENADEH) in Mexico City and had artistic and aesthetic responses to AIDS/HIV as a special focus. The Artist of the



Conference was Rolando de la Rosa -Mexican sculptor and painter. In 2005 AIDS in Culture II was held in the Archivo Histórico Santa-maria in the city of Papantla in the Mexican State of Veracruz. The second edition of the conference cycle had indigenous knowledge and conceptions of AIDS in Latin America, Africa and New Guinea as its core theme. The Artist of the Conference was Morgan Alexander, American photo-ethnographer.

In 2006 AIDS in Culture III returned to Mexico City. The conference was organized in a large number of special thematic sessions covering a diverse series of topics extending from “The History of AIDS Activism”, “Representations of AIDS in Literature”, “AIDS in Education” to “The Politics of AIDS and AIDS in Politics” and “Perceptions of AIDS in Lesbian Sub-Cultures in Mexico”. The artist of the conference was Arturo Ramírez Juárez, Mexican painter, who died of AIDS complications in 1987.

In 2007, we continued the tradition of organizing the conference every second year outside Mexico City, partly with the intention of avoiding a concentration of activities in the capital, but also partly to connect and build partnerships with local organisations and institutions. The conference took place in the city of Puebla.

In 2008 the conference had a special focus on **AIDS and Otherness** and **AIDS in narratives of identities**. Paper proposals addressing related issues as well as translations between cultures and re-negotiations and re-constructions of cultural identities in one way or another in relation to AIDS and HIV were given a particular attention by the selection process. In 2009 the conference did not take place. In 2010 the conference will take place again in Mexico City.

*Enkidu*





## CHAPTER 1

# THE MARGINALIZATION OF MINORITY GAY MEN IN AIDS IMAGERY: LIVING ON THE PERIPHERY OF THE UNHEALTHY OTHER

*Gerald White\**

## INTRODUCTION

ca. 1980-1995, in the United States, visual representations of gay men featured in the mainstream media identified them as sinners whose illness resulted directly from their lifestyle. For example, newspaper and magazine coverage of the AIDS epidemic portrayed male homosexuals as a populace deserving quarantine, even exclusion. In response, the gay community created images emphasizing these same people as worthy of empathy and compassion. In *AIDS I*, 1985, (figure 1) Michael Colgan evokes collective burden generated by media discussion about AIDS. In the painting, Colgan locates a male figure in front of a wall covered with mainstream newspaper articles and magazine covers. The figure's face consists of an upside-down pink triangle, which indicates gayness. The down turned head suggests thought, perhaps melancholia. The dense text of media-generated hysteria engulfs the figure. Headlines on either side of him read "Avoiding AIDS" and "The Fear of AIDS". Over his left shoulder, we see Rock Hudson, who died of AIDS-related causes in 1985. Hudson was the first major public figure to announce he had AIDS, and his declaration drew worldwide attention. Hudson's added revelations of homosexuality initiated a wave of fear because his illness disproved beliefs about was or was not at risk.

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Figure 1. Michael Colgan, *AIDS I*, 1985.

Artists such as Michael Colgan worked to alter public opinion about people living with AIDS. Interestingly, however, their art, coupled with mainstream American society's understanding of what gayness meant, resulted in most if not all of the imagery featuring gay white men. And, while challenging preconceived notions regarding people living with AIDS, the images did not dispute widespread beliefs that gayness signified white male. In fact, the images reinforced gayness equaling white male as an unproblematic standard. Colgan attempts to indicate collective oppression in *AIDS I* by leaving the figure abstracted, however the male figure in his painting is white. Similarly, newspaper and tabloid articles surrounding the figure feature white men. Other visual representations created by the gay community did not accurately represent who was affected. Thus, visual representations of the male body as AIDS victim performed an exclusion based on race.

## JUNCTURES OF UNHEALTHY OTHER, AIDS, AND RACE: MULTIPLE MEANINGS OF AIDS

In the United States, AIDS encompasses multiple meanings. Thus, when Paula Treichler refers to the disease as an “epidemic of signification”, a complex web of “meanings, stories, and discourses that intersect and overlap, reinforce and subvert one another” (1988:31), she is noting connections of identity, culture, and oppression that intersect and occur simultaneously. For, as Treichler suggests, multiple identities are at stake. Therefore, HIV/AIDS affects not only gay men, but also people of color, women, injection drug users and prisoners. These groups may overlap, but their identities can be very different.

Treichler’s concept “an epidemic of signification” indicates that dominant society manufactures an unhealthy opposite of itself in order to achieve control. Negative meanings, stories, and discourses produce the unhealthy other image. In turn, the unhealthy other produces connotations that are singular and specific in nature. For example, Dominant society treated AIDS as an unhealthy opposite of itself, suggesting that it resulted from the “promiscuous” lifestyle of homosexual males. Dominant society was able to distance itself from AIDS by implying that specific people or sexual practices caused illness. The control element is that such reduction encouraged the exclusion of gay men from mainstream society. Also, gayness is defined to mean white male in mainstream society and the gay community. In dominant society and responses created by the gay community gay white men became the standard representation of gayness, a kind of privileged unhealthy other. Minority gay men were relegated to the periphery and to some extent became invisible. Understanding how AIDS imagery marginalizes gay men of color involves understanding how dominant society creates an unhealthy opposite of itself. This understanding is central to my discussion, because exclusion of minority gay men from AIDS imagery positions them as the other of the unhealthy other.

Blame and accusation are not new approaches in response to epidemics. Throughout history, attributing origins of infectious diseases to groups considered “other” has been a way for societies to

understand disease. In her book, *Illness and Metaphor*, Susan Sontag demonstrates that historically metaphors and myths surrounding certain illnesses have added to stigmatizing of patients. For Sontag, illness metaphors, are rooted in public fear of contagion. Individuals or groups afflicted by particular diseases come to represent their illness in community consciousness. First, characteristics identified with illnesses, such as AIDS, inspire fear within a society. Then, public anxiety creates a metaphor for the illness itself. Finally, that perception is directed onto other things or people. Stereotypes of stigmatized others are used to formulate boundaries between the self and the unhealthy other. Boundaries create an illusion of insulation from the negative characteristics ascribed to that infected other. Sontag explains:

Nothing is more punitive than to give disease a meaning—that meaning is invariably a moral one. Any important disease whose causality is murky and for which treatment is ineffectual tends to be awash in significance.<sup>1</sup>

Sontag's analysis suggests that societies exclude and punish the afflicted with metaphors related to illness such as "promiscuous" or "dirty". The result is, those afflicted with disease are perceived as both the cause of their infection and deserving exclusion by virtue of being ill.

Named after one of the two tests used to detect the HIV virus, Robert Farber's *Western Blot No. 15* (figure 2) encourages empathy by engaging viewers in autobiographical conversation. Farber's presentation of himself as blurred and abstracted, as well as realistic, gazing outwards, visually implies a connection between the artist and audience. This dialogue becomes progressively personal as text layered over the two images relates thoughts on being HIV+, combinations of life sustaining drug therapies, and fears of impending death. In addition, viewers become implicated in, if not witness to, Farber's exclusion from healthy society. His statement "To look at me, you'd never know that I was HIV+" assumes view-

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<sup>1</sup> Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus and Giroux. 1978.

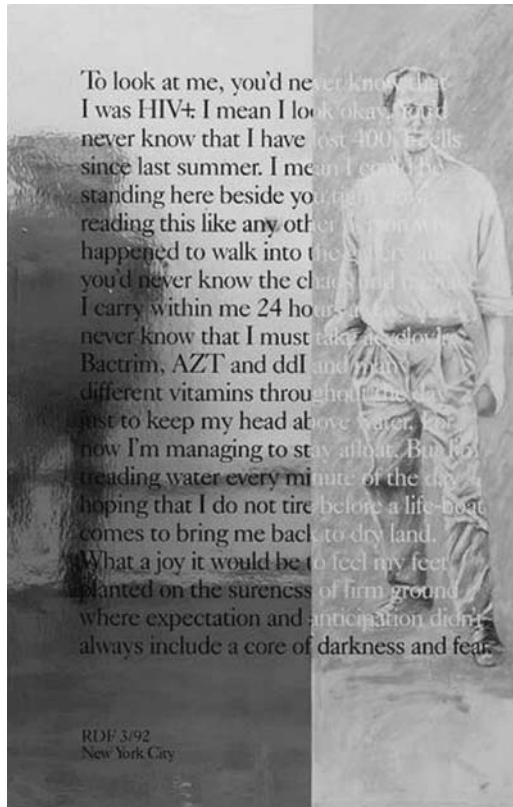


Figure 2. Robert Farber, *Western Blot No. 15*, 1992.

ers hold preconceived notions of what an HIV+ person looks like. The combination of text and the seemingly “healthy Farber” image on the right dispute such claims. As Farber says, “I could be standing here right beside you right now reading this like any other person”. Thus, in *Western Blot No. 15*, the conversational tone works to create familiarity between artist and viewer. This contrasts with a strong expectation. In healthy society, the unwell are expected to remain silent about their conditions. However, Farber’s familiar tone and matter of fact phrasing imply a personal conversation. What reads like his intimate thoughts, becomes highly public in the form of a displayed work of art. Consequently, viewers are asked to rec-

oncile stereotyped ideas of illness with Farber's words and lack of visible symptoms. Farber appears healthy. Thus, the distinction between healthy and unhealthy is reduced and stereotypes become unproven.

In *Disease and Representation: The Construction of Images of Illness from Madness to AIDS*, Gilman argues that Western images of all diseases are contaminated by social fears of disintegration. Gilman associates fear of bodily collapse with the physical symptoms of diseases such as syphilis or AIDS, which appear to make the body "collapse". However, fears of collapse are not internalized. Instead, they are projected onto the other as a way to achieve a sense of control. Members of that "other" group become stigmatized by virtue of their apparent deterioration. In other words, their visible symptoms contribute to their social exclusion. The "unhealthy other" image is, for Gilman, the "collective and internalized feeling of disorder caused by fears of becoming sick projected onto a group or individual who has already shown his or her vulnerability by having collapsed."<sup>2</sup> Gilman suggests a close relationship between visual images of disease and "internalized feelings of disorder" associated with the ill. The relationship contributes to the "unhealthy other" image in social consciousness. In *Western Blot No. 15*, dialogue helps redefine the unhealthy other in public consciousness. Gilman argues that unhealthy other images are based on fears of disintegration projected onto an individual or group. However, Farber's image shows no visible symptoms of disease or of bodily deterioration. Unlike Colgan's character earlier, in Farber's painting the figure looks out to confront viewers with his health and his voice. His ability to speak for himself about his disease implies a control not associated with the unhealthy other. Rather than having unhealthy other status projected onto him, Farber is unhealthy only because he tells the viewer. Stigmatization of unhealthy others is dependent on stereotypes of illness that remove individuality. Farber's naming and defining of his illness in *Western Blot No. 15* contradicts these stereotypes and reclaims the identity of the unhealthy other.

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<sup>2</sup> Gilman, Sander L. *Disease and Representation: Images of Illness from Madness to AIDS*. Cornell University Press. 1988, p. 1.



Robert Crawford is the first author to specifically name what the other authors refer to. He presents the term “unhealthy other” to stand for the projections of fear of disease and creation onto a subject who is perceived not only as a physical danger, but also as an equally threatening and dangerous identity.<sup>3</sup> In his essay, *The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture and AIDS*, Crawford explains that “healthy” is a key concept in the fashioning of identity for the modern and contemporary middle class. Those considered “unhealthy” come to be represented as the other of this self. The concept of “unwell other” is made up of “associations of contamination and impurity projected onto individuals”,<sup>4</sup> according to Crawford. In other words, the negative symbolism of terms such as “dirty” or “disease-ridden” is projected onto the sick and defines borders between the self and the other within society. As in Sontag and Gilman’s assessment, these associations projected onto the infected maintain boundaries of “healthy” social identity. For Crawford, stigmatizing images of the other are founded in a society that defines itself in relation to the unhealthy. A healthy self is an important aspect of a community consciousness since it reinforces the illusion of control and “good citizens”. The unhealthy other is imagined by a healthy society to embody negative properties that fall outside the healthy self or to be “bad citizens”. Stereotypes act as self-assurance. In fact, the social self needs stigmatizing imagery of the other in order to self-identify and sustain public illusions of “health” and difference.

Social defense mechanisms, coupled with stereotypes associated with sickness, contribute to exclusion of those defined as unhealthy. As a result, the ill are placed outside of functioning society through the use of metaphors and imagery depicting them as the other. The other is seen as mutually threatening and dangerous to society and corresponding representations of the ill emphasize their difference and justify their isolation.

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<sup>3</sup> Crawford, Robert. *The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture, and AIDS. Social Science and Medicine* 38(10): 1347-1365 (1994).

<sup>4</sup> Crawford, Robert. *The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture, and AIDS. Social Science and Medicine* 38(10): 1347-1365 (1994).

By asserting the artist's identity as an HIV+ individual who visually looks "just like you", Robert Farber's *Western Blot No. 15* acts as a direct challenge to unhealthy other imagery. Following the logic discussed earlier, the unhealthy other has to be imagined as an opposite of healthy society in order for distinctions between "normal" and "abnormal" to occur. However, Farber's image is conventional in appearance and non-threatening in nature. Unlike Colgan's abstracted character in *AIDS I*, there is nothing designating gayness or connections to marginalized groups. Thus, viewers are persuaded to recognize Farber's humanity and find commonality with his fear of death.

AIDS is a disease of multiple experiences and discourses. It can be argued that unhealthy imagery is limited; especially considering AIDS is an issue not only of social health, but as a disease affecting the myriad identities in American society. By excluding depictions of minority gay men, visual representations created by the gay community also ignore multiple oppressions and identities.

## AIDS AND GAYNESS: MULTIPLE OPPRESSIONS

Attitudes and beliefs about AIDS and those suffering from it changed between 1980 and 1995. Formerly considered pariahs, people afflicted with AIDS began to be seen as victims deserving empathy from the general populace. However, pointing out the representational inconsistencies questions racial politics with regard to AIDS. Why, when minority gay men have always made up a disproportionate number of AIDS cases in the United States, does imagery solely feature gay white men? Between 1989 and 1998 AIDS cases among minority gays rose from 31 percent to 52 percent of all gay and bisexual cases, while those among white gay men dropped from 69 percent to 48 percent, according to the Centers for Disease Control and Prevention in Atlanta. However, most artistic responses coming from the gay community continue to depict AIDS as affecting white men. In *Activism against AIDS: at the Intersections of Sexuality, Race, Gender, and Class*, Brent Stockdill states that the AIDS epi-

demie is a nexus of multiple oppressions.<sup>5</sup> However, they come not only from dominant society, but also from attitudes and practices within oppressed groups that reflect partial oppositional consciousness. By partial oppositional consciousness, Stockdill means that a group or individual expresses oppositional consciousness against dominant societal oppression while simultaneously espousing hegemonic consciousness. In short, an oppressed group oppresses or excludes others. Two examples would be homophobia found in civil rights movements and racism occurring in the feminist organizations. Such assumptions are false and do not recognize multiple oppressions operating within the AIDS epidemic as well as the gay community.

## CONCLUSION

Art historians and Queer theorists have ignored the lack of visual representations of minority gay men in AIDS-related art. They have taken for granted a united consciousness in the gay community. Their assumptions about a shared identity based on sexual orientation ignore individual identities and privilege as normative a white cultural experience. Thus, African-American, Asian and Latino gay men are excluded from participation in their own community. While visual representations created by Robert Farber and Michael Colgan challenged preconceived notions regarding people living with AIDS, their art did not dispute widespread beliefs that gayness signifies white and male. In fact, they privileged the white male. Thus, visual representations created by the gay community ignore that the minority population impacted by AIDS was equal to if not greater than the population displayed. Incorrect ideas about what was at issue and for whom were generated by a lack of references to gay men of color. Dangerously, misrepresentations in imagery also created incorrect ideas about who was *not* at risk. Glick Schiller states that it is dangerous to “use the concept of cul-

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<sup>5</sup> Stockdill, Brent. *Activism against AIDS: at the Intersections of Sexuality, Race, Gender, and Class*. Boulder, Colo.; London: Lynne Rienner Publishers, 2003.

ture to characterize “high risk-groups” because it socially “distances and subordinates” those designated as “at risk” of infection and fuels a “denial of personal risk” for those defined outside of the designated risk-groups.<sup>6</sup> Thus, focusing on the white male inferred a patently false level of safety for minority gay men.

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<sup>6</sup> Glick Schiller, Nina, Stephen Crystal and Denver Lewellen. (1994). *Risky Business: The Cultural Construction of AIDS Risk-groups*. *Social Science and Medicine* 38(10): 1337-1346.

CHAPTER 2

ENABLING “EQUIPPED”:  
AN ARMY OF LOVERS EXPANDING  
THE ACTIVIST BODY

*Debra Levine\**

*By reason of affinite whiche it had with mylke, whay  
is convertible into bloude and fleshe.*

Sir Thomas Elyot, *Castel of Helth* 1533

*There is a force within society that cannot  
be contained. Call it Queer Theory Clearly  
no one could have predicted the visual representation  
of this theory.*

Ray Navarro, 1990

1988. Ray and I had just finished an installation of artwork based on a series of AIDS education classes we had held with teenagers attending an after-school program in East Harlem. We had plastered their paintings and poems about safer sex in the hallways of El Museo del Barrio, and Ray produced a videotape using images from the classes, which looped continuously during the exhibition. Soon after, we were asked to speak about our work at the “Ways of Being Gay” festival in Buffalo, New York. Ray Navarro was a dazzling, outspoken, proudly queer twenty-five year old Chicano-American AIDS and media activist, an artist and writer originally from Simi Valley California whom I met in ACT UP New York. I was a theatre director interested in performance art, a newly minted AIDS activist, and queer-identified, but for lack of a better term,

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\* New York University.

a straight woman. I had to think long and hard about finding my way of being gay.

The Buffalo talk went quite well, and we had planted the seeds for what was to become an ACT UP chapter. Afterwards, the curator, Ron Ehmke, offered to drive us up to see Niagara Falls from the Canadian side. On the way, we were all giggling in the car, making immature jokes about queer honeymoons and the possibilities of staging an ACT UP action at the falls (still an interesting idea) when Ray shut me up and blasted the radio. A tenor sax blew a sexy curlicue of a wail, and then Leonard Cohen started to croon in a voice that spread like a viscous liquid seeping through cracks in the dashboard; "If you want a lover, I'll do anything you ask me to. And if you want another kind of love, I'll wear a mask for you, If you want a partner, take my hand. Or if you want to strike me down in anger, here I stand. I'm your man" (1988).

I will argue that the structure and use of affinity groups within AIDS activist culture en-abled members, dis-abled with physical complications of HIV and AIDS to retain their own creative, sexual and political identities. The social body of ACT UP extended beyond the sites of protests, meetings, and actions. Because this activist body was well adapted to split and reconfigure according to emerging crises, we could also apply the principals of affinity group organization to caregiving tasks as members became ill. Rather than allowing PWAs to relinquish an activist presence in the process of dying, AIDS activists created a mode of caregiving where the caregiver evolved into prosthesis for the dis-abled body. These bodies of caregiving affinity groups constituted another mode of activist praxis using their individually abled bodies to extended the PWA's body back into the realm of the body politic.

PEOPLE WITH AIDS ARE UNDER ATTACK.  
WHAT DO WE DO? ACT UP, FIGHT BACK!

I am now writing in a post-protease inhibitor world. And I agree with Susan Sontag that, for HIV-positive people, to refuse antiviral treatment out of superstition or resignation is "disastrous" (1989:36). *AIDS as Metaphor* envisions a world where resorting to alternative

remedies for “first defense” treatment could be configured as a potential (bad) choice. Sontag writes about a sphere of excess, inaccessible for most of the 39.4 million HIV-positive people today. For all the productive work accomplished by AIDS activists, we still have not redirected the stigma and blame focused on individuals with HIV infection onto the true culprits: the institutions profiting from or ignoring human suffering. Money from the US does not flow to global AIDS prevention organizations unless their primary focus is abstinence education. Abstinence is not a “choice” for many in an economy of scarcity, not for the sex worker or the married woman whose husband may be HIV-positive. This is political violence; wealthy nations are holding the health of the poor hostage to their moral ideology.

The early AIDS activist movement in the US failed to develop a comprehensive strategy to fight the global epidemic. Paul Farmer, in his book *AIDS and Accusations*, defines the true epidemic as the intersection of the HIV virus with the quotidian condition of suffering of the poor, caused by centuries of institutionalized racism, colonialism and imperialism. The Women’s Caucus and Majority Actions committees of ACT UP raised these same issues on a national level and began to forge alliances with other affected communities. Most of the early victories were national or local, however not global.

ACT UP was more successful in its enduring impact on art and media, inverting the “typology of signs that promises to identify the dreaded object of desire in the final moments of its own self destruction” (Watney 1993:207). In the late eighties and early nineties the US government as a benefactor, handcuffed its arts funding to hegemonic notions of morality. This attempt to censor queer art and by extension queer culture, was intended to demoralize and intimidate. David Wojnarowicz distilled this concept in a reply to John Frohnmayer (then chairman of the National Endowment for the Arts):

It is not just about a bunch of word or images in the ‘art world context’—it is about the legislated and systematic murder of homosexuals and their legislated silence; it is about people with AIDS

and a denial of the information necessary for those and other people to make informed decisions concerning safety within their sexual activities (1989).

Wojnarowicz made the link between the censorship of words and images and the government's desire to tie AIDS prevention education to their moral notions of sanctioned sexual practices.

Still today, the dominant media runs image after image of dying AIDS patients in Africa, in Thailand, in Haiti. Arthur Kleinman, writing in *Suffering as Social Experience*, says that these images "are calculated to demoralize and to intimidate. Thus, human trauma is a planned and desired outcome... These techniques of violence... suppress criticism and... prevent resistance" (175). How could a developing country resist the terms of funding when spectators are inundated with catastrophic images and read that the US has pledged fifteen billion dollars? Where is the critique in the dominant media around funding which goes to abstinence programs and to US pharmaceutical companies because only those US companies can manufacture up to US standards? They do report it. But where are *those* pictures? What will *those* captions announce? Attacking cultural representation of the HIV-positive body in the media, ACT UP unveiled the hegemonic biases around the social construction of the AIDS crisis. And affinity groups of activist artists and video producers took it upon themselves to distribute alternative mediated images. ACT UP opened the space between the picture and the caption, the signified and signifier. In that space, we inserted the point of view of the PWA. Early ACT UP praxis paved the way for the current critique of mediated representation in the global AIDS pandemic.

#### ONE, TWO, THREE, FOUR. CIVIL RIGHTS OR CIVIL WAR

New York. 1989 and 1990. The pre-protease inhibitor world in the US resembled the social AIDS epidemic defined by Farmer. If you included homophobia. I joined ACT UP New York in the spring of 1988, right before the second Wall Street action in which hundreds



were arrested performing acts of civil disobedience in support of the demand that drug companies radically cut the price of AZT. I worked at various free-lance jobs to pay my bills, but that was secondary to the time I spent as an AIDS activist. My life revolved around planning and attending demonstrations and conferences, collaborating on AIDS education projects with teenagers and prisoners, and occasionally risking arrest through acts of civil disobedience or distribution of clean needles. ACT UP became my community, my entire world. Vito Russo, a vocal, "out" PWA and author of *The Celluloid Closet*, accurately depicted this cosmos within a cosmos in his 1988 speech, "Why We Fight":

Living with AIDS is like living through a war which is happening only for those people who happen to be in the trenches. Every time a shell explodes, you look around and you discover that you've lost more of your friends, but nobody else notices. It isn't happening to them. They're walking the streets as though we weren't living through some sort of nightmare. And only you can hear the screams of the people who are dying and their cries for help. No one else seems to be noticing.

And it's worse than a war, because during a war people are united in a shared experience. This war has not united us, it's divided us. It's separated those of us with AIDS and those of us who fight for people with AIDS from the rest of the population (1988).

Because of that clear divide, ACT UP members quickly developed fierce, intensive affective relationships on the ACT UP side of the border, based on the notion of affinity. ACT UP member Gregg Bordowitz recalls: "ACT UP was a kind of anarchist inspired ideal. Someone could stand up and say I'm doing this action, who is interested in this action? Meet me in the back corner. It was about stepping up, it wasn't about delegation... it was the part of the affinity groups to constitute the larger group" (2004). In the summer of 1988 I stood up on the floor of ACT UP and asked for collaborators for an AIDS education and art installation project at El Museo del Barrio. That's how Ray became an intimate member of my affective ACT UP affinity group.

Ray died on November 9, 1990. Of what? Cryptococcal meningitis? TB? CMV? Pneumonia? He had them all. I don't think I ever

knew the “cause of death.” During the last six months of his life, Ray was blind, almost completely deaf and unable to walk because of the peripheral neuropathy in his limbs, a side effect of his many daily medications. His only anti-viral treatment was AZT. Just twenty-seven years old when he died, he did not hold on long enough to be resurrected in the mid-nineties by the combination of nucleoside analogs and protease inhibitors, the miraculous ten thousand dollar a year “cocktail.” Therefore, for the duration of his illness, the last year-and-a-half of his life spent primarily on the seventh floor of Saint Vincent’s Hospital in New York City, Ray, his lover Anthony, and his mother Patricia, depended on his ACT UP affinity group, a self-determined kinship network formed through bonds forged by collective action, to provide for his physical, emotional, artistic, intellectual and spiritual needs. And he in turn provided for ours.

#### BLACK, WHITE, GAY, STRAIGHT: AIDS DOES NOT DISCRIMINATE

ACT UP developed a holistic epistemology of inclusiveness, which encouraged individual autonomy within a collective vision so that seemingly opposing actions could exist within the group cosmology. This structure allowed us to be fluid in our own political and personal practices. The meetings were filled with gay, lesbian, bisexual, and trans-gendered people. A few straight people attended, mostly women. And from the very beginning, the affinities were apparent between penetrative tactics of ACT UP and those of the alternative artists. Both were making politically responsive work outside of a gallery context. Ray characterized this as work found “usually on TV, out of doors, being mailed, miniaturized or just given away (work which) bursts forth from the edges of its frames and through the gallery doors seeking liberation” (Navarro: 1990). Not every artist creating progressive work around issues of sexuality, gender, homophobia and AIDS attended ACT UP meetings, but we were all under siege from a government bent on denying our visibility, censoring our modes of expression and denying our civil rights, funding and access to potential treatments. The art world and the AIDS world overlapped in both tactics and goals.

1989. Ray and his lover Tony, traveled to the Fifth International AIDS Conference in Montreal with his video-production affinity group, DIVA (Damn Interfering Video Activists) TV, to document the ACT UP demonstrations calling for “parallel track” drug testing. Because there were so few available treatments at the time, ACT UP advocated a strategy where non-toxic treatments still in the testing stages could be available to all PWAs; those participating in government sponsored drug trials as well as those who did not qualify for the official trials. During the demonstration, Tony contracted PCP, and we in New York scrambled to send money to Canada to pay for his hospitalization and their room and board for the duration of Tony’s illness. Neither Ray nor Tony had been aware of their HIV status before Tony got sick; now Ray’s friends had to contend with the notion that he too was probably HIV-positive. “He (Ray) got sick pretty quickly”, recalls Zoe Leonard, another ACT UP member and lover of Ray’s two best friends, Gregg Bordowitz and Catherine Gund:

When he got sick I didn’t know what my role was. I knew I wanted to help and I felt a certain kind of —obligation is not the word— a kind of family impulse to join in and help during the first hospitalization. I volunteered to do shifts, spending the night, whatever it was, picking up a blueberry smoothie at the health food store... I adored him and he clearly he adored me, but we didn’t have a big friendship before he got sick (2004).

Ray’s friends and acquaintances in ACT UP transformed themselves into his Army of Lovers. This army was a voluntary kinship network bound by affinity. I have chosen three definitions for “affinity” from the Oxford English Dictionary and place them before you:

A causal relationship or connection (as flowing the one from the other or having a common source) or such an agreement or similarity of nature or character as might result from such a relationship as if it existed.

Voluntary social relationship; companionship, alliance, association by inclination or attraction.

Chemical attraction; the tendency, which certain elementary substances or their compounds have to unite with other elements and form new compounds (*Affinity* 1979: 40).

Appropriately, the most applicable definitions are the odd, even queer numbers. In his essay for the exhibition of activist art organized by Art Positive (Art+), *An Army of Lovers: AIDS and Censorship*, Ray says that “an army of lovers no longer stands for only a team of nude men who believe that by falling in love with each other they would fight better battles in order to protect one another’s lives” (1990). Referring to Plato’s original army of lovers, Ray queered this image, recasting the army as ACT UP, “a diverse, non-partisan group of individuals, united in anger and committed to direct action to end the AIDS crisis” (ACT UP: 2004). What was ACT UP’s greatest strength? It was a shape shifting, permeable organization, open to all individuals. The connections flowed from one individual to another, all united under that elusive idea of eliminating the crisis. “We were all into self-selection; that was part of the ethos of ACT UP”, says Bordowitz (2004). Maria Maggenti, describing David Falcone giving himself a manicure in a paddy-wagon on the way to jail, said; “you could only have that kind of a moment when you have a totally free group where any freak off the street can just walk in and say ‘I want to fight AIDS’” (Cvetkovich 2003:230).

## THEY SAY GET BACK! WE SAY FIGHT BACK!

To define these relationships, on the level of the social body and the body politic, we need to imagine ACT UP using a poststructuralist model of self-determined gendered and raced celestial bodies orbiting around a combustible source of affective energy, which ACT UP defined as anger. I would call this a holistic model of bodies in play activated by anger but magnetized by attraction. Many, many kinds of attraction: intellectual, political, erotic and aesthetic. Some individuals formed affinity groups based on specific subjectivities or issues and remained in tight orbit, others were natural satellites revolving around sick bodies, and still other affinity groups were

constituted as quick responders to a provocation; like meteors: they flared up and flamed out. All individuals were in constant movement, bodies reconfiguring to make other bodies, ever-adapting to the evolving political climate as well as the pressing health needs of PWA members.

Ray was able to write his essay for *An Army of Lovers: AIDS and Censorship* through an agent. Aldo Hernandez. He created "Equipped", a triptych of photographs through Zoe Leonard. Ray needed Aldo and Zoe because he could no longer see, walk or touch. He could barely hear. Aldo and Zoe, along with Catherine, Gregg, Ellen, Kim, Julie, Lola, Tracy, Robert, Jean, myself and others were bodies produced by ACT UP, trained through activist praxis as an "army of lovers", to orbit around Ray, bringing the world to him and taking him out into the world. We were just one of many similar "armies" of activists within ACT UP who radically revised the diseased body's capacity to live and work, not just survive with or die from AIDS. The ethos of ACT UP was to make the PWA visible, and our cosmology was configured to make that happen politically and personally. No one ever formally conferred to make this happen; instead, political culture insinuated itself into social practice as more PWAs became symptomatic.

When I attended ACT UP meetings, from 1988 until 1992, before each major "action" a facilitator would offer potential demonstrators a training session on civil disobedience (CD). In the sessions, the CD trainer would explain:

Affinity groups for mass actions are often formed during non-violence training sessions. It is a good idea to meet with your affinity group a few times before an action to get to know them if you are not already friends, and to discuss issues such as non-cooperation and relationship to the legal system, the role your group will play (in a large action), etc. After an action, it is also helpful to meet with your group to evaluate and share experiences (Alach 2004).

The trainer would also elucidate roles the group members could play within the affinity group and stressed that these roles could change from demonstration to demonstration. One could be an arrestee, a supporter (holding onto the person's belongings and tracking them

through the criminal justice system), a spokesperson, a legal observer, a police negotiator (if the group wanted to negotiate), or someone who may managed logistics. The text of the CD training manual specifically embodied the abstract notion of support:

The role of support in a civil disobedience action is crucial. Support people accept the responsibility of being a visible, involved contact to the outside once a member of the affinity group is arrested. They are the personal extension of the care and concern an affinity group shares among its members, an extension of the need all the participants have to see that individuals who participate in nonviolent direct action are not isolated, neglected, and overburdened because of their political statement (Alach, 2004).

### SHAME! SHAME! YOUR SHOES DON'T MATCH YOUR GLOVES!

Virginia Woolf, in her essay *On Being Ill* writes how illness changes the world around us and that language cannot begin to describe the qualities of pain. Woolf rightly says of the sympathy conveyed by visitors to the afflicted at the sickbed, “we can do without it” (13). Woolf describes illness as an interior world, where the afflicted retreats to a private sphere visited only by “the laggards and failures, women for the most part (in whom the obsolete exists so strangely side by side with anarchy and newness), (who) have the time to spend upon fantastic and unprofitable excursions” (13).

Give these words a queer reading and fast forward sixty years: cast the visitor as the homosexuals, a group viewed by the “general population” as the laggards, the failures who could not adapt to the heterosexual norm. The archetypical “homosexual” dwelled outside of the public sphere much like women of the early twentieth century. Often attending meetings in skirts, frippery, and cheap gaudy jewelry, many male activists aspired to look like Woolf’s obsolete women visitors. ACT UP’s efficacy could be directly correlated to its queer inversion of the supportive body. Our willingness to subsume our individual careers and aspirations and organize a community deemed “obsolete” led to fantastic successes in our campaigns against the federal and city governments. In fact only

the drug companies found our efforts had unprofitable consequences. Subverting Woolf's divide, the visitor and the afflicted united in the social body. It was part of our activist training to prevent isolation or neglect. And we created a language, the chants, slogans and images, the wheat-pasted posters on buildings and placards held high at demonstrations, a symbolic structure, to begin to describe the psychic, social and physical pain of AIDS.

ACT UP! WE'RE HERE!

WE'RE LOUD + PROUD + STRONG + QUEER!

1990. The last line of the CD training text is: "Support other support people -working together will ease the load". We had all been taking shifts with Ray in the hospital, sleeping in bed with him, cleaning his body, wiping his lips with glycerin, reading, singing and gossiping with him, fighting and negotiating with doctors in the hospital, and sneaking in the acupuncturist. You want a priest Ray? Here's Daniel Berrigan. Ray left the hospital for a brief time before his last birthday, a month before he died. Zoe talks about the phone call she received from Ray during that time, asking her to help him create "Equipped".

I was surprised when he asked me to come over and talk to him. I was taken aback but a little honored. Because I was aware of the pain Gregg was in, the pain Patricia was in and knowing I wasn't having the same experience because I didn't have the same investment. He expressed that he had a piece he wanted to make and he was blind at the time. He couldn't make it. He was in bed, he couldn't move around and he was blind. He could hear but it was impaired. He wanted me to make this piece for him. I just agreed (2004).

"Equipped" consists of three black and white images: the first is a horizontal photograph, 12  $\frac{3}{8}$ " by 18  $\frac{5}{8}$ " of Ray's upside down wheelchair lying outdoors on asphalt entitled: "HOT BUTT", a 12  $\frac{1}{4}$  by 18  $\frac{1}{2}$  " horizontal photograph of his walker lying on its side in a the dark narrow entryway of his building entitled "STUD WALK" and a vertical photograph 18  $\frac{5}{8}$ " by 12  $\frac{3}{8}$ " of his cane propped

upside down against a door entitled: “THIRD LEG”. The signs hung centered beneath their respective images. The images were framed in wood sprayed to a high gloss finish with crayola “flesh” colored paint, like plastic prosthetic material. The images hung on the gallery walls eight to ten inches apart.

Zoe describes her meeting with Ray and her perception of her role:

He described the piece. And we made some kind of a plan. When we would shoot what or whatever. But I’d been doing some collaborative work at that point and I kind of turned it over in my head and I realized that this isn’t a collaboration in the traditional sense. This is not about my ideas meeting somebody else’s ideas. This is about becoming a conduit for someone else’s ideas. Becoming an extension of their body. Because I could see, I could operate the camera. I could choose the color. It was not going to be a collaborative thing or a collective project. It was about becoming his hands (2004).

A prosthesis is a machine, a device of some sort, which enhances one’s limited abilities. I want to dwell on a usage of prosthesis I found from 1706 which defines it as “that which fills up what is wanting, as is to be seen as fistulous and hollow ulcers, filled up with flesh by that art” (OED 2333). The definition creates prosthesis as noun and verb, as an act and an art. Healthy activist bodies were configured as prosthetics, both flesh and machines, to fill the holes indelibly left by infection. Collapsing the Leonard Cohen song we heard on that drive to Niagara Falls, “If you want a... here I stand... I’m your man” (1988). This process worked because we had learned the value of being open bodies, politically and emotionally. And we had the support structure in place to do so. Zoe remarked that she had never done anything similar to this type of work before or since.

WE DIE! THEY DO NOTHING!

I suspect Ray chose to make a photographic piece for two reasons. First, he had been collaborating on an article, *Shocking Pink Praxis*,



with Catherine Gund, which discussed Lola Flash's color-reversed photography of AIDS activists, theorizing the work as an artistic practice of resistance and a direct critique of discourse which privileged white gay men over people of color and women in the AIDS crisis. It was imperative for these collaborators, both video artists and writers, to theorize self-representation as an aesthetic and political strategy. They were aware of "the price queers pay for doing political work which demands the privileging of race, gender or class over sexual preference", in the feminist, civil rights and Chicano liberation movements (354). But, as a lesbian and a gay Chicano male, they were also attuned to the price minority subjects pay by joining a predominantly white gay male movement. Ray and Catherine argued that alienated self representations, like Lola's work, "record a counter-memory" which "explodes the stability of the official history," thus highlighting not only stratification of resources along the lines of race and gender in dominant culture but in ACT UP itself (347).

In *Shocking Pink Praxis*, Ray and Catherine also deconstructed the value-laden practice of captioning demonstration photographs in the dominant media (e.g., photos of dynamic bodies being carried away by police during civil disobedience, with a caption reading, "AIDS Victims"). Quoting Barthes' discussion of photography, they reminded that, "a photograph is a message without a code, until it is captured or captioned" (345). In creating "Equipped", Ray chose to make a representation of disability, coded with fetishized desire, to lob another destabilizing image at the official history of the crisis.

Secondly, because Ray and Catherine reference Barthes in their article, I assume that Ray also looked to him when making the decision to use photography rather than video. Barthes refers to cinema as a "community of images" (1981:3). Forgive my slippage in media, but Ray, a video maker, opted for singularity rather than community in "Equipped", although singularity with some companionship. The common theme in the photographs is of the machine, built to aid movement, which has been inverted and abandoned. Ray used photography to resist forward camera movement, to indicate a halt in production and to freeze time. In the photograph of the wheelchair, the fleshy leather seat is what connects to the asphalt.

The smooth steel wheels, looking like cogs in a watch mechanism, are perfectly still. The curve of the wooden cane rests on the floor instead of gripped in a warm hand; the walker is not buffered by its rubber tipped ends but prone on the tile of the hall. All these prosthetic devices are now obstacles in the path of others.

“Equipped” is a fetish containing a metonymic object. There are so many transferences involved: photographs conceived in Ray’s head, machines employed by his body, translated to Zoe’s brain, located by her eyes through the lens of a camera, imprinted as a negative, developed as a positive, wrapped in a pinkish prosthetic frame which then became an art object exhibited in a gallery and sold at an auction to raise funds for ACT UP. This fetish was imbued with healing and commodity value. Ray had a sense of humor—title “Equipped” gives more than a passing nod to preoccupations of sexual fetishism and desirability in disability. The work was also language, a direct retort to the work of Nicholas Nixon. As Zoe said “We all wanted to kick Nicholas Nixon’s ass” (2004).

#### FAIRIES + FAGGOTS + DYKES. FIGHT BACK!

Nixon is a photographer, whose 1988 portraits of PWAs, exhibited at the Museum of Modern Art, infuriated AIDS activists. The photographs were “stark and formal close-ups or shallow focused medium shots of immobile subjects taken at intervals of weeks and months with an 8 X 10 view camera” (2004). The photos depicted wasted bodies apparently resigned to imminent death. ACT UP staged a die-in at the museum, demanding a different kind of representation of PWAs. “Equipped” took on that challenge. Douglas Crimp has beautifully articulated the conflicts in this challenge in an interview with Tina Takemoto, *The Melancholia of AIDS*:

I was aware that by simply asking to replace visible pictures of illness with positive images of health one could become complicit in saying, in effect, “We don’t want to see an image of a sick person”. So how can we resist the idea that an image of a sick person is a negative image or the idea that we should only see people living

with AIDS who, as ACT UP demanded in response to Nicholas Nixon's portraits of people with AIDS, are acting up and fighting back? It's interesting because the positive images that activists were calling for at that time are now everywhere and are very disabling. If you look at the advertising for antiviral AIDS medications you will see images of hunky men climbing mountains that deny the fact that people taking these drugs often have problems with diarrhea, lipodystrophy, heart disease, and various other debilitating side effects (2).

Ray represented himself through three intermediary objects—objects he depended on for circulation in the world. He evaded the positivist image derided by Crimp and was still able, through use of caption, to contextualize eroticism, and invoke his disabilities. He also cleverly framed post-colonialist desire for the other, wrapping his objectified body in the “flesh-colored” prosthesis of the crayola-dictated “white” body.

Although I have attempted some description and offered some interpretation of “Equipped”, I feel compelled to say that the photographs do not move me. I am happy that in my interview with Zoe, she reminded me that “Equipped” is really a conceptual work. Staring over and over at the wheelchair photograph, I find beauty in the graininess of the asphalt, and the reflection of the asphalt on the outside metal edge of the seat. There also is a small object lying on the ground, covered by a leaf. My gaze often settles on the leaf as a potential entrée into the photo. The texture of the leaf is a contrast to the unyielding surfaces of the chair and the asphalt; it is my punctum. But it doesn't take me far. The chair is smack dab in the middle of the photo and it blocks me from entering.

I suppose that is part of the point. Ray was fully aware of where he was going. The work points out the instabilities, the impermanence of affinities. We could only go so far with him. As he began to disappear, we disappeared too. Making “Equipped”, Zoe was the invisible body in the process, the prosthetic device that is unacknowledged in all the links a spectator could now bring to the piece. Yet I see Zoe when I look at the photographs. I see her pushing the wheelchair into Tompkins Square Park with Ray in it, propping him against a fence so she and he would be facing the same

angle and asking “Background? Do you want to be able to see a tree? Do you want to be able to see a bench?” I can hear Zoe’s voice, having just interviewed her, and I can imagine Ray’s response, but I can no longer hear it in my mind. I am sure that fourteen years ago, even though I was not in the park at that moment, I could imagine the timbre of his voice and how he would respond. I felt like I knew him that well. And in the interview, Zoe could remember her questions and Ray’s directions, but her memory of him was articulated in the conditional and passive “he would say yes or no, he would direct it” (2004). His body and voice are ever slipping away from this frame.

“Equipped” is now fourteen years old and has not been seen for years. The work itself is a placeholder for the time between Ray’s death and now. The original work is archived in an activist museum in Ohio, and Zoe made a replica which has been stored in Ray’s mother’s home for years. Zoe, a respected artist with a stellar career as a photographer, classified “Equipped” as an unlimited edition. She explained that limiting photographic prints from a negative was a strategy for increasing its worth in the art market —scarcity increases value. She generously undercut the commodity value of the piece by assuring its ability to circulate through replication, through excess. But other than a Day of the Dead celebration at the Los Angeles Photography Center in 1991, this piece has languished in an Ohio archive. The memory of the piece took on a new life for me only now, in 2004, in the context of a Healing and Performance class I am taking at NYU.

Barthes says “there is nothing surprising, then, if sometimes, despite its clarity, the punctum should be revealed only after the fact, when the photograph is no longer in front of me, and I think back on it” (1981:53). Fourteen years later I realize the punctum of the work is the affinity of the photos for each other, for the plaques and frames and for the people involved in making the work possible. I have performed a romantic archeology of my past to resurrect this work; pulling work prints of the photographs from Zoe, hounding Patricia, Ray’s mother, for her replicas of the plaques, digging through boxes and boxes of ACT UP and Art Positive materials in Aldo’s tiny East Village apartment for a copy of the exhibition essay, and visiting

with Aldo, Gregg, Zoe and Catherine to try and recover more than their "official" memories of Ray which have been recounted elsewhere.

But I am more than just a student; I am a subject in this archeology of affinity. I have used my current identity to reconnect relationships, which have dissipated over time. Douglas Crimp has warned that activism suppresses mourning. Interviewing Lola and Julie, Catherine and Gregg this many years later, all cite Ray's death as a catalyst to their decision to separate from ACT UP. I would argue that separation from ACT UP after Ray's death, the de-cathected mourning process itself, induces melancholia for the affinities of activism. I have come to understand that I am writing this paper because I have refused to fully grieve the loss of ACT UP and the loss of the activist cosmology. The political implications of this refusal echo in the present discourse regarding recidivism in safe sex practices.

What has happened is that there is no longer a supportive gay community with peer relations that support the necessity of keeping up safe-sex practices. Instead, many gay men meet other men for sex only on the Internet. When I speak with younger friends now, gay men who are having a lot of sex with people that they meet over the Internet or at clubs, I find that they almost never get tested, rarely talk about safe sex, rarely consciously think or talk about HIV at all. Because this public arena does not include seeing and hearing safe-sex messages, few are willing to bring it up... Unfortunately, though, we have lost the strong sense of community around HIV discussion and activism that kept the issue front and center. For gay men, this is very dangerous (Takemoto, 2003:3).

#### JUST SAY NO IS NOT ENOUGH. TEACH SAFE SEX

Activism, as represented by ACT UP, was far more than joining a demonstration to shout at some symbol of authority. Because the group was constituted as an assemblage of fragments, cantankerous and desiring bodies, attempting to connect through affinities, we were held in a force field that offered the individual support

from the collective. We all miss that feeling; even those younger, politicized people who have never experienced it. Several months ago, someone remarked to me that ACT UP was the last great possible movement—it could not exist in this day and age. My first impulse was to disavow that statement, but my disavowal leads me back to my own melancholia.

Ann Cvetkovich, in her book, *An Archive of Feelings*, recounts oral testimonies of former activists to offer a public space for the potential resolution of melancholia. Jose Munoz, along with other contemporary queer theorists, gives a recuperative version of melancholia as a potential space, where rage converts into activism through a psychoanalytic alchemical conversion, like whey turning into blood and flesh. Crimp calls for public discussions of creative erotic cathexes to counter the shame induced by the “failures” of gay men to uphold an impossible heteronormative mimesis. Crimp finds Larry Kramer, in his most recent speech urging the gay community to: “Grow up. Behave responsibly” impossibly reactionary even though Kramer does add: “Fight for your rights. Take care of each other”. But, Farmer’s in his broad global analysis implicates capitalist culture in a deceptively simple statement. He contends, “the poor have the patience to struggle with people’s illness”. Where does that leave us?

We retreated to our individual lives, although indelibly changed by the struggle. But the fissures in any kind of project like ACT UP were too great to be mended by just affinity. Some of the group wanted to struggle on for national health care; others were more satisfied narrowly focusing on better and better drugs into bodies. Some founded Queer Nation to struggle for expanded gay rights and visibility. Many of us moved onto specific projects initiated in ACT UP, which then became institutionalized and funded by the very people we had screamed at for so long. I linger on Paul Farmer’s Marxist-inspired assessment of the Haitian response to illness and I meditate back on my reading of Sontag’s implication of “choice” in her discussion of treatments. Maybe we are melancholic specifically because we have alternatives, private spaces to retreat to when suffering from burnout. Some of us have the “choice” to turn away, to make money as a buffer, to ignore.

I think that both Larry Kramer and Douglas Crimp, at odds about the means to resolve this new crisis of HIV disavowal, have to take in the factors en-abling this amnesia. Finding new activists means that both Crimp and Kramer need to take on post-colonial and racial struggles—very few are going to put their bodies on the line when they are afraid of deportation or disappearance. And take on capitalism; money en-ables avoidance. You may have horrendous side effects from your AIDS meds, but a positive HIV diagnosis does not mean imminent death if you have health insurance. Some say that the push for gay marriage is a healing response to the melancholia produced by struggle and loss. I say that our practices and collective organization, the affinities, which formed and reformed, belied that solution.

“Equipped” is conceptual art as praxis. Initiating the project, Ray took advantage of all his community could offer. I am now taking advantage of the work to recuperate the possibilities those deeply formed affinities may offer for the present. But I need to resurrect a healing image in closing, one that takes Ray from me and gives him to you. This image is Ray’s mimesis of Jesus Christ, at the Stop the Church demonstration at Saint Patrick’s Cathedral in 1989. Ray interviewed demonstrators as the on-camera commentator, “J. C.” from the “Fire and Brimstone Network” (DIVA 1990). In this image, I find Barthes’ idea of that which represents “the impossible science of the unique being” (1981:71). His hair was wild and long, he was covered in a ridiculous blanket which was meant to be a toga, his cheekbones were even more prominent because of his weight loss, and he was wearing the requisite a crown of thorns draped over his forehead with a few leaves stuck in the branches. His eyes were fierce and he wields a very big microphone. The image I am reading is a video still, shot by another member of DIVA TV. His face, so very Ray, frozen from a moment in the videotape, is only a pause in a community of images.

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## NOTES:

1. All the subheadings are ACT UP chants I remember from demonstrations. They can also be heard in the videotapes listed in the works cited, as well as on the ACT UP New York website.

2. For the discussion of US aid to developing countries, I have reprinted this analysis from the ACT UP New York web site.

*Postscript:* How has the Bush Administration undermined access to condoms in developing countries?

As early as mid-2001, the Bush Administration removed all references to condom effectiveness from the US Centers for Disease Control website. Subsequent funding allocations and policy documents render it clear that the administration views condom promotion as appropriate primarily for so-called high-risk groups. In reality, individuals who engage in any kind of sexual activity at any stage of their lives must have the information to protect themselves and their partners and the ability to act on that information through unrestricted access to contraceptives and reproductive choice.

While PEPFAR (President's AIDS Fund) does not openly ban funding for comprehensive sex education or condom promotion, a full 1/3 of the Plan's prevention funds (apx. 5 billion dollars) are reserved for promoting abstinence-until-marriage (this restriction was advisory for 2004-5 but became mandatory in 2006). This funding structure is unrealistic and refuses to take into account the complex social and economic problems that put young people at risk for early sexual activity and exposure to HIV (ACT UP NY).

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CHAPTER 3

AIDS AND SAN FRANCISCO'S BATHHOUSES:  
PUBLIC HEALTH, CIVIL LIBERTIES AND  
POLICY CHANGES IN THE MID-1980s\*

*Christopher Disman\*\**

AIDS began affecting city policy for San Francisco's gay bathhouses and sex clubs in 1983, two years after AIDS appeared. In 1984, open debate broke out over whether officials in San Francisco's government should close the city's baths, draft new regulatory guidelines for patrons' sexual conduct, or leave the baths as they were. Officials in the city government disagreed with other officials over these questions, which also deeply divided activists in the city's gay, lesbian, and bisexual community. The main factors in this policy debate were public health and gay civil liberties.

By 1984, all sides agreed that men had been infected with the AIDS virus at San Francisco bathhouses and sex clubs. Advocates of the baths' closure believed that the gay community could well afford the loss of the baths for the sake of eliminating one sexual venue where men could spread and contract the virus. Officials and activists who opposed closure emphasized the baths' potential usefulness as uniquely sexual sites where gay and bisexual men could be given condoms and educated about AIDS risks. They also raised the possibility that closure could erode gays' and lesbians' rights to free assembly and sexual privacy. From March to December 1984,

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San Franciscans weighed the potential health benefits of closing the baths against a closure policy's potential damage to gay civil liberties. Although the last gay bathhouse in San Francisco closed in 1987, sex clubs have opened or remained open in the city since well before the advent of AIDS. Contrary to most accounts of this controversy, regulation, not closure, has been the final municipal policy toward these San Francisco businesses from 1984 to the present.

In 1984, historian Allan Bérubé wrote an essential history of the baths in the U.S. and Canada. I have used the blanket term "the baths" in this essay to describe bathhouses and sex clubs. Bérubé finds that men met for sex in San Francisco's nonsexual bathhouses as early as the 1890s. He also describes a gay sex club which operated in 1918, in two flats by the park which now adjoins the Golden Gate Bridge. He characterizes the baths as "zones where it was safe to be gay" and celebrate sexuality between men, decades before there were gay or lesbian activist groups. Some baths helped foster communal ties between men. For instance, Bérubé writes that in the 1970s, some baths held Valentine's Day, Christmas, and New Year parties, which were "a tremendous service to the gay men whose families had rejected them and for whom the holidays represented a particularly depressing time of year".<sup>1</sup> Bérubé explicitly asserted a high value for bath patrons' sexual behavior and for the erotic environments which the businesses worked to create. These are some of the reasons a number of San Franciscans fought against city closure of the baths in 1984.

In the early years of the epidemic, the owners of different San Francisco baths showed varying levels of commitment to promoting AIDS awareness. One owner sponsored safe-sex education talks and a weekly, masturbation-only night at his sex club. Patrons praised another owner who died of AIDS for providing education materials, surgical soap, and latex gloves and condoms at his club.<sup>2</sup>

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<sup>1</sup> Allan Bérubé, "The History of Gay Bathhouses," in *Gay Bathhouses and Public Health Policy*, eds. William J. Woods and Diane Binson (Binghamton, NY: Haworth Press, 2003): 34, 40, 42-45.

<sup>2</sup> Gayle Rubin, "Elegy for the Valley of the Kings: AIDS and the Leather Community in San Francisco, 1981-1996," in *In Changing Times: Gay Men and Lesbians Encounter HIV/*

Fear of AIDS led to a very sharp slump in attendance at the baths between 1982 and 1983, when most owners saw at least a 50% decrease in business.<sup>3</sup> Early in 1984, one bathhouse owner met with two San Francisco doctors who treated people with AIDS, and strongly implied that profits were more important to him than his patrons' health. He told the doctors, "Look, we're both in it for the money. We make money from them having sex, and you make money when they get sick".<sup>4</sup> Another owner threatened to have two gay journalists banned from all the baths in town simply because they notified him that the gloryholes at his business had not been boarded up, as he had told reporters.<sup>5</sup> Advocates of the baths' closure saw most of the owners as parasites on the gay community because of this kind of callousness and greed.

Changes in medical knowledge about AIDS do not seem to have significantly affected the volatility of San Francisco's bathhouse controversy over the course of 1984. By late 1982, most researchers believed that AIDS was caused by an infectious agent.<sup>6</sup> By 1983 it was firmly established that AIDS was spread through shared needles and specific sexual behaviors, and not by social contact or the contamination of a bathhouse steam room. In mid-1983, San Francisco Health Director Mervyn Silverman ordered city bathhouses to post warnings about the sources of AIDS risk.<sup>7</sup> In January

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*AIDS*, eds. Martin Levine, Peter M. Nardi, and John H. Gagnon, (Chicago: University of Chicago Press, 1997), 114-18.

<sup>3</sup> Randy Shilts, "An Evening at The Sutro Baths: How the AIDS era has affected patrons of the only coed bathhouse in S.F.," *San Francisco Chronicle*, 27 June 1983, sec. A.

<sup>4</sup> Paul A. Volberding, M.D., in *The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume III*, transcript of an oral history conducted in 1992 and 1993 by Sally Smith Hughes, Ph.D., Regional Oral History Office, University of California, Berkeley, available from the Online Archive of California, <<http://ark.cdlib.org/ark:/13030/kt1n39n4z1/>> [28 November 2004], under part II, "The AIDS Epidemic," "The Bathhouse Controversy, 1983-1984," "A Meeting with Bathhouse Owners, Early 1984", p. 158.

<sup>5</sup> Michael Helquist and Rick Osmon, "Getting Ready to Close the Baths," *Coming Up!* (San Francisco, California), October, 1984.

<sup>6</sup> Web site of GALEN, the digital library of the University of California, San Francisco, Collections & Resources, Archives & Special Collections, AIDS History Project, "Chronology of AIDS in San Francisco, 1982" page, <<http://www.library.ucsf.edu/collres/archives/ahp/chron1982.html>> [28 November 2004].

<sup>7</sup> Web site of GALEN, the digital library of the University of California, San Francisco, Collections & Resources, Archives & Special Collections, AIDS History Project, "Chronology

1984, six of the eight bathhouses in San Francisco agreed to Dr. Silverman's recommendation that they distribute condoms to patrons.<sup>8</sup> French researchers announced their discovery of the LAV virus early in 1983, and U.S. researchers announced the discovery of the HTLV-III virus in April 1984,<sup>9</sup> a few weeks after Silverman announced his first regulatory policy change for the baths.

A longtime gay-rights activist named Larry Littlejohn provided the catalyst for the start of San Francisco's bathhouse controversy in 1984. In 1973, Littlejohn had helped remove homosexuality from the American Psychological Association's list of mental illnesses. In 1983, he had written Dr. Silverman two letters calling for bathhouse closure. Silverman responded that it would not be legal for him to close the baths, that he believed bath patrons would merely go elsewhere for safe or unsafe sex if the baths were closed, and that closure would take away spaces where the Health Department could educate gay and bisexual men about AIDS transmission.<sup>10</sup> In March 1984, Littlejohn bypassed Silverman and used California elections law by planning to gather signatures for a November ballot initiative to ask San Francisco voters whether they wanted to ban sex in the city's gay bathhouses. A health official described Littlejohn's ballot initiative as a "no-win situation" for San Franciscans on both sides of the ensuing closure debate. If voters had banned bathhouse sex that November, the vote would have implied that gay men were sexually out of control despite a burgeoning health crisis, and that the average citizen had been called on to curb gays' sexual irresponsibility. The initiative would have also implied that

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of AIDS in San Francisco, 1983" page, <<http://www.library.ucsf.edu/collres/archives/ahp/chron1983.html>> [28 November 2004].

<sup>8</sup> Bob Lynch, "Bathhouses, Sex Clubs Going 'Condom': Owners Reach Voluntary Agreement With City," *California Voice* (San Francisco, California), 2-8 February, 1984.

<sup>9</sup> Randy Shilts, "Gay Bathhouses: S.F. to Require Warnings on AIDS," *San Francisco Chronicle*, 1 June 1983; and Web site of GALEN, the digital library of the University of California, San Francisco, Collections & Resources, Archives & Special Collections, AIDS History Project, "Chronology of AIDS in San Francisco, 1983" page, <<http://www.library.ucsf.edu/collres/archives/ahp/chron1983.html>>; and "Chronology of AIDS in San Francisco, 1984" page, <<http://www.library.ucsf.edu/collres/archives/ahp/chron1984.html>> [28 November 2004].

<sup>10</sup> Ronald Bayer, *Private Acts, Social Consequences: AIDS and the Politics of Public Health* (New Brunswick, NJ: Rutgers University Press, 1989), 32-33.

voters had acted to preserve the public health after local government failed to do so.<sup>11</sup> The wish to avoid both these public impressions galvanized the gay community and city government to begin changing the baths.

Within a few days of Littlejohn's March announcement, dozens of members of gay and lesbian activist, business, legal, medical, and political organizations held a number of urgent meetings in the city.<sup>12</sup> Some gay activists called for Silverman to close the baths, while others opposed closure. Bill Kraus of the Harvey Milk Democratic Club favored closure because it would be a symbolic way for the gay community to publicly emphasize the magnitude of the AIDS crisis. Kraus believed that if gays gave up the baths, that gesture might encourage more heterosexual politicians to realize the severity of the health crisis in the gay community and fund AIDS prevention and care efforts.<sup>13</sup> By mid-1984, 550 San Franciscans had been diagnosed with AIDS, and 213 people in the city had died of it.<sup>14</sup> Gay and bisexual men represented about 75% of the total American cases of AIDS that year, and about 95% of the AIDS cases in San Francisco.<sup>15</sup> Gay author Frank Robinson supported closure because he believed gays should make visible efforts to contain AIDS before it began spreading among heterosexual people, many of whom might then blame gays for having failed to do everything they could to contain the epidemic.<sup>16</sup>

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<sup>11</sup> Selma E. Dritz, M.D., M.P.H., in *The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume I*, transcript of an oral history conducted in 1992 and 1993 by Sally Smith Hughes, Ph.D., Regional Oral History Office, University of California, Berkeley, available from the Online Archive of California, <<http://ark.cdlib.org/ark:/13030/kt-2m3n98v1>> [28 November 2004], under part II, "The AIDS Epidemic," "The Bathhouses," "Bathhouse Closure, October 9, 1984," pp. 90-91.

<sup>12</sup> Michael Helquist and Rick Osmon, "The Bathhouse Controversy: A Time for Action: We Really Need to Think Carefully," *Coming Up!* April 1984.

<sup>13</sup> George Mendenhall, "Close the Baths? Community Voices Respond," *Bay Area Reporter* (San Francisco, California), 5 April 1984.

<sup>14</sup> Randy Shilts, "AIDS Continues to Spread — 38 New Cases in S.F.," *San Francisco Chronicle*, 12 June 1984.

<sup>15</sup> Randy Shilts, "Politics and Bathhouses: Local Complexities," *San Francisco Chronicle's This World*, 15 January 1984.

<sup>16</sup> Frank M. Robinson, "Not Just an Open and Shut Case: A Horror Story and a Challenge," *Coming Up!* April, 1984.

The same fears of homophobia and AIDS-phobia also underlay the stands taken by activists on the other side of the closure debate. Bobbi Campbell of the group People with AIDS opposed any closure effort by city officials as well as Littlejohn's ballot initiative against bathhouse sex. Campbell was the first San Franciscan to come out as having AIDS in 1981; he had been on the cover of the national U.S. magazine *Newsweek* in August 1983,<sup>17</sup> and he died in August 1984. Campbell said that the new focus on the bathhouses obscured the urgent need for the gay community and city government to educate men about AIDS risks. He also cautioned that if the San Francisco baths were closed, other cities could close their gay baths and gay bars—limiting gay people's basic freedom of association. Campbell also believed an official closure effort could spread beyond the city and lead to the reinstatement of anti-sodomy laws in California and other states, eroding the tenuous hold U.S. gays had on the right to sexual privacy.<sup>18</sup> Same-sex sexuality was outlawed in half of the U.S. states in 1984. Activists for and against the baths' closure saw San Francisco as a crucible for the formation of health policy which could affect gay people's civil standing in municipalities and states around the country.

After Littlejohn announced his initiative plan in March 1984, Dr. Silverman of the Health Department attended community forums on the baths and weighed the pros and cons of closing them. Silverman held two press conferences on the baths in March and April 1984. He cancelled the first conference after privately asking the City Attorney whether it would be legal to close the baths. Silverman was told, "You can't do it, because you don't have the necessary evidence" for closure without proof of high-risk sexual behavior in the baths.<sup>19</sup> After a week of deliberation and rising

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<sup>17</sup> Michael Helquist and Rick Osmon, "The Bathhouse Controversy: A Time for Action"; and *Newsweek*, 8 August 1983, cover.

<sup>18</sup> Bobbi Campbell, R.N., open letter from People With AIDS, 2 April 1984.

<sup>19</sup> Mervyn F. Silverman, M.D., M.P.H., in *The AIDS Epidemic in San Francisco: The Medical Response, 1981-1984, Volume I*, transcript of an oral history conducted in 1992 and 1993 by Sally Smith Hughes, Ph.D., Regional Oral History Office, the Bancroft Library, University of California, Berkeley, 1997, available from the Online Archive of California, <<http://ark.cdlib.org/ark:/13030/kt2m3n98v1>> [28 November 2004], under "Part II, The



pressure from San Francisco Mayor Dianne Feinstein, Silverman met with medical professionals and gay community members, and held a second press conference on the baths on 9 April 1984. He announced a ban on all sex at the city's bathhouses and sex clubs. When Silverman announced this ban, Littlejohn dropped his ballot initiative to ban sex in the bathhouses.

Gay commentator Dennis Altman describes the aftermath of Silverman's ban on sex in the baths as "a six-month period of confusion" as different officials pursued various policies for San Francisco's baths. It was unclear whether Silverman had the legal authority to enforce his April ban on all sex in the city's baths. San Francisco's bathhouses were licensed by the city's Police Department rather than the Health Department.<sup>20</sup> Silverman has said that bathhouses had been licensed by the police because of long-standing police suspicions that prostitution took place in the baths. San Francisco's sex clubs were not licensed at all,<sup>21</sup> and the regulations in the Police Code made no mention of sexual behavior. Silverman also faced dwindling support from members of the gay community. Many of the gay men whom Silverman had consulted before his second press conference felt surprised and angered by his ban on all sexual activity in the baths. During their meetings, Silverman had assured these men that he would not ban sexual behaviors like mutual masturbation which carried a low AIDS risk.<sup>22</sup> Later in the summer of 1984, San Francisco journalists Michael Helquist and Rick Osmon made a comprehensive tour of the baths and found that most bath patrons were adhering to

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AIDS Epidemic", "The Bathhouse Episode, 1983-1984", "Canceling the March 30, 1984 Press Conference", p. 153.

<sup>20</sup> San Francisco Police Code, Article 26: Regulations for Public Bath Houses, available from a link at the San Francisco City and County Web site, <<http://www.sfgov.org/>> [28 November 2004].

<sup>21</sup> Mervyn F. Silverman, in Sally Smith Hughes' *The AIDS Epidemic in San Francisco*, available online under "Part II, The AIDS Epidemic", "The Bathhouse Episode, 1983-1984", "Regulation Rather than Closure", p. 143.

<sup>22</sup> Bob Lynch, "Silverman Dupes Gay Leaders, Bans All Sex", *California Voice*, 12-18 April 1984; Rick Osmon and Michael Helquist, "Physician Andrews Explains Baths Rationale", *California Voice*, 19-25 April 1984; Steven A. Richter, "Proposed Bathhouse Regulations", open letter to Silverman with a letter to the editor, *Bay Area Reporter*, 7 June 1984; and James E. Sandmire, letter to the editor, *California Voice*, 19-25 April 1984.

standard guidelines for lower-risk sex, but had ignored Silverman's April ban on all sex at the baths.<sup>23</sup>

Two further plans to regulate the baths fell apart in the summer of 1984. In late May, the mainstream newspaper the *San Francisco Examiner* revealed that after Littlejohn announced his initiative plan, Mayor Dianne Feinstein had ordered plainclothes policemen to enter the city's baths undercover and report back to her on what they saw.<sup>24</sup> Feinstein favored bathhouse closure, and had angered many lesbians and gay men in 1983 before by opposing same-sex domestic partnership laws. The gay community responded with sustained outrage to the revelation of the mayor's police-surveillance order.<sup>25</sup> This outrage led Feinstein to drop a plan that she and the City Attorney's Office had drafted, to write Silverman's April ban on sex into the Police Code's bathhouse regulations.<sup>26</sup> Switching political tactics, from June to August the mayor tried to get the San Francisco city legislature, the Board of Supervisors, to switch the bathhouse licensing authority from the Police Department to the Health Department.<sup>27</sup> After a six-week delay, the Supervisors formally refused to make the transfer.<sup>28</sup> The fact that these regulatory plans were scrapped are illustrations of why written history must not be limited to examples of successful political leadership and co-operation. Abandoned ideas, changes of plan, failed policies, and officials' reluctance and refusal to participate in political processes are also central to the history of this controversy.

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<sup>23</sup>Accounts of the risk levels of men's sexual behavior in the San Francisco baths appear in Michael Helquist and Rick Osmon's articles "Sex and the Baths: A Not-So-Secret Report" and "Beyond the Baths: The Other Sex Businesses", *Coming Up!* July and September 1984, reprinted in *Gay Bathhouses and Public Health Policy*, eds. William J. Woods and Diane Binson.

<sup>24</sup>Dave Farrell, "Cops spy on bathhouses: Mayor ordered secret visits; report 'steamy'", *San Francisco Examiner*, 31 May 1984, East Bay edition, sec. A.

<sup>25</sup>Brian Jones, "Cops Spy on Baths; Mayor Won't Apologize for Covert Mission," *Bay Area Reporter*, 7 June 1984.

<sup>26</sup>San Francisco City Attorney's Office, "Regulations Proposed Pursuant to Municipal Police Code Section 2633 to Protect the Public Health by Preventing Activities Which Promote the Spread of Acquired Immune Deficiency Syndrome", 8 June 1984.

<sup>27</sup>"Agnost criticizes flipflop on AIDS", *San Francisco Examiner*, 14 June 1984. George Agnost was the San Francisco City Attorney in 1984.

<sup>28</sup>Brian Jones, "Supes Say 'No' to Sex Ban Rules", *Bay Area Reporter*, 16 August 1984.

On 9 October 1984, Dr. Silverman finally ordered the closure of fourteen gay baths,<sup>29</sup> reversing the anti-closure stance he had taken in his 1983 letters to Larry Littlejohn. The fourteen baths defied Silverman's closure order within a matter of hours. Silverman was ready for this response: he and the City Attorneys had prepared a 400-page legal brief against the businesses. The court case against the baths began in San Francisco Superior Court on 10 October.<sup>30</sup>

Many journalists, screenplay writers, and historians have failed to mention the court case in their accounts of this controversy, and have mistakenly claimed that San Francisco officials simply closed the baths at some point after AIDS hit the city. This claim distorts the policy history. It has appeared in different articles since the 1990s in both the *San Francisco Chronicle* and the *Los Angeles Times*.<sup>31</sup> One example of the claim came at the end of the 1993 HBO film adaptation of Randy Shilts's 1987 book *And the Band Played On*. After the action of the film closes, a journalistic frame of text states that "San Francisco's gay bathhouses were closed in 1985".<sup>32</sup> The mistake was echoed in *Gay by the Bay*, one of the best books on the history of queer culture in the San Francisco Bay Area. The authors mistakenly write that the San Francisco Health Department "used its emergency powers to order the bathhouses closed on April 9, 1984".<sup>33</sup>

These quotations are off base in several ways. The least important mistake is the timing —Dr. Silverman ordered the baths to

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<sup>29</sup> Beth Hughes and Michael A. Robinson, "6 Sex clubs defy order: Bathhouses to sue to halt the shutdown", *San Francisco Examiner*, 10 October 1984, East Bay edition, sec. A.

<sup>30</sup> Charles C. Hardy, "S.F. to ask judge for bathhouse ban", *San Francisco Examiner*, 11 October 1984, Peninsula edition, sec. B.

<sup>31</sup> Oversimplified statements that San Francisco officials closed the city's bathhouses appear in the following articles: Debra J. Saunders, "Tons of Safe Sex in the Nice City", *San Francisco Chronicle*, 2 July 1993, final edition, sec. A; Philip Matier and Andrew Ross, "Plan in Works to License S.F. Sex Clubs: City would be first in nation with regulations", *San Francisco Chronicle*, 18 October 1996; and "Issue of Health, Not Rights", editorial, *Los Angeles Times*, 25 March 2004.

<sup>32</sup> *And the Band Played On*, directed by Roger Spottiswoode with a screenplay by Arnold Schulman (New York: HBO Home Video, 1993), motion picture; and Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic* (New York: Penguin Books, 1987).

<sup>33</sup> Susan Stryker and Jim Van Buskirk, *Gay by the Bay: A History of Queer Culture in the San Francisco Bay Area* (San Francisco: Chronicle Books, 1996), 89–90.

close in October 1984. He targeted fourteen commercial sex venues, including not just bathhouses, but most of the city's gay sex clubs along with adult theaters and bookstores with sexually active back rooms. In the 1984 court case, the defendant businesses did win the right to remain open. In late November, San Francisco Judge Roy Wonder gave the defendant businesses the option of continuing to operate if they would adhere to new regulations. Judge Wonder ordered the businesses to remove all private rooms with closing doors, hire employee monitors to circulate through their premises, and prevent patrons from engaging in high-risk sex.<sup>34</sup> Most of the owners decided to close their own businesses a few months or a few years after Judge Wonder's 1984 rulings, seeming to doubt that it would be financially worthwhile to remain open under his new regulations.<sup>35</sup> In 1987 the city government re-prosecuted the last of the defendant businesses, a bathhouse, for failing to prevent patrons from having high-risk sex. No other business describing itself as a bathhouse has operated in San Francisco since then, but a number of San Francisco sex clubs have opened or stayed open since 1984.

It distorts the policy history to reduce San Francisco's bathhouse controversy to the single event of Dr. Silverman's closure order. The idea that the baths were all "closed" has probably fed into a misconception that this controversy was decided in one simple, conclusive event with a single, indisputable outcome. In the two decades from the start of the 1984 court case to the present, it makes much less sense to frame this controversy in terms of closing the baths in San Francisco than to focus on the regulatory

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<sup>34</sup>Judge Roy Wonder, Preliminary Injunction, 28 November 1984, *California v. Ima Jean Owen et al.* This is a partial title of the case; Owen was an owner of one of the defendant baths. The full, initial case title included the names of three City plaintiffs (City Attorney George Agnost, another City Attorney, and Dr. Silverman) versus over forty individual defendants owning fourteen businesses.

<sup>35</sup>For descriptions of these baths' closures see Perry Long, "Crackdown on 2 Gay Clubs", *San Francisco Chronicle*, 26 March 1986, sec. A; and Mark Sandalow, "South-of-Market Foes Lose Bid to Stop Shelter", *San Francisco Chronicle*, 15 August 1986; and Charles Linebarger, "Owners, Facing Jail Term, Close 21st St. Bathhouse: Out-of-Court Settlement With City Attorney Allows Operators to Avoid Stiff Penalties", *Bay Area Reporter*, 7 May 1987.

guidelines within which they have continued to remain open for business.

Judge Wonder's regulatory precedents have probably remained the most powerful governmental influences on the SF baths' structures and operations, even for officials and business owners who may not know about his judicial rulings. The November 1984 ruling provided the basis of the current regulations for local sex clubs. In it, Judge Wonder balanced public health against civil liberties better than most of the other contemporary policy proposals for the baths. Since November 1984, his three primary rules have continued to apply to the city's gay bathhouses and sex clubs. Private rooms with doors have been banned, employee monitors must circulate through the premises, and the monitors must stop patrons from engaging in sexual acts carrying a high AIDS risk. Bath owners must also provide educational materials about what levels of HIV/AIDS risk are associated with different sexual behaviors. The San Francisco Health Department restated these minimum requirements for the city's sex clubs in 1997.<sup>36</sup> These restrictions do not apply to other California bathhouses and sex clubs, including gay bathhouses in the neighboring cities of Berkeley and San Jose which include private rooms and standard bathhouse amenities unavailable in San Francisco. Baths in New York City operate under diametrically opposite AIDS-related legal guidelines: all sexual contact between patrons must happen inside closed, private rooms.<sup>37</sup>

The 1984 controversy over San Francisco's bathhouses and sex clubs reveals capacities for profound disagreement among queer people and politicians on matters of both traditional sexual morality and ethical principle. The controversy also reveals ongoing,

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<sup>36</sup>For the current San Francisco guidelines for sex clubs, see the Department of Public Health's AIDS Office's 1997 "Minimum Standards for Operation of Sex Clubs and Parties". For an explanation of the need the current health director sees to maintain these standards see Mitchell H. Katz, letter to San Francisco's HIV Prevention Planning Council, 20 May 1999, 4-5; and for a statement on the sources of the health director's authority to enforce the standards see Jean S. Fraser, Deputy City Attorney, and Louise H. Renne, City Attorney, letter to Health Commission President Lee Ann Monfredini and the DPH Health Commission, "Re: Authority of Director of Public Health To Issue Standards Relating to Sex Clubs", 15 June 1999.

<sup>37</sup>Ronald Bayer, *Private Acts, Social Consequences*, 66.

profound differences of opinion over the value of individual citizens' autonomy as weighed against governmental paternalism. Although there is some protest against the continuing ban on private rooms in San Francisco's current sex clubs,<sup>38</sup> the owners of most of the clubs in the city have cooperated with the Health Department since 1990 by excluding private rooms and maintaining rules against high-risk sex in the clubs' open common spaces.<sup>39</sup> San Franciscans should continue to debate both the public-health wisdom of allowing the city's gay and pansexual sex clubs to operate, and the civil-libertarian justice of excluding private rooms from the businesses. Neither the history of AIDS nor the history of the city's commercial gay sex venues is likely to end soon.

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<sup>38</sup> Matthew S. Bajko, "Time to Open the Baths, Argue Some", *Bay Area Reporter*, 14 October 1984.

<sup>39</sup> For an example of San Francisco sex club owners who have complied for years with Health Department standards see Michael C. Botkin, "Clubs, AIDS Groups Unite, Form Healthy Sex Coalition", *Bay Area Reporter*, 14 June 1990; and the current Web sites of "safer-sex clubs" Eros and Blow Buddies at <[www.sferos.com](http://www.sferos.com)> and <[www.blowbuddies.com](http://www.blowbuddies.com)> [28 November 2004].

CHAPTER 4

BEING GAY POST-HAART:  
YOUNG HIV-NEGATIVE GAY MEN  
NEGOTIATING DESIRE, HETERONORMATIVITY,  
AND FEAR OF HIV

*Trevor Alexander Hoppe\**

INTRODUCTION

Well, it's just like, when you walk down Castro you see all these like HIV billboards or whatever. It's hard to differentiate which one... like, if they're the same campaign. I don't really even notice that much to be honest (Tom, Focus Group Discussion).

This study explores the ways that three young, HIV-negative gay men in San Francisco experience being gay in a post-HAART world. HAART, or highly active anti-retroviral therapy, was developed in the mid-1990s as the first treatment for HIV that significantly improved life expectancies and quality of life for HIV-positive patients. Many researchers, activists, and journalists have linked a recent shift towards unprotected sex among young gay men to the fact that these men "came out" (or, began to reveal to others that they identify as gay) after the introduction of HAART in the mid-1990s. While these treatments often came with unpleasant side-effects (including diarrhea, vomiting, lipodystrophy syndrome and others), HAART dramatically improved the life expectancies of HIV-positive people.. Young gay men never experienced the traumatic loss that Rofes likened to that experienced by Holocaust survivors. Rofes (1995) describes the month prior to writing part of his book, *Reviving the tribe: Regenerating gay men's sexuality and culture in the ongoing epidemic*, like this:

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\* University of Michigan.

During this particular month, seven friends and colleagues died, four in San Francisco and three in other locations. I supported one friend with the planning of his suicide. I attended three memorial services. I clipped another six obituaries of casual friends out of my newspapers; some of the deceased I hadn't known were ill. I stood by as my HIV-infected lover developed a series of upper respiratory infections. I observed my best friend's HIV-infected lymph nodes swell as his T-cell count dropped dramatically (p. 22).

Just two years later, Rofes described a much different experience in his book, *Dry bones breathe: Gay men creating post-AIDS identities and cultures*. In it, he argued that HAART had essentially eliminated the presence of AIDS in urban American gay communities. While acknowledging that men without access to HAART were still dying, Rofes (1998) argued that "We are no longer in the midst of a time in which vast numbers of our friends are dying. The profound impact we felt in epicenter cities from 1989-1995 has abated" (p. 12).

Given this dramatic shift in experience, understanding young HIV-negative gay men's sexualities, desires, and conceptions of risk in this new moment is critical for 21<sup>st</sup> century HIV prevention efforts. To investigate this, I conducted one focus group and three individual interviews with three young, HIV-negative gay men. Participants were recruited online through the website "Craigslist," and they were asked to: be between the ages of 20 and 27; be sexually active as they defined it; identify as both HIV-negative and gay; and have lived in San Francisco for at least 2 years.

Initially, this study set out to investigate the ways in which HIV-positive and HIV-negative young gay men were relating and responding to the "HIV Stops With Me" HIV prevention social marketing campaign in San Francisco. This campaign was chosen because it had been in use in San Francisco since 2000. It was also chosen because it was targeted at HIV-positive men, yet assessments of its impact on HIV-negative men are wholly absent. The initial research design was in response to the lack of independent research assessing the impact of HIV-related social marketing campaigns, which utilize traditional marketing strategies such as billboards, television advertisements, and other types of mass-me-



dia to convey messages about sexual risk and HIV (Lampthey & Price, 1998). While many of the agencies contracted to design these campaigns perform some kind of in-house assessment, almost no scholarly work exists that attempts to gauge their impact.

While the initial design was to evaluate the way young gay men were responding and relating to HIV prevention social marketing, what instead emerged from the initial focus group with HIV-negative men was a deep-seated ambivalence and sense of disconnection from local HIV prevention efforts —particularly social marketing. Participants felt as though the HIV-related messages that they were familiar with were out of touch with their own experiences as HIV-negative young gay men. They also reported taking sexuality education courses in high school that did not include any information on HIV prevention that was relevant to their own sex lives as gay men. Thus, a need for relevant prevention efforts—including but not limited to social marketing—became clear. To inform such efforts, this study shifted focus to evaluate these young men's experiences with sex, risk, and desire.

It is important to note that this study is not intended to make any sweeping claims about all young gay men living in San Francisco. The sample is small and far from representative (all of the participants were either in college at the time or have since graduated; two were white and one was Asian-American). However, these men's limited experiences do raise important issues to explore in future research.

In this paper, I will briefly discuss my methods before discussing each participant in detail. I will conclude with a discussion of the themes that emerged in their narratives. These themes include: a fear of testing HIV-positive that reinforced both their desire for monogamous boyfriends and their discomfort with casual sex; experiences with high school sex education that was disconnected from their own sexual lives; and, finally, a struggle with the both heteronormative ideals and the stereotype that all gay men inevitably test positive.

## METHODS

Three HIV-negative participants were successfully recruited using the online web community “Craigslist” to attend a 90-minute focus group and, two weeks later, a 60-90 minute follow-up one-on-one interview. Participants were required to be between the ages of 20 and 27; have lived in San Francisco for at least 2 years; be sexually active; identify as a gay man; and identify as either “HIV-negative” or “HIV-positive”. Participants were compensated \$25 for each session, for a total of \$50 cash per participant.

In the end, six participants were scheduled to attend the focus group; three actually attended. At the beginning of the focus group, each participant was asked to fill out a nametag using a pseudonym of their choosing that they would use to refer to one-another during the course of the focus group. These are also the names used in this paper to refer to each participant. In both the focus group and individual interview, participants were asked questions about their sexuality, understanding of risk, and their relationship to HIV prevention social marketing campaigns. An undergraduate gay male research assistant took notes during the focus group, but did not contribute to the discussion.

My research assistant transcribed the interview and focus group audiotapes. I coded the transcripts using “grounded theory” (Glaser and Strauss, 1967), an approach that highlights the participant’s subjective perspectives. This focus on the participant’s perspective was critical because this study is focused on the participant’s identity and experiences as a gay man and their subjective relationship to the HIV epidemic. Codes were developed based on the participants’ collective responses, therefore being “grounded” in the participants’ responses, not in the expectations of the researcher. This involves listening to the audiotapes and reading the transcripts to listen for themes connecting the three men’s experiences. With the assistance of my research assistant, the data was repeatedly gone over to find two kinds of themes: 1) those consistent with each participant’s experience, and 2) those consistent throughout all three men’s experiences. What follows is an analysis of these themes and, when applicable, their inconsistencies. Differences between the men’s narratives are also highlighted.

Because the sample for this study was so small, the results section for this paper is divided among the three participants—Alistair, Jake, and Tom. Each participant chose their name for the project before the initial focus group. Following these case studies, I will discuss the themes that emerge from these data.

“AIDS WAS OUT TO GET ME”, ALISTAIR, 22

Alistair is a 22-year-old Asian-American college student from the Pacific Northwest. He grew up in what he called a “traditional Asian-American family,” living in an “upper-middle-class conservative white community”. He realized at the age of six that he was attracted to other boys, but felt that telling others about his same-sex desire was incompatible with the norms of his community. In particular, norms around gender in Asian-Pacific Islander culture impacted his experiences as a gay youth:

There are very traditional notions of masculine and feminine, especially in Asian society, where roles are very important, you know? So, you play your roles as a father and a mother and a son and a daughter. And they’re all very distinct and, you know, there are certain expectations that a son does this and a daughter does this and a son acts this way and a daughter acts this way. So I was very much cognizant of, like, this is how you survive. This is how you act and you don’t deviate too much from the norm.

As a member of an Asian-American community, Alistair perceives certain heteronormative scripts—those of the role of father, son, etc.—as having impacted his experiences growing up. Alistair lays out heteronormativity as a concept quite neatly here. Theorists have defined it as a system of power relations that privileges heterosexual ideas and people while demeaning or ignoring non-heterosexual ideas and people. Importantly, as an institution, it depends on binary gender roles. Michael Warner, who first coined the term, defined it as a system of power rooted in a binary gender system that privileges heterosexuals and heterosexuality (Warner, 1993).

Like most young people today, Alistair, 22 years old, first learned about HIV/AIDS in sex education classes in high school (Centers for Disease Control and Prevention, 2005a). He describes his experiences in these classes as feeling “clinical” and “detached” from his life, with no mention of homosexual sex. He does not remember when or where he learned about how HIV can be transmitted through gay sex, but he was sure that he did so on his own—probably “on the Internet or something”. While his high school sexuality education courses made no explicit association between the disease and homosexuality, the connection for him was nonetheless clear:

It did feel like it was a gay disease. When I first heard about it, it was pretty much, you know, aimed at someone like me... I totally identified with that disease, and took it in. And it was like, okay, this is something that I am going to be struggling with forever. Because it seemed like it was honed in on gay men. Yeah, much more than you know other STDs. And it almost felt like, you know, AIDS was out to get me. Which is weird.

Alistair’s deep sense of identification with the disease and epidemic was consistent throughout the focus group and individual interview. Despite well-documented attempts by public health officials, epidemiologists, and doctors in the 1980s and 1990s to try and squash the media narrative of “gay related immuno-deficiency” (what the media used to refer to HIV before it was scientifically named), that very same kind of narrative still haunts Alistair and his sex life. Feeling as if HIV was “honed in” on gay men and that the disease was “out to get” him, Alistair is clearly struggling to negotiate an identity that is both gay and HIV-negative while trying to keep the disease at arms length.

This may have been, in part, due to Alistair’s experiences with high school-based sex education, which were wholly unhelpful in educating him about HIV-related risk and gay sex. This lack of practical information may have made him particularly vulnerable to negative media messages about homosexuality and HIV/AIDS. While he was unable to pinpoint exactly where he learned the idea that AIDS was “out to get” gay people, numerous accounts of me-

dia images from the 1980s and early 1990s have demonstrated their widespread homophobia and misinformation about how the disease is transmitted. Alistair, 22, grew up surrounded by these images.

After graduating high school, Alistair moved to San Francisco where he first became sexually active. Despite his conflation of HIV/AIDS and being gay, his first sexual experiences with his boyfriend were unprotected. His boyfriend had just gotten tested and was HIV-negative, and Alistair had not ever had sex before, so they opted to not use condoms. Despite his boyfriend's precautionary HIV test, he looks back on his decision to have unprotected sex with his boyfriend as being "naïve":

And I kind of just trusted him, which I mean now I realize how stupid that was. But at the time, you know, yeah it was just like "oh, you know, he's probably clean and I can trust him"... I don't do that anymore. That was the first and last time.

Research suggests that unprotected sex within boyfriend relationships is common among gay men (Hays, Kegeles & Coates, 1997), though the motivating factors behind this phenomenon are unknown. For Alistair, he seems to describe a kind of blissful ignorance and naivety that he would not again repeat. It was not clear at what point this changed for Alistair, but observing one of his friends repeatedly having unprotected sex with a new boyfriend of only a few weeks seems to have had an impact:

He's someone who gets tested a lot and knows just as much as me and has the same viewpoint, but for some reason, when he gets in a relationship all that falls away. They'll just have unprotected sex right away —and a lot of these guys have cheated on him! He's found out after the fact, but doesn't really change his behavior. You know, I've called him out on it. And he'll agree. He'll be like, "yeah that's not safe, that's not smart. I don't know why I'm doing this." But then he'll do it anyway.

Since his first boyfriend, Alistair has not had anal sex with anyone that he was not dating —though he has had casual oral sex with

men that he met on the Internet. While oral sex does not pose a significant risk for contracting HIV (Page-Shafer, *et al.*, 2002), Alistair regularly “freaks out” about contracting HIV—even when he had been celibate since his previous HIV test:

I wouldn’t have had sex, but I would have gotten tested anyways and still been like “oh my god, oh my god, like it’s going to come back positive”—even knowing I hadn’t even engaged in sex in the period since my last test.

This cyclical fear—which peaked each time he was tested—suggests a lack of basic understanding about the transmission of the disease. Without any formal education about gay sex and HIV transmission, this may not be surprising. While statistics reveal that about 9 out of 10 high school students learn about HIV in sex education classes, no data exists as to how many of these curricula include information specifically about gay sex (Centers for Disease Control and Prevention, 2005a). Despite this seeming lack of understanding, Alistair felt that he was well educated about HIV. Responding to a question about whether most HIV prevention materials he had seen were relevant to him, he responded by saying that prevention messages had been “rammed down his throat” for his entire life and that he “knew all this already”.

Beyond education, however, other factors seemed to contribute to his fear and paranoia. First, the cultural stereotype that all gay men will eventually test positive for HIV made convincing himself that he would test positive all the more easy. He described HIV as a “shadow hovering over you” that “tells you... you’re gay, you’re going to get AIDS”. Thus, while a lack of basic information may have initially led to some anxiety and confusion, the cultural stereotype that all gay men eventually get AIDS seems to add a level of inevitability and fatalism for Alistair.

Second, anxieties around trust and monogamy made even the act of unprotected sex with a regular monogamous partner anxiety-inducing. Even the possibility that his first boyfriend could have cheated on him instilled a kind of nervousness about sex—even though his boyfriend never actually did cheat on him:

I think I was pretty naïve in my first relationship. I was just like, “oh well, he’s my boyfriend and we’re only sleeping with each other...” Once reality sets in, you know, “well he could have cheated on me and caught something from someone. And he probably wouldn’t tell me until afterwards, and maybe he doesn’t even know”.

Trust is the issue here. Australian researchers developed the harm reduction concept of “negotiated safety” to describe monogamous partners who have unprotected sex within the primary relationship as a way to maximize pleasure and reduce harm. As a strategy for risk reduction, studies by the Australian researcher Susan Kippax have suggested that it is highly effective (Kippax *et al.*, 1997). However, other recent studies have suggested that such agreements are often broken and that it is common for men to not tell their partners of such infractions (Prestage *et al.*, 2006). While it seems likely that some of these broken partner agreements may be leading to HIV transmission, it is not clear how often this is happening. This was precisely Alistair’s fear, and why he looks back disapprovingly on his decision to have unprotected sex with his boyfriend.

Combined, these fears present a barrier to having casual anal sex for Alistair. While he has had casual oral sex, he avoids having casual anal sex because of the paranoia and anxiety it causes him:

For me, I think, with all those associations with HIV —what we were talking about before— I think to get over that is a very active, conscious thing I had to do. And so it takes energy for me to get in that state, where I’m like, I don’t know if comfortable is the right word, but at ease enough where it can be something enjoyable for me. Because, if it’s just a casual one night stand, I would have to be working to kind of quiet that paranoid voice inside me. You know, and then afterwards I would be really paranoid and want to get tested.

With or without condoms, Alistair saw anal sex as something too risky to have outside of the context of a relationship. Because of his close associations of anal sex and HIV transmission, he cannot have anal sex casually without the “paranoid voice inside” making the experience uncomfortable for him. Instead, he noted

just moments later that anal sex is “something I save for a relationship as opposed to some random guy” and that he’s “pretty [much] into monogamy”. Here it seems that Alistair is exposing a connection between normative ideas about monogamous relationships and his fear of contracting HIV. If casual anal sex is so anxiety-inducing for him, then monogamous relationships may provide the only context in which he can have anal sex without “freaking out”. In fact, he admitted that “sometimes it would be nice to be able to go out and fuck someone, because I still have the urge to do that”. But, “at the end of the day”, he said, his deeply engrained fear “keeps me the way I am “cause it keeps me out of trouble”. The “way I am” that he is referring to here seems to be HIV-negative.

His anxieties about “hooking up” may also bear some relation to stereotypes about gay men’s sexualities and Alistair’s relationship to San Francisco’s “gay community” —or lack thereof. Despite living in San Francisco where there is a large population of gays and lesbians, Alistair did not feel connected to a gay community. In fact, he expressed doubt that such a thing even exists in the city —or, he says, “if there is, I’m not a part of it”. This was, in part, related to a sense of fragmentation in San Francisco and, in particular, among the gay men in San Francisco:

San Francisco, and especially the gays in this city, seem very disparate and kind of fragmented. It’s hard to, kind of, find this community that I thought existed, really didn’t... And I think a lot of that is because, you know, we are labeled the “gay community” like all of us together. And that’s supposed to mean something, you know?... Even walking around the Castro, it seems very non-inviting.

Alistair seems to be describing a lack of social trust and any real sense of community among gay men in San Francisco, which parallels his anxieties about his first boyfriend’s potential breaking of trust through infidelity. Alistair hypothesized that perhaps this general lack of trust was a West Coast phenomenon —a sentiment echoed by other participants. However, he experienced this lack of trust as being particularly acute among gay men in San Francisco.

Whether the lack of social trust is rooted in the West Coast or in the Castro, it is clear that Alistair is struggling to find a place as an HIV-negative young gay man. Being in San Francisco, a city acute-



ly impacted by the epidemic, is part of that struggle. Exemplary of his struggle was his resistance to relate to the “HIV Stops With Me” campaign materials:

I think just subconsciously if I identify with [the “HIV Stops With Me” campaign] too much it would be because I’m positive... Because, it’s like, if that really speaks to me, it’s because I’m positive. And in my head, I don’t want it to speak to me because... I want to be on this side and say, that doesn’t apply to me.

Again, Alistair is struggling here with his identification with the epidemic —here in the form of media messages targeted at HIV-positive men. This is more complicated than simply refusing to look at prevention messages because he believes he is already sufficiently educated on the topic. Instead, he seems to be trying to maintain his identity as an HIV-negative gay man, something that seems difficult to do given his repeated statements linking being gay with HIV/AIDS.

Statements like these from HIV-negative men should give HIV prevention organizations and researchers pause. His anxieties over relating to the campaign reveal a great struggle to exist as an HIV-negative gay man in a community where so many men are HIV-positive. His experiences as a young man growing up in a world saturated with messages linking being gay with HIV/AIDS have created, it seems, something of an identity crisis. Though it came out of a study over a decade old, Alistair’s experiences speak directly to what Walt Odets called the “AIDSification of homosexuality” and, most importantly, the resulting outsider experience that many HIV-negative gay men experience (Odets, 1995).

This quandary is likely the root of much of his anxiety about contracting HIV. AIDS was out to get him and, even if he succeeded in eluding infection, it would always be a shadow lingering over his shoulder. Even when Alistair had not engaged in any sexual activity, he still convinced himself that he had somehow managed to contract the disease.

“I’M GETTING WHAT I NEED”, JAKE, 27

Jake is a 27-year-old college educated white IT Professional from upstate New York. He moved to San Francisco five years ago. He is very close with his family, who he came out to as gay when he was 18. Coming out, for Jake, was not an overnight process. He describes it as a process that took years:

I came out when I was 18... I’m 27 now. For me, it wasn’t all at once coming out. It was tell a couple friends, you know then tell my sister a year later, then tell my mother a year later. I told my whole family over one Christmas break. Came back to college, told my roommates, you know. I had never done anything gay before that, so it was like 0 to 100.

Like Alistair, he remembers first learning about HIV in a sex education course in school. He describes the video shown to his class as “clinical”, and he does not remember the disease being associated with gay men at that point. It was not until he became sexually active that he became paranoid about catching HIV:

When I became sexually active, I was more concerned about HIV than I needed to be. I was paranoid about catching HIV... I had a real long talk with [my gay doctor] about STDs and risk and all that. And, I learned that, I think a lot of my anxiety around HIV and AIDS was because there was a “gay connection” as opposed to actually engaging in risky behaviors.

Even when he knew that he had not engaged in any high-risk sexual activity, he would convince himself otherwise and worry about testing positive. His anxieties were fueled by what he refers to as the “gay connection,” or the cultural stereotype that all gay men will ultimately catch HIV. Jake describes this in ways that are strikingly similar to Alistair, and again speaks of the powerful cultural link between discourses around being gay and those of HIV/AIDS—or, what Walt Odets called the “AIDSification of homosexuality” (Odets, 1995). Like in Alistair’s case, for Jake this conflation of AIDS with being gay was compounded by a lack of basic informa-

tion about transmission. He describes these two forces as the primary reasons behind his paranoia about testing positive.

For Jake, the “gay connection” was complicated by his monogamous relationship ideals that conflicted with San Francisco’s gay sex culture. The cultural myth of gay men eventually contracting HIV is built on the premise that all gay men are promiscuous and sexually indiscriminate. Initially, Jake rejected that stereotype and hoped to find a monogamous boyfriend. However, he realized that his search for a boyfriend was not driven by any desire for sexual or emotional intimacy, but instead by heteronormative social expectations —or what he calls “the wrong reasons”:

I still felt like I wanted to get laid, but I was still having trouble with dating relationships, generally. [I was getting] frustrated with them and in some cases feeling like I was pushing on them for the wrong reasons. You know, I wanted to have sex with this person, so I would go with them on a date. And I had plenty of dates where it was obvious that we both just wanted to have sex... The dinner beforehand was almost painful because there was nothing to talk about.

Jake’s “painful” dinners reveal his struggle to try to make his relationships with gay men fit a heteronormative monogamous model. As part of his effort to make it work, he says that he used to “push away” anyone he met whose sexual lives were outside of these norms. As his dates continued to turn sour, however, he grew increasingly frustrated. Over time, however, his ideas about sex and relationships began to change. He stopped being ashamed of wanting and having casual sex:

I kind of got over the shame factor. I’m like, you know what? That’s fine. There’s nothing wrong with that at all. And it was really good for me. You know, a relationship may happen for me in the future. It may not. It’s much more relaxed now that I’m getting what I need, and not feeling so much pressure towards a relationship.

It is not entirely clear what prompted this change for Jake, but conversations with his gay doctor about HIV transmission seemed to play a role in this process. Because his sex education classes in

high school taught him nothing about gay sex, he began asking questions about HIV and its transmission to his doctor and to other STD counselors:

My ideology around [sexual health] has been shaped by my discussions with my doctor who is gay and HIV-negative and in a relationship with an HIV-positive man—and they’ve been together for eight years. He’s been very frank with me in his discussion of his relationship, and I really appreciate that... [Now, ] every time I go in for HIV test, I ask them, “so, you know, of the people who have tested negative before who come back with a positive result, what are their risk factors? What are the people who are seroconverting doing to contract HIV?”

While it came in the form of a professional relationship, Jake is describing here having a gay mentor. At least one study with young gay men identified mentorship from older gay men as a desired need for prevention geared at young people (Seal *et al.*, 2000). Qualitative research on mentorship for sexual minorities describes positive outcomes from these kinds of relationships (Ross, 2005). For Jake, his conversations with his gay doctor had a significant impact. By providing information about HIV and its transmission, his gay doctor was dispelling what Jake called the “gay connection”. By learning about how HIV can be transmitted through gay sex, he was also learning ways to better protect himself and stay HIV-negative. Through education and mentorship, he had discovered a way to reject the fatalism inherent in the stereotype that most gay men will eventually test positive. Though he did not explicitly say it, it seems that this learning process allowed him to explore his sexuality more fully and without fear:

I used to feel really anxious. It’s kinda funny because, as I’ve come to understand what the risk factors are and have a more realistic view of it... Like, back then, I would be freaking out and think that I was at really high risk. But I worry less about my test results now than I did back then.

Today, instead of freaking out, he feels like he has come to a place where he can balance risk and desire. He understands the risks that

he takes, but sees them as comfortable in relation to what he gets out of it:

It's a comfort level... It's not zero risk, but its very low risk, and you know, at some point you kinda have to balance risk with what you're getting out of the experience. I don't personally enjoy oral sex with a condom, and it's a very low risk behavior for HIV transmission and for other STD's it's a higher risk. But those are typically treatable, so it's less of a real concern.

Jake has essentially described his own version of a harm reduction approach to sex. He acknowledges that risk exists and does not seek to eliminate it. Instead, he decides what kinds of risks he feels comfortable taking and only engages in sexual behavior at that risk level. Since Jake reports consistently using condoms for anal sex, he has likely greatly reduced his risk of contracting HIV.

Despite using condoms consistently with his partners, he reports refusing to have sex with HIV-positive men. This suggests a misunderstanding of a recently popularized harm reduction strategy known as "serosorting". This concept was originally developed to encompass "the selection of sexual partners, practices, and positions to reduce the spread of HIV"—which includes practices ranging from HIV-positive men choosing HIV-positive partners for high-risk sex to HIV-positive men only "bottoming" when having unprotected sex with HIV-negative men (McConnell, 2007). Today, however, the term is largely used to describe a strategy of same-serostatus partner selection (McConnell, 2007). While he never used that word explicitly, he is essentially practicing the narrowly defined "serosorting" harm reduction strategy by only having sex with men who tell him that they are HIV-negative.

Jake, now more informed, looks back on his old anxieties over contracting HIV as "not logical". After becoming more informed about risk, he was able to have more casual sex without the fear, regret, and paranoia that characterized his previous experiences with casual sex. Today, Jake is a regular at several bathhouses in the area. He enjoys the bathhouses because he does not have time to hook up online and he does not enjoy going to the bars:

I don't have time to just be posting Craigslist ads, and going, I don't like bars to begin with. I don't care for that. And I'm on anti-depressants, so I can't drink. It's so frustrating when you go to a bar and you try to meet people, and you know... I'm not the life of the party type of guy. Much more chill, like to deal with people one-on-one. So the bar scene doesn't work for me. I don't have the patience for doing anything online. The sex club is just like, I'm horny, I want to get laid; this is where you can do that. I mean if you're hungry you go to a restaurant, right?

His analogy of the restaurant is revealing. He likens his desire for sex to the less politicized act of eating. This speaks to his newfound non-judgmental approach to anonymous sex and hooking up. This is a radical departure from just a few years earlier, when he would have disapproved of anyone who regularly visited sex clubs.

#### A "ROMANTIC IDEALIST", TOM, 20

Tom is a 20-year-old white undergraduate student who grew up in Southern California. Unlike many gay men his own age who have never known someone who died of AIDS, two close family members passed away from AIDS-related complications early on in his life. His gay uncle's partner tested positive for HIV and ultimately died of AIDS-related complications when he was nine years old—as did his grandfather before he was born. HIV was a part of his life long before he "came out" as gay—even before he was born. He remembers watching his uncle's partner get sick and his mom having to explain the disease to him at an early age. At the time, he did not feel connected to them because he did not yet realize he was gay:

At the time, I really thought I was straight, so I just thought, "look at these two happy gay men—oh but one of them died of AIDS." I didn't see myself connected to them, but it certainly did help me. Because I think that seeing someone that I did know die of AIDS, made me feel more inclined to learn about it. And it's kind of weird,

because my mom's dad died of AIDS too. So it's like, "fuck! Is this a curse?" I don't get it.

It was not until he became sexually active that Tom again sought out information about HIV/AIDS. At that time, he actively looked for workshops and trainings on the disease, and eventually ended up giving community presentations on HIV/AIDS as part of a community service requirement in high school. His self-education about the disease and desire to educate others about the epidemic reveal a proactive approach to HIV/AIDS education. Given his early experiences of AIDS-related death, this was not surprising.

Despite those early experiences of death, he does not remember initially worrying much about contracting HIV. Like Alistair, his first sexual experiences were with his first boyfriend, who was also a "virgin" at the time. Having unprotected sex in that relationship, he describes feeling "invincible":

Because, you know, you're fresh and you're new and you're a virgin and so you think you're invincible. He's a virgin too, so, I don't know, it just never really went through my thought process at that age. Certainly as you get older it kind of becomes more of a reality. But at that time, no.

For Tom, those feelings of ease and invincibility are all in the past. His "relaxed" perspective dramatically changed when he found out that his boyfriend, who he had been having unprotected anal sex with, had cheated on him with a woman:

The only time that I was nervous was when, towards the end of the relationship, my ex-boyfriend cheated on me with a really skanky girl who had been with, like, everyone. So I got tested. I was a little bit nervous slash really pissed.

His experience is similar to Alistair's in that their fear of infidelity (and, thus, the potential for heightened risk of HIV infection) produced a set of anxieties about contracting HIV that remain to this day. However, Tom's boyfriend—unlike Alistair's—actually cheated on him. This experience seems to have left a mark on him.

Since then, he has not had anal sex —protected or unprotected—with anyone. To avoid putting himself in similarly anxious situations, he describes avoids having casual sex:

I try not to put myself in positions where I would be paranoid and worried, so I don't have one night stands, and sex with randoms or whatever... I'm more [of a] long term relationship kind-of-person. I've never been promiscuous, so I'm not too paranoid.

The idea of promiscuity surfaced throughout Tom's interview and in the focus group. Tom regularly derided sexual promiscuity while praising monogamous relationships. He distanced himself from what he called "bad gays", who he described as "fucking gross, like seriously, like gross. Like slutty, and like wearing really gross outfits and just kind of ugly. And just like Ugh! Gross". For Tom, being promiscuous was clearly troubling and inconsistent with what he believed was socially acceptable.

Tom's anxiety over promiscuity is closely related to risk. While Tom mocked "bad gays" for having casual sex with each other, he has no problem engaging in the same kinds of sexual behavior with his straight male friends. Since his breakup with his first boyfriend, Tom's primary sexual community has been with his straight male friends, who he has been "turning" for casual encounters. Tom wants to have sex with people who he already knows and trusts, which seems to be anathema to "hooking up" with other gay men.

Instead of hooking up, Tom has a different vision for his life as a gay man. Responding to Jake's comments about monogamy not working, Tom talked at length about his hopes in life and his suspicion that his dreams may be incompatible with the stereotypical gay lifestyle:

I'm really sort of a romantic idealist, you know? I always have this image of gay guys being very hard and very like cold, you know, one-night-standish-shunning love. When Jake said... "monogamy doesn't work" —like, for me, and seriously, my heart just broke into a million pieces for like the millionth time. I was sad. I was like, GOD! That's a terrible thing to say. It can totally work! I totally want to get married —I'm so into getting married. I want to go to IKEA,



I want to pickup my fucking furniture, I want to have parties, I want to have a good group of gay husbands, you know have dinner parties, and have fun, and yeah. It's in my future, I hope it is. It's what I want. So when he said that, it just made me totally sad. I totally got totally sad. I don't want that suspicion confirmed.

Tom's describing here his own version of the "American Dream"—complete with a husband, trips to IKEA and dinner parties with other gay male couples. This is an idea that gay and lesbian political organizations have used to argue for legalizing same-sex marriage. An interview with the recently "out" former professional football player Esera Tuaolo featured on the website of the Human Rights Campaign—which refers to itself as "the nation's largest civil rights organization working to achieve gay, lesbian, bisexual and transgender equality"—exemplifies this (Human Rights Campaign, 2007). Tuaolo says that, despite being gay, he has "a beautiful family. The white picket fence. The American Dream. Two dogs, two children and two daddies. I have what my straight friends have and what my brothers and sisters have" (Human Rights Campaign, 2003). This is exactly Tom's dream—a dream that he suspects may be difficult to realize in a community of men whose sexual norms he sees as antithetical to his own.

Tom's vision for his future may be impacted by the fact that most of his friends are straight. While he did not feel that he was a part of a gay community, he did experience being part of another community—that of friends at his university who are all his own age. Though he felt he had friends and expressed a sense of belonging there, Tom expressed a desire for more gay friends:

Sometimes I really crave... It's weird, like sometimes I hate gay men, but certain ones that are like me or like... Because gay men have this relationship where they just understand things that aren't like a woman "cause they aren't a gay male. So, sometimes, I crave that understanding. I mean, I do have a couple good gay friends—but I wouldn't mind having more. They're good to have around. They're fun, and they get things that your fag hags won't.

While Tom expressed a desire to have more gay men "around," he did not seem to be describing a desire to be a part of a mostly

gay community. Indeed, he seems to have something of a love-hate relationship with gay men. While previously he expressed a desire to have a “group of gay husbands” later in life to have “dinner parties” with, he also said that he thought that “gay guys are kind of judgy and bitchy”. His broad generalizations may be, in part, a product of his distance from San Francisco’s gay community. Because he is under the age of 21, Tom is unable to patronize most venues in San Francisco’s historically gay neighborhood, the Castro. He did, however, manage to get served at one bar in the Castro a few months before the interview. “It was really fun! I genuinely liked the Castro. I’m like, “This can be fun!” And we went again and they kicked us out of, like, every bar”. He seemed somewhat surprised by his own enjoyment of the Castro, noting that he “genuinely” liked it.

Once he does turn 21 and has more ready access to San Francisco’s predominately gay venues, it is not clear whether or not he will become a more frequent visitor of the Castro. For now, Tom has made a home for himself on campus that does not have anything to do about his being gay. While this may change in the future, Tom’s story is a relatively new one. His smooth coming out process, rejection of promiscuity, and desire for marriage may signal a new kind of being gay that has nothing to do with being a part of a gay community. His largely “integrated” life may very well be the vision of so-called “assimilationist” gay and lesbian activists. While he is unsure of what the future has in store, he seems committed to realizing his gay version of the “American Dream”.

## DISCUSSION

These case studies present three men with incredibly different experiences and relationships to their sexualities. Yet, despite their differences, several overarching themes emerge. First, each participant described having experienced some level of fear of contracting HIV. This varied by participant, but they all described at some point feeling anxious or paranoid about testing positive. For Jake and Alistair, this was a deep-seated fear of contracting HIV

that bore no relation to their actual engagement in high-risk sexual activity. Indeed, Alistair even “freaked out” about contracting HIV when he had not engaged in any sexual activity since his last HIV test. While Tom did not describe this kind of fear explicitly, the judgmental and loaded language he used to talk about promiscuous gay men (e.g. “bad gays” who were “gross” and “slutty”) suggests a need to distance himself from what he sees as dangerous sexual behavior in order to feel safe.

In the face of this fear, each participant revealed his own struggle to find a comfortable sexuality that balanced risk with desire. For Jake, this involved the mentorship of his gay doctor that provided him with practical information about gay sex that allowed him to more comfortably explore his sexuality. On the other hand, Alistair was so scared of catching HIV through anal sex that he only felt comfortable having it in the context of a monogamous relationship. Similarly, while Tom never expressed an explicit fear of contracting HIV, his casual encounters with straight men and simultaneous rejection of the same behavior by gay men with other gay men suggests a need to feel safe in his sexual life. He achieved this by avoiding any kind of casual sex with gay men and, like Alistair, only having anal sex in the context of monogamous relationships.

For Alistair and Tom, these boyfriend relationships provided a trusting environment in which they felt comfortable not only having anal sex—but anal sex without condoms. Their narratives of trust and safety within these relationships are consistent with research that has documented this phenomenon (Hays, Kegeles and Coates, 1997). Though studies often view unprotected sex between boyfriends as a significant risk factor for contracting HIV and thus as a problem, others have argued that this kind of behavior is a way to reduce harm and maximize pleasure (see, in particular, Kippax *et al.*, 1997). In both cases, Alistair and Tom look back on their decisions to have unprotected sex as naïve.

While Alistair and Tom were hoping to find a monogamous relationship, Jake had decided that monogamy was not for him. All three, however, described grappling with the heteronormative monogamous relationship ideal. Jake’s comment that he had aban-

doned that vision for himself deeply troubled Tom, who worried that being gay might eliminate that possibility from his future. In all three cases, the desire for a coupled, monogamous life seemed to be, at least in part, a strategy to remain HIV-negative. When Jake learned strategies from his gay doctor for protecting himself against infection, he began to feel comfortable exploring casual sex and ultimately abandoned his quest to find a boyfriend. Similarly, while Alistair noted that he sometimes wished that he could “go out and fuck someone” without fear of infection, he seemed relieved that his fear prevented this possibility and thus prevented him from becoming infected.

For both Alistair and Tom, feeling “safe” and having casual anal sex was impossible.

Alistair and Tom’s radical sense of anal sex outside of relationships as inherently dangerous suggests a lack of understanding of HIV transmission, risk, and prevention. Only in the context of monogamous relationships could Tom or Alistair feel safe having anal sex. While none of the participants were assessed of their knowledge of HIV and its transmission, their strategies for staying HIV-negative suggested they might not be as well informed as they believed. All three seemed to be practicing a sexuality infused with their own conception of safety. For Tom, this meant feeling safe when having casual sex with straight men, but openly disparaging as “gross” the same behavior between two gay men.

Even Jake, who is a regular at local sex clubs and bathhouses, refuses to have any kind of sexual interaction with HIV-positive men. It is not clear whether his decision to avoid sex with HIV-positive men would result in any significant reduction of risk, since he reported using condoms in all of his casual sexual encounters.

Contributing to this deep-seated need to feel safe was the fatalistic cultural stereotype that most gay men will inevitably test positive. Walt Odets’ study on HIV-negative men and the “AIDSification of homosexuality”, though a decade old, still speaks to these men’s struggle to negotiate their identity as an HIV-negative man in a culture that associates being gay with being HIV-positive (Odets, 1995). Jake referred to this as the “gay connection” with HIV, while Alistair expressed the same concern by saying that he thought AIDS was “out to get” him and other gay men.

It's not clear from where this stereotype emerged for participants. Recently, this stereotype was reinforced in the Los Angeles Gay and Lesbian Community Center's "Own It. End It" social marketing campaign, which prominently featured the provocative message, "HIV is a gay disease" (Better World Advertising, n.d.). Developed by the same social marketing firm as the "HIV Stops With Me" campaign, it was intended to instill a sense of ownership of the disease in gay men, hoping that this sense of ownership would inspire men to "End It". While ending the epidemic is certainly a commendable goal, this kind of message only reinforces the very stereotype that these participants have struggled against for most of their lives as HIV-negative gay men.

These findings present a number of opportunities for developing prevention models that are relevant to these men's lives. First, their dismissive attitudes about what they saw as *cliché* "use a condom every time" social marketing efforts featuring "shirtless guys" need serious revamping if they are going to have a positive impact. Using positive messages that relate to their experiences and do not reinforce negative stereotypes about gay men are crucial. For example, two themes that emerge from the data that may provide pathways or themes for prevention efforts are their struggle with heteronormativity and their disconnect with the idea of a "gay community". Developing messages that relate to these two key experiences could make for more relevant prevention.

Finally, with three such disparate experiences in this study, it became clear that what it means to be "gay" is fractured along many different lines. Race, class, sexual norms, and other issues have the potential to radically shift what it means to be "gay". Thus, efforts targeting this population will need to address this diversity of experience and understand their particular audience. Meeting men where they are and being sensitive to that experience will be critical to developing strategies that are relevant to these young men. As long as prevention organizations recycle messages developed before HAART, more and more men may feel similarly disconnected from their programs and services. Also, notably, this study did not compare older cohorts with younger cohorts, and it is possible that older men may feel the same kind of ambivalence and sense of disconnection described by the participants in this study.

Perhaps one of the most significant obstacles facing prevention is the legal restrictions that have prevented public agencies from funding any sexuality education programs or HIV prevention campaigns that might be construed as “obscene”. Other countries — particularly Australia and The Netherlands— have long been doing provocative HIV prevention work that makes American programs look downright prudish. These restrictions may very well be the reason behind the prevention messages that the men in this study felt were out of touch with their experiences. Much can be learned from other countries where making prevention relevant, provocative, and sexy has been prioritized since the beginning of the epidemic. Michael Warner (1999), writing almost a decade ago, pointed to this glaring inadequacy in American HIV prevention:

The prohibition against sexiness in HIV prevention is so powerful that people take it for granted, forgetting that it is even there. To notice its grip on American culture you must first spend some time in a place where they take HIV prevention seriously, like Amsterdam or Sydney. There —by the roadside, at bus stations, in bars— you will see explicit, thoughtful, and attention-getting campaigns about HIV, other sexually transmitted diseases, and sexual health in general. Many of them are targeted at gay men, and they don’t mince words. They don’t fall back on the vague euphemisms of American campaigns (“Be Careful”); they don’t simply command people to use condoms; and they don’t rely on fear. Many of the campaigns offer ways of thinking about real situations, such as conversations that gay couples might have about serostatus, gray areas of risk like sex between HIV-positive men, or ways of thinking about alcohol and recreational drugs that are based on acknowledgement rather than denial or prohibition. Because these nationally financed campaigns address men who have sex with men, they do not give the sense one has in the United States of implacable hostility between a national public and gay culture (pp. 200-201).

Given the data from the young men in this study, Warner’s call for more provocative and relevant prevention seems all the more prescient. Finding ways to circumvent the funding restrictions he notes seems crucial. If this is not possible, then is relevant social marketing also not possible? If this is the case, then prevention

organizations should abandon social marketing. If this is not the case, then prevention organizations must start finding ways to both 1) work within the limitations imposed by the federal government; and 2) produce relevant material that does not reinforce harmful stereotypes about HIV-positive and/or gay men. At the same time, more qualitative work evaluating the impact of HIV prevention efforts (including social marketing) on gay men's sexualities and communities is desperately needed to better understand how they may be (or may not be) fueling the kinds of fear and paranoia reported by the young gay men in this study. Without this, HIV prevention organizations will continue to fund efforts with unknown and potentially dangerous consequences.

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CHAPTER 5

CONTEMPORARY ART AND CONTENTIOUS  
NARRATIONS: PHOTOGRAPHIC  
REPRESENTATIONS OF LIFE WITH HIV/AIDS

Royce W. Smith\*

*In all its variant forms the spectacle of AIDS is carefully and elaborately stage-managed as a sensational didactic pageant, furnishing “us”, the “general public”, with further dramatic evidence of what “we” already “know” concerning the enormity of the dangers that surround us on all sides and at all times...The spectacle of AIDS thus promises a stainless world in which we will only be recalled, in textbooks and carefully edited documentary “evidence”, as signs of plagues and contagions averted.*

Simon Watney, Practices of Freedom: Selected  
Writings on HIV/AIDS

Thus, when we speak of the “end of history”, the “end of the political”, the “end of the social”, the “end of ideologies”, none of this is true. The worst of it all is precisely that there will be no end to anything, and all these things will continue to unfold slowly, tediously, recurrently, in that hysteresis of everything which, like nails and hair, continues to grow after death. Because, at bottom, all these things are already dead and, rather than have a happy or tragic resolution, a destiny, we shall have a thwarted end... an end distilled into all the various metastases of the refusal of death.

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*JEAN BAUDRILLARD, THE ILLUSION OF THE END*

With respect to the categorization and development of meaning in art, Baudrillard's looming imperatives about frustrated finalities and impossible closures challenge the stability of chronological order and its reliance upon linear narratives of initiation and termination. As he suggests, the stability of beginnings and terminations that we witness in everyday life is problematized by fluid and malleable influences, such as the historical, the political, the social, and the ideological. One could rightly place "the artistic" on Baudrillard's list of foils to Cartesian systems, as the death of the artist, the death of intention, the death of the represented subject, continue to be re-visited and reinvigorated through exhibitions and curatorial interest. Baudrillard states that these re-surfacings are the means by which we ineffectually attempt to right historical injustices and that serve as our "points" of ideological departure:

The metastases of all that resurfaces as history goes back over its own tracks in a compulsive desire for rehabilitation, as though with regard to some crime or other... a crime on which the file has to be reopened, which necessarily involves going back into the past, right back to origins if necessary, where, for want of being able to find a resolution of our destiny in the future, we seek a retrospective absolution. We absolutely have to know what went wrong at a certain point and, hence, explore all the vestiges of the path we have travelled, root through the dustbins of history, revive both the best and the worst in the vain hope of separating good from evil.<sup>1</sup>

Baudrillard's theories challenge the validity of unique, phenomenological origins and, instead, suggest a cyclical, ongoing mode of enquiry where the world of the unknown is addressed repeatedly and vainly in an attempt to "get it right". Ultimately, this foraging through pasts accomplishes one of two things: it lulls cultural institutions into believing that history has been addressed or properly recovered and that past misunderstandings have been

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<sup>1</sup> Jean Baudrillard, *The Illusion of the End*. Trans. Chris Turner (Stanford: Stanford University Press, 1994): 116.

rectified, or it implies that those “recoveries” of history are merely superficial gestures, not complete excavations.

Baudrillard’s wrangling with “points” and with our collective returns to these fantasized “points” was crucial for examining some of the first exhibitions about HIV/AIDS and those that followed, each attempting to demonstrate the tensions between politics and communities who had gotten it wrong through inaction and those who had gotten it right through their work in championing radical health care reforms, establishing better access to HIV/AIDS-related resources and highlighting that HIV/AIDS were cultural and aesthetic, just as much as biomedical, crises. Many art exhibitions about HIV/AIDS treated the disease as a stable, unchanging specimen—the glass encasing the works acting as a coverslip that froze infection in time and made its aesthetic permeation beyond the spectacularity of the gallery nearly impossible. Interestingly, very few exhibitions positioned the spread of HIV/AIDS as the societal foil to 1970s and 1980s gay resistance and liberation. Baudrillard’s “dizzying whirl of some liberation of the species”<sup>2</sup> seems particularly poignant when it is juxtaposed with the deprecating specificity with which AIDS was attached to, even equated to, the homosexual. As Simon Watney observes,

What we are typically shown is a face we already know and recognize from AIDS commentary—the face of death, staring out at us with an expression of unbearable intensity and complexity. Whatever such people might be thinking is silenced by the full weight of an agenda which constructs them unambiguously as morbid and above all *admonitory* signs of the deadly danger of sex outside the confines of the family. The unconscious of such photography is brutally direct: Homosexuality = AIDS = Death.<sup>3</sup>

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<sup>2</sup>Baudrillard, p. 116.

<sup>3</sup>Simon Watney, *Practices of Freedom: Selected Writings on HIV/AIDS* (London: Rivers Oram Press, 1994): 68. Emphasis in original. Watney suggests that what is shown in the photograph of the “AIDS victim” is not the body and its identity, but rather the body as it has been transformed into “a signifying husk...whose living being is ruthlessly obliterated” (68-69).

As Watney's account confirms, baseless conjurings of the homosexual as the infected/infecting social pariah invariably re-deployed a need for the surveillance and regulation of homosexuality and created an epidemiological equation in which gay bodies not only represented but were embodiments of their disease. Moreover, the seemingly free-wheeling 1970s, in which sex and sexuality were perceived as more fluid and negotiable, were over. Random sexual adventures could no longer be sanctioned in times of a runaway disease, and the equations of behavior with symptomatic consequences (AIDS = Death) became a persistent means of regulating such an uncontrollable threat. Sadly, many art exhibitions, particularly those in the United States in the mid-1980s, functioned not as dismantlings of or challenges to this regulation but as extensions of it, depicting the AIDS "victim" as necessarily solitary, confined and quarantined, both medically and socially. These visual representations not only attached the condition of HIV/AIDS to gay men (who were seen as sick before *and* after their infection with HIV), but fashioned them as the disease itself—a living-while-dying macroscopic embodiment of an enigmatic, microscopic virus.

This ordered thinking about the imaging of HIV/AIDS replicates the manner in which HIV infection is misleadingly tracked and recorded as a disease that can be traced to specific origins. These beliefs invariably influenced how HIV/AIDS was visualized, how the disease would be mapped and with whom it would be associated. Inevitably, images would be charged with reflecting the macroscopic, albeit abstract, ways that HIV/AIDS existed within culture. For example, in the United States, several neighborhoods and communities were isolated in graphic representational grids of the city in terms of their alleged rates of HIV infection, so specifically that certain post codes were implicated as epidemiological hotbeds of infection. Produced by the Florida Department of Health in the United States, one graphic map highlights how county boundaries supposedly differentiate areas of high, medium and low risk of infection, with specific post codes highlighted as the zones where transmission would be "most likely among blacks".<sup>4</sup> Such visual

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<sup>4</sup> See "Florida Black HIV/AIDS Deaths by Zip Code: Year 2000." October 2001. Online. Available: <[http://www.doh.state.fl.us/EquOpp/CTG/blk\\_HIVAIDS\\_deaths/blkHIVAIDS-death.htm](http://www.doh.state.fl.us/EquOpp/CTG/blk_HIVAIDS_deaths/blkHIVAIDS-death.htm)>. Accessed 18 September 2002.

mappings of infection have contributed to lingering perceptions of AIDS as a locatable and stationary illness, a belief that has strengthened its medical, spatial and ideological perception as a disease of the Other.

The visualization of HIV/AIDS in such a spatially segregated manner also attempts to domesticate the illness by assigning it a “home”, an act of spatial isolation that belies the disease’s ability to move within and between different cultures, sexualities and socioeconomic groups. Such maps also situate the gravity of the pandemic in terms of those individuals living with the virus and the environments in which they live and work, almost as if the virus occupies an address as readily as it “occupies” the body. These images do not reiterate the important fact that HIV infection can and does occur outside these imposed, fantasized boundaries —the boundaries that travel, technology and political freedom allow human beings of privilege to cross. As Charles R. Caulfield observed in the *San Francisco Sentinel*,

[National Research] Council member and State University of New York sociologist Dr. John Gagnon was reported to have said “We’ve got to put the money where the problem is”. His proposal for doing this is a concentration of the War on AIDS to 23 to 30 neighborhoods in cities such as San Francisco, Houston, New York and Miami. Similar studies previously conducted in New York City showed that the epidemic clustered in six to ten specific neighborhoods. This could be further sequestered epidemiologically, according to Council member Dr. James Trussell... to an even narrower disease occurrence. Within these six to ten identified New York neighborhoods, HIV infection clustered in two of nine zip codes... It would appear to be safe to assume that the entirety of the membership of the National Research Council neither belongs to the culturally specific groups they’ve identified, nor live in the delineated geographic areas in which this disease “occurs”.<sup>5</sup>

It is no wonder that many critics denounced the sense of place and location that health authorities assigned HIV/AIDS, yet such

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<sup>5</sup> Charles R. Caulfield, “Zip Code Genocide”. In *Being Alive Newsletter* (Los Angeles: Being Alive, April 1993). Online. Available: <<http://www.aegis.com/pubs/bala/1993/BA930421.html>>. Accessed 10 January 2002.

incidents of epidemiological segregation have not been confined to the public health industry and the communities they supposedly serve. Perhaps most disturbing is that art exhibitions about HIV/AIDS have frequently relied upon similar tactics of visual sequestration that have influenced the production of these “HIV/AIDS demographics”.

#### NICHOLAS NIXON AND THE “THINGS” THAT MATTER

In many exhibitions that have engaged with the HIV/AIDS pandemic in the mid- to late-1980s, literal representations of illness, death and dying are reiterated by the presence of hospital beds, wheelchairs, intravenous drips, Kaposi’s sarcoma lesions and expressions of self-loathing and self-deprecation. These visual representations, such as a selection of photographs taken of “AIDS sufferers” by Nicholas Nixon in 1987 in his *People with AIDS* project, do not construct the “AIDS subject” as interactive with their environments, but as contingent upon the frameworks established by the photographer and identified by their normalizing, moralizing impacts on the body and its state of illness. Moreover, what concerned me most about such photographic exhibitions’ engagement with HIV/AIDS was the transparency with which AIDS and its manifestations in and upon the physical body were yoked to the processes of “easy” visualization, always and already legible in visual discourse. Jacques Derrida’s insights about AIDS suggest that the disease is a *topique du jour* that is culturally visible and viable only because canonical discourses have resisted its inclusion: “[E]xactly as if it were a painting or a giant movie screen, AIDS provides an available, daily, massive *readability* to that which the canonical discourses... had to deny”.<sup>6</sup> What Derrida fails to address is the impossible visualization of a microscopic virus, which is HIV, as opposed to AIDS, which is its manifestation within and upon the body. Especially in the genre of photography, Derrida’s “readability” of AIDS led to the construction and dissemination of a predictable array of visual signs or indi-

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<sup>6</sup> Jacques Derrida, “The Rhetoric of Drugs”. In Weber, ed., p. 211-212.

cators that could expose a subject's seropositivity —signs “known” and thus othered precisely because they were not part of the body's expected and socially conditioned performance of wellness.

Photography, therefore, was not an instrument by which disease was concealed or obscured by other aspects of culture, but a forum in which illness could be exposed and subsequently contained. What worried me about Nixon's photographic techniques was his systematic correlation of AIDS with suffering, not as expressed by his subjects, but as imposed by Nixon and the bifurcations inherent in photographic reproduction. One might excuse Nixon's efforts as a consequence of 1980s AIDS hysteria and misunderstanding. Nevertheless, Nixon's worth as a photographer seems to be catalogued in terms of his successful branding of the gay male body as infected and infectious. One particular account from the New York Institute of Photography states:

[Nixon's] works challenge viewers to acknowledge the changes wrought by aging and to find cheer in the warmth of human connection. And though family is the subject of his photography, Nixon never descends into a declaration of “family values”. Instead, he celebrates lasting familial ties... A 1987 picture of Thomas Moran, *an AIDS sufferer*, evokes the stark honesty of the series. In the photo, Moran is shown, his back to the camera, bare-torsoed, his spinal column *clearly visible* through paper-thin skin. He reaches out to touch a sunlit window as if to touch the sunlight itself.<sup>7</sup>

While this critical assessment of Nixon's work may well be explained by the limitations of medical treatments in the 1980s, the words show how technical staging and imposition have transformed the body from actively confrontational into passively submissive to the camera and its ability to construct AIDS as “clearly visible”. If, as Michel de Certeau asserts, “[i]n leaving the field circumscribed by the possibilities of treatment, [the body] enters a region of meaninglessness” and “[n]othing can be said in a place

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<sup>7</sup>“Photographing the Things that Matter: Nicholas Nixon”. In *Tips for Better Pictures*. December 2000. Online. Available: <[http://www.nyip.com/tips/topic\\_spotlight0900.html](http://www.nyip.com/tips/topic_spotlight0900.html)>. Accessed 21 February 2003. Emphases added.

where nothing more can be done,”<sup>8</sup> Nixon’s camera enters to re-as-sign that meaning and to speak for the non-speaking subject.

Thus, “AIDS victims” are depicted as suffering not because they have articulated their own pain or feelings of helplessness, but because their suffering is visually represented as a foregone conclusion. Their freedom is not an inherent component of their lives, but an as-yet-unattained dream that issues from beyond the physical boundaries of the photograph, a medium now acting as the quintessential prison-within-a-prison.

The incompleteness and overt decontextualization of the bodies that Nixon presents do not prompt viewers to speculate about the influences and circumstances that rendered the images as incomplete, but rather convince viewers that they have seen the totality of AIDS and its devastation in terms of this imagistic deconstruction. These photographs, as Owen Edwards aloofly observes, “draw us into a shadowy place we may delude ourselves into thinking is not a destination in our own ‘healthy’ itineraries”.<sup>9</sup> Yet, these are not destinations viewers can fashion as theirs. The subjects are not referenced in terms of their circulation in the cultures and communities that would give credibility to the border-crossing that Edwards implements to evidence a pseudo-interaction with those living with AIDS. They are not seen in environments that include more than the closest of friends and family who dare to cross into the quarantined “places” that Nixon photographically suggests are part of the “AIDS experience”: the home and the hospital. Edwards goes on to liken Nixon to the “brilliant therapist [who] learns from what he observes and raises our consciousness through what he shows us”, and later professes that “they... are really not that different from each of us, who are [*sic*] dying, too, but (if we’re lucky) don’t have to think about it just yet”.<sup>10</sup>

While one may query just who comprises the “us” to which Edwards refers, the greatest contradiction in his analysis is that

<sup>8</sup> Michel de Certeau, *The Practice of Everyday Life* (Berkeley: University of California Press, 1984): 190.

<sup>9</sup> Owen Edwards, “Mortal Vision: Nicholas Nixon shows us the condition we’re in”. In *American Photographer* 21 (December 1988): 18.

<sup>10</sup> Edwards, p. 20.



these subjects bear little resemblance to the ways in which dying is normally understood. These people living with AIDS are often stripped of their clothing and their dignity, so that their symptoms (thrush, emaciation, lypodystrophy, among countless others) act as the horrific lenses through which HIV/AIDS can be confirmed and embodied as a visible anomaly. Nixon's photograph of Donald Perlham does not capture the essence of living with HIV/AIDS, but delivers instead the expected visual hysteria of a man who has been posed so that his wasting body can be obviously displayed. His arm is parallel to the bedpost in the background, his body acting as the ill linkage between the visible representation of his life and the bed by which that life must be defined. Here, the ill body "frames" and encloses part of the room and reminds viewers how sickness has transported the body from freedom to isolation. Is the body of Donald Perlham naked because it wants to be, or because it must be in order to illustrate Nixon's vision of "charting the dire progress of the disease?"<sup>11</sup>

This thinking becomes much clearer in Nixon's accompanying photograph of Tom Moran, characterized as a man "facing the camera, bearing a frank if resigned expression. The picture is halved by a window frame, as if to conjure Moran's predicament as inherently and ironically binary in nature—living, but living with a deadly disease".<sup>12</sup> To what is Thomas Moran resigned? Or does the photograph itself prompt the viewer to resign the subject to "his place", which in this photograph is neither the foreground nor the background? Does the divider, as the critique suggests, really symbolize Moran's living death, or is the divider foregrounded such that Moran's completeness can only be read through the binary division that is photographically staged and imposed upon it?

As the Institute's writings intimate, Nixon's photographs act as "highly exceptional counterpoints to the by now entrenched iconography of the healthy and beautiful person with HIV/AIDS".<sup>13</sup> What is certain is that Nixon's photographs serve as worrying im-

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<sup>11</sup> Edwards, p. 20.

<sup>12</sup> "Photographing the Things that Matter."

<sup>13</sup> *Idem*.

brications of human subjectivity and objectification, as the title of the New York Institute of Photography article suggests. They serve as decontextualized cross-sections of individuals whose embodiment of illness must “fit” Nixon’s narrative of a passive victimization by means of one’s disease and the dis-ease with which viewers are expected to witness it.

As a counterpoint to Nixon’s photographic agenda, Andres Serrano’s *The Morgue: AIDS-Related Death* serves as an ironically microscopic perspective of crossed human hands enlarged to massive proportions, the entire work dwarfing viewers and the represented hands not at all relying on hackneyed stereotypes that visually signpost the body as wasting or ill. The tension between the viewer’s *in situ* experience in the gallery and the enlarged representation of body parts disrupts a hierarchical visualization in which viewers see an object that is reduced in proportion and, as a result, able to be “mastered” by the eye. Kaja Silverman’s theory that “[t]he eye is always to some degree resistant to the discourses which seek to master and regulate it”<sup>14</sup> is a guiding principle for Serrano’s process, as the body of the deceased cannot be visually differentiated as HIV-positive. Recalling earlier works by Serrano, such as *Blood/Milk* (which demonstrated how the world of modernist abstraction could conceptually overlap with quotidian materiality) and *Blood/Semen* (which aestheticized two fluids that had catalyzed moral and epidemiological panics in the wake of HIV/AIDS), his *Morgue* series fashions HIV/AIDS as a disease whose transmission is universally possible and whose gravity is frequently camouflaged by the body’s physiological refusal to reveal infection through visible symptoms.

Serrano’s photograph also does much to transform the viewer’s role (given his/her reduced proportion when viewing the work) into the seen rather than the seer, what Silverman describes as a process of visualization in which the image would seem “to ‘look’ back at us from precisely the site of those others whom we attempt

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<sup>14</sup> Kaja Silverman, *The Threshold of the Visible World* (New York & London: Routledge, 1996): 156. Silverman suggests that the eye, despite its resistance to mastery, instead acts as a mechanism establishing dialogue between the present and the past. See p. 157.

to subordinate to our visual scrutiny —to always be where we are not”.<sup>15</sup> As is the case with most of Serrano’s post-1987 photographic works, the title he gives them often disturbs the comfort many viewers might otherwise enjoy when experiencing them. Seemingly “well” hands are transformed into “infected” visual agents in Serrano’s accompanying written text-as-title, an interesting semiotic reiteration of the ways in which HIV-positive bodies gain their status as threatening outsiders only after that visibility is associated with the over-determined acronyms of written and spoken discourse, “HIV” and “AIDS”.

Nixon’s photographic series employs images of individuals whose faces and identifying features are sometimes seen, sometimes unseen; nevertheless, the multiple photographs and accompanying titles of each “AIDS sufferer” always yoke the deconstructed bodies we see to the name of a “someone else” outside the viewers’ array of experiences and circle of friends and family.

In contrast, Serrano’s *The Morgue: AIDS-Related Death* is a representation of an anonymous individual whose identity remains undisclosed. As such, the possibility of visually assigning this person’s death to a particular Other is thwarted, the catastrophe of AIDS always and already implicated in and looming over those who view the work. Thus, questions inevitably arise: Who is this? Could this be a person that I once knew? What is this person’s name? Is this a man or a woman? Such questions serve as crucial and potent destabilizations of the perceived distinction between and the roles conventionally assumed by the infected body and the uninfected witness.

Whilst artists such as Nixon have referenced HIV/AIDS as an illness hermetically experienced and easily differentiated from a state of normative health, other artists have incorporated their own perspectives and responses into photo-documentary format—a process of reconciling seemingly disparate histories and cultural perspectives. Chinese-Australian artist William Yang’s monologue, *Sadness*, establishes links between his Chinese-Australian genealogy and the devastation caused by AIDS in Australia’s gay commu-

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<sup>15</sup>Silverman, p. 133.

nities. For Yang, memory is the consequence of sustained engagement and experience, as well as the ongoing photographic documentation of his interactions with dying friends. Unlike Nixon's bedridden and sequestered series, Yang's documentation of AIDS captures the active, sassy HIV-positive body as it resists isolation, as it enjoys life and fulfils its desires. For example, Peter Tully, a friend of Yang's, is photographed both as Auntie Ruby, a feisty woman who organized tours of Sydney's favorite nightspots and cruising grounds, as well as a mortal human being who succumbs to disease—undergoing a visible transformation from relative wellness, activity and normative subversion to death. For Yang, the death of the body is not as important as the way in which it is remembered and reconstructed through his own accompanying text—Yang's photographic and textual reactions to those living with the illness coupled with the perceptions of those he documents. Allan, a long-time friend, is photographed as he lay in the hospital, speaks with close friends, and enjoys the everyday life in Sydney's largely gay Darlinghurst neighborhood, yet unlike Nixon, Yang documents the perspectives of his subjects. Yang's style of documentation is decidedly complex—mirroring the emotional and physical changes that accompany firsthand experiences of the illness and the views of friends, family, and community that can alter life with the illness for better or worse.

Yang documents the ways in which Allan's appearance changes as his immune system responds unevenly to drugs, homeopathic interventions, and the care of loved ones. His photographs document a sense of everydayness and enjoyment that can be shared with viewers, yet his accompanying texts do much to engage with the less visible struggles that Allan's body experiences with AIDS—on the one hand, markedly improved in physical appearance, but on the other, coping with physiological deterioration that evades the photographic lens. Yang's texts do much to humanize the disease and link its history of incurability with other quests and challenges related to self-identity and self-preservation.

By alternating documentaries of his HIV-positive friends with his own personal quest to unlock the mysteries surrounding his family's emigration to Australia, Yang clarifies and broadens the no-

tion of “family” to include the gay men he loves and the mother who raised him. Recalling another friend, Van, who lives in Sydney and participates with Yang in an Asian Gay and Lesbian Pride Organization, Yang notes that “the Vietnamese language doesn’t have a word for ‘homosexual’” and that “it’s hard to come out about something you can’t even describe”.<sup>16</sup> Such an observation not only exposes the difficulties with which sexual identity is navigated in Western and non-Western cultures, but also how crucial verbal and visual rhetorics are in terms of linking seemingly dissimilar histories. Even within the locality of Australia, as Yang explores far-north Queensland for traces of his Chinese ancestry and reflects on his current life within the urban activity of Sydney, the artist establishes a clearer sense of self-identity through both experience and remembrance:

I remember one day reading the afternoon paper and finding an article about homosexuality. It described the condition and named some famous homosexuals in history: Leonardo da Vinci, Michelangelo, and Oscar Wilde. I thought, Oh god, that’s me. There’s a name for it. The shock of recognition hit me like a thunderbolt.<sup>17</sup>

A series of Yang’s photographs —landscapes of Cairns, portraits of his grandparents, and documentations of points of interest—ultimately serve as the conceptual glue to link Yang’s multiple histories with the traumatic, triumphant, and unreconciled experiences of others. Unlike Nixon’s fixation on a few individuals living with HIV/AIDS and a desire to photographically script their performance of illness and isolation, Yang helps photography to assume a perspective that is both local and global in purview. He concludes *Sadness* by stating:

I have told you some of the stories of my friends, but you have to multiply these stories many times over to get a picture of what is happening in the community. I spoke at Allan’s funeral, and later I wrote part of it down in a letter to a friend: “I have been very sad at

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<sup>16</sup> *Ibid.*, p. 15.

<sup>17</sup> *Ibid.*, p. 44.

times and I have cried, but I am feeling better now. People have been supportive and caring and there is kindness everywhere. I am grateful to experience a better side of human nature". The Chinese believe that the true self, the "I", is a spirit which never dies, which is eternal. At death the spirit sheds the physical body and begins a journey in the next world... We should not pull them back to this physical world with our sadness. Let them go. They have a new journey to travel. The sage Lao Tze said, "There's no difference between the living and the dead, they are the same channel of vitality". Loved ones are never lost. They are always here, in the heart.<sup>18</sup>

Yang's archiving of AIDS involves a prolonged reconciliation of two seemingly disparate discourses: his Chinese-Australian heritage (steeped in tradition and propriety) and his identity as a gay man in a health crisis of massive proportions. In the end, Yang suggests that the differences between these two identities are ultimately dismantled by careful and considered perception and an empathetic understanding that all human beings, in the end, yearn for the same things: to remember and to be remembered.

As artists document their own loss of vision or that experienced by their friends and loved ones, they illustrate how HIV/AIDS have catalyzed a "crisis of materiality"<sup>19</sup>—how the illness (and the microscopic virus that causes it) may be physically rendered, represented, or objectified and who maintains ownership over those imagistic transmogrifications. Although some critics, such as David Román, continue to map the development of a "Not-about-AIDS" culture that is decidedly disengaged from the pandemic, prolific connections continue to be forged between artists, works, histories, and changing circumstances that contemporary museums and galleries have been unwilling or unable to incorporate into their institutional frameworks and missions in the age of AIDS.<sup>20</sup> While the pandem-

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<sup>18</sup> *Ibid.*, 76-79.

<sup>19</sup> For further reading on the complications surrounding an objectification of HIV/AIDS, read William Haver's "Not Even a God Can Save Us Now", in *The Body of this Death: Historicity and Sociality in the Time of AIDS* (Stanford: Stanford U P, 1996): 1-24, especially pp. 13-24.

<sup>20</sup> See David Román, "Not-about-AIDS", in *GLQ: A Journal of Gay and Lesbian Studies*, 6:1 (Spring 2000): 1-28.

ic continues to spread largely unchecked through various populations in the world, the global implications of the disease certainly require both concerted reflection and immediate action; nevertheless, the unique, local responses of artists to HIV/AIDS serve as stark reminders of how divergently entrenched the disease remains in the vocabularies of both medicine and art.

In the end, the localized and global responses to HIV/AIDS through artistic expression should not encourage ongoing ghettoizations of the disease—an ascription of tendency or proneness to contract the illness based on sexual orientation, gender, or geographic location. Simon Watney certainly champions an alignment of the local and the public so that the experiences of the few become visible to many, especially when considering how art mediates the changing relationships between individual and institution:

Our mourning strives to be public, and to engage public institutions, because it is in the public domain that the value of the lives of our dead loved ones is so frequently questioned or denied. Thus the epidemic requires a public art, which might adequately memorialize and pay respect to our dead.<sup>21</sup>

Implicit in Watney's observations is a sense of collectivity, of "we-ness", that acknowledges the global reach and impact of the AIDS pandemic. What is missing from his assessment is a road map of sorts, a manner by which the plights of other localities are not cordoned off as foreign, but rather linked to those more familiar to us. Appreciation of "our dead"—an appeal for recognition of the importance of the local—demands sustained attentiveness to the diverse social, economic, political, sexual, aesthetic, and rhetorical circumstances that uniquely define each locality and ultimately contribute to a more global view. Yet, a global view should never imply the existence of a universal(izing), unilateral "truth" about HIV/AIDS—a narrative about transmission of, experience with, and treatment for the disease that is applicable to all situa-

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<sup>21</sup> Simon Watney, "Memorialising AIDS: The Work of Ross Bleckner", in *Parkett*, no. 38, 1993, p. 53.

tions at all moments in time. It is here that art enters as the crucial mediator between localities and individuals who bear witness to the disease in such different ways; it is in this process that art also illustrates its multifarious abilities to document, to memorialize, to dissent, and to mourn.



## CHAPTER 6

# QUEER CRIME AND GAY GLOBALIZATION

*Ferd Eggan\**

Culture is more than art and literature and language; it is the lived experience of human beings together. We can't talk about AIDS and Culture unless we turn and face the strange, open our eyes to how the global culture makes AIDS and how AIDS culture re-makes the world. I came to Mexico DF to share what I know about cultural moves related to AIDS in my country and my experience, and to learn what you have to share about yours. I'm going to try to develop a chain of causation that links many familiar aspects of gay male life and AIDS together in a way that might be useful.

"Illegal immigrant", an appellation that inscribes its bearer as an alien body subject to incarceration and expulsion, might just as well have been used as a term for gay men, lesbians, bisexuals, transgenders and genderqueers during most of the last several centuries. With even more urgency than most of the world's population, we left home for the bright red lights of the city, and we quickly took over and built community institutions that catered to our kind. Most of those institutions were always on the inner edge of criminality themselves: bars and bathhouses and parks were remapped as spaces where gay men cruised, partied and developed the social networks that made gay life the paradigm example of how to be in a city. The worldwide economic, military and cultural domination of the US has meant that the post-industrial US version

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of gay life is unfortunately made to appear a model for same-sex relations everywhere.

When trannies and queens and dykes rioted at Stonewall, they were in fact resisting the laws that made their gathering together illegal and the corrupt payoffs that provided transitory evasion of the law. It is difficult to assess how much of the repressive action against gay men was actually initiated by the state vs. how much was due to economic screws applied by the organized crime syndicates that controlled NY bars and bribed the cops to raid them only a few times a year.

To be criminal —potentially subject to prosecution for personal behaviors— is, in the view of the philosopher Michel Foucault, very much like what it is to be sick. That is, both criminals and the sick are subject to classification, surveillance, possible segregation, study, and attempts to change the individual and control society. In other words, Queerness and HIV are about the same as criminal.

In the early epidemic, what was to be named AIDS was identified by connection to diverse behaviors that were unrelated except by being illegal in most places —subject to criminal penalties. Homosexual intercourse was the most widely known of these illegal activities. The US CDC guessed for some time that GRID, or gay-related immune deficiency, was related to use of drugs (poppers-amyl nitrate) by gay males. Since the next cases were among injection drug users, something about their illicit life —related to drug use— led to the recognizable symptoms. The high prevalence of AIDS symptoms among Haitians was an inexplicable anomaly, one which did not prevent the authorities from concentrating Haitian immigrants at Camp X-Ray, the first use of Guantanamo Naval Base in Cuba to sequester threatening enemies. Historically, quarantine has been the measure applied to prevent the spread of contagion or illness from those already marked as “carriers” into the “general population”, with criminal penalties for the violation of quarantine. In the absence of effective treatment for AIDS, many lawmakers proposed quarantining all gay men and drug users.

Epidemiologists —whose scientific investment was in counting, not jailing— relied on the insularity imposed by law on these

sub-populations to map the progress of the AIDS epidemic, and on their already-established surveillance of gay males in particular. So the criminal connection was already established, and has continued to mark the faces of people with AIDS and eventually all those with or suspected of having HIV infection. Not until 1985 could epidemiologists confirm that AIDS was a result of infection by a previously unknown microorganism traveling through semen and blood. In the meantime, AIDS had lodged in public consciousness as a plague visited upon social outcasts —those engaged in sinful and criminal behaviors.

We know that much of the life of lesbians, gay men, bisexuals, transgender, genderqueer and intersex persons has been illegal for centuries. This illegality has been a constituent factor in the development of new sub-cultures, economies and geographies. Non/anti-normative sexual desire has created new modes of being and responded to the Law that always seeks to channel desire into activities that are viable under the prevailing governmentality. Prostitution, pornography, inter-generational sex, drug use, unsafe sex, sexual activity in public or private are “crimes” said to characterize “queer” life. But consider an alternate view: the behaviors and beliefs of persons seeking sexual and emotional connections have their outcomes in modes of being that both create shared subjectivities and build institutions.

I want to talk about a particular case of the creative energies of gay men in the development of a subculture that flourishes under the ban of criminality. That is the adoption of methamphetamine, or crystal, by gay men. Gay men have made crystal a sex drug par excellence. Now I want to be clear: this paper is not another attempt to raise the alarm or to decry the pernicious spread of drug abuse and sexual license. Instead, I am attempting to look at the creation of a sub—or micro— culture among gay men that has a number of specific functions, particular modes of association and exchange, and sequelae that have had a pronounced impact on the larger culture world-wide. Queer outlaws created a market and a geography that were manifestly beneficial to LGBT entrepreneurs and ultimately to global capitalism.

First, I want to share some of the findings from one of the first, and still one of the most profound, studies of the phenomenon of

gay men's use of crystal meth. That study, undertaken by Dr. Cathy Reback of Van Ness Recovery House Prevention Division in 1997, was commissioned by my office when I held the position of AIDS Coordinator of the City of Los Angeles.<sup>1</sup> Reback's report examines how a small sample of men and transgender persons in Los Angeles view—and live—their lives through the mediation of various “identities” within the “gay community”. They are, in many ways, typical of other men in the city: diverse in their ethnic backgrounds and socioeconomic status, many bearing the psychological and physical burdens of HIV disease, all vocal about needs for many different kinds of attachments to others. It would be a mistake to lump these men, and all of us, into a “gay community”. In fact, there are many gay communities that live in proximity to one another and benefit from the aggregation of activities and (some) shared desires. Hence, throughout the report, Dr. Reback uses the plural: “gay communities”. The men who responded so forthrightly to the questions asked by these researchers demonstrate the formation of a peer group, their own community, one that functions within, and under the sign of, the “gay community”.

When Reback talks about methamphetamine use, her study helps to show that “identities” like gay or HIV-positive or drug user are never fixed, but instead are the provisional outcomes of a limited set of choices and chances taken and left untaken. The phenomenon of gay crystal use is perhaps related to biology; a few men in this study report that their childhood doctors prescribed Ritalin for them because they were seen as hyperactive or suffering from attention deficit disorder. But biology is not used as an explanation by most of the men. What is more common in Dr. Reback's findings is a description of homosexual desire, conflicts about acting

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<sup>1</sup> Cathy J. Reback, Ph.D., *The Social Construction Of A Gay Drug: Methamphetamine Use Among Gay And Bisexual Males In Los Angeles*, City of Los Angeles, AIDS Coordinator. 1997. Three research methods were employed: Observational Field Work: bar, sex clubs, bathhouses, bookstores, circuit parties, street corners, bus stops, fast food stands, cruising areas, abandoned buildings, coffee houses. Interviews (n = 25) unstructured, in-depth. Focus Groups (n = 38) five focus groups representative of specific subgroups: former crystal users (n = 9); youth (n = 10); men of color (n = 6); HIV-positive men who were predominately street users (n = 8); and HIV-positive men who were predominately middle- and upper-middle class professional (n = 5).

upon that desire, and a search for some mechanism to cope with those conflicts:

[W]e must learn to see that sexuality is something which society produces in complex ways. It is a result of diverse social practices that give meaning to human activities, of social definitions and self-definitions, of struggles between those who have power to define and regulate, and those who resist. Sexuality is not given; it is a product of negotiation, struggle and human agency.<sup>2</sup>

It is still true today that homosexuality is highly stigmatized, and is still interpreted —both by those who disapprove and by those who live out homosexual desire— as mainly sexual activity, unregulated by family or other social obligations. By and large, gay men think gayness is sex and feel guilt and shame about it. Many lead quite healthy lives and come to reject negative feelings about themselves, but the mythos of gayness being outlaw is a persistent theme among the men in this study and in a large portion of the gay/bisexual male population. It is my thought that outlawry is a great big piece of gay male sexuality, and my reading of the narratives provided by the men in this study is that the lives they have constructed and had constructed for them involve internalization of stigma, a sexualized definition of self, and mechanisms to resist the internalized negative feelings. Although ultimately such psychological explanations do more harm than good, it is worth citing one of them, Leo Bersani's brilliant but notorious paper entitled *Is the Rectum a Grave*:

[I]nternalization of an oppressive mentality... is in part constitutive of male homosexual desire, which, like all sexual desire, combines and confuses impulses to appropriate and to identify with the object of desire. An authentic gay male political identity therefore implies a struggle not only against definitions of maleness and of homosexuality as they are reiterated and imposed... but also against those very same definitions so seductively and so faithfully reflected by those (in large part culturally invented and elaborated) male bodies

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<sup>2</sup> Jeffrey Weeks, *Sexuality*. London: Tavistock Publications, 1986.

that we carry within us as permanently renewable sources of excitement.<sup>3</sup>

Reback finds among gay crystal users a strong impulse toward sexual activity, but her respondents do not give uniform answers to questions about which comes first for them: a desire for sex or a desire to be “high”. As I read their narratives, I hear these men conflating the sex and drug experiences. I do not think this “mistake” is unique to these men. Dr. Reback documents the fact that gay culture has evolved institutions that are highly conducive to sex/drug connections. Consistent with Michel Foucault’s observation that our entire culture is saturated with sexual discourse, the gay communities of Los Angeles are replete with institutions that facilitate sex/drug fantasies and activities. Among these institutions are gay drug vendors who deliver crystal to individual homes, gay sex clubs where highly stimulated men can find sex at all hours, gay chat lines where men can find partners, and display and print advertisements using the code word for sex on crystal: “partyng”.

There is now a large profitable industry devoted to curing drug users of their “addictive personalities”. I find “addiction” inadequate as an explanation. Eve Kosovsky Sedgwick (1993) offers the following critique of the commonly used but facile excuse of addiction. I cite this long quotation because I am convinced it is time for a closer look at the notion of addictive behavior, a notion that, in my opinion, serves to further pathologize sexual and drug behaviors and drive them deeper underground

[I]f addiction can include ingestion [pathologized and addressed through Overeaters Anonymous], or refusal [anorexia], or controlled intermittent ingestion of a given substance; and if the concept of “substance” has become too elastic to draw a boundary between the exoticism of the “foreign substance” and the domesticity of, say, “food”; then the locus of addictiveness cannot be the substance itself and can scarcely even be the body itself, but must be some overarching abstraction.<sup>4</sup>

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<sup>3</sup> Leo Bersani, “Is the rectum a grave?”. In D. Crimp (Ed.), *AIDS: Cultural analysis, cultural activism*. Cambridge, MA: MIT Press. 1989. p. 209.

<sup>4</sup> Eve Kosovsky Sedgwick, *Tendencies*. Durham, NC: Duke University Press 1993.

So long as an entity known as “free will” has been... charged with ethical value... for just so long has an equally [charged] “compulsion” had to be available as a counterstructure always internal to it, always requiring to be ejected from it... Sites of submission to a compulsion figured as absolute include the insistence on a pathologizing model (“alcoholism is an illness”) that another kind of group might experience as disempowering or demeaning; the subscription to an anti-existential rhetoric of unchangeable identities (“there are no ex-alcoholics, only recovering alcoholics”)... and especially through a technique of temporal fragmentation, the highly existential “one day at a time” that dislinks every moment of choice (and of course they are infinite) from both the identity-history and the intention-futurity that might be thought to constrain it.

Sedgwick thinks HIV and AIDS demonstrate some of the same problems as “addiction” and “free will”

[...] the way it seems “naturally” to ratify and associate “as unnatural, as unsuited for survival, as the appropriate objects of neglect, specularized suffering and premature death” the notionally self-evident “risk group” categories of the gay man and the addict.

It is clear from this report that methamphetamine use can be profoundly destructive, yet to treat it as merely an individual addiction is an unfortunate parallel to right-wing arguments that gay men are seduced by the allure of perversion and that “normal” men must be protected from this seduction. I would argue, as I think some men in this study argue, that their sex and drug activity is a mechanism adopted —sometimes avidly and other times reluctantly— to cope with at least two cultures that oppress them. One is the hierarchical society of Los Angeles, USA. The other is the highly illusory gay community in which these men sought support and solace and found more personally difficult hierarchies and the gay epidemic of AIDS. After all, even the rudimentary and fragmented multitude we call the gay community is only a few decades old, and many younger men have never experienced that community without the specter of illness and death.

[The] new gay identity was constructed through multiple encounters, shifts of sexual identification, acting out, cultural reinforcements, and a plurality of opportunity (at least in large urban areas) for desublimating the inherited guilt of a grotesquely homophobic society... [the AIDS crisis regrettably encouraged] wholesale desexualization of gay culture and experience.<sup>5</sup>

Working too hard at maintaining selfhood and imposing some measure of control over the chaos of mass extinction among the gay men who were their friends and lovers, men may understandably use drugs and sex as a means or lightening those burdens.

[A] gravely dysfunctional aspect of what is, after all, the healthy pleasure we take in the operation of a coordinated and strong physical organism is the temptation to deny the perhaps equally strong appeal of powerlessness, of the loss of control [of self]... For there is finally, beyond the fantasies of bodily power and subordination that I have just discussed, a transgressing of that very polarity which, as George Bataille has proposed, may be the profound sense of both certain mystical experiences and of human sexuality... I'm also thinking of Freud's somewhat reluctant speculation, especially in the Three Essays on the Theory of Sexuality, that sexual pleasure occurs whenever a certain threshold of intensity is reached, when the organization of the self is momentarily disturbed by sensations or affective processes somehow "beyond" those connected with psychic organization.<sup>6</sup>

One further contribution from theory needs to be brought to bear in reading Reback's study: neither sexual desire nor safer sexual behavior nor drug use is an individual choice that can be un-chosen at will. I wish to allude here to the thoughts of Judith Butler (1993) on what she terms "gender performativity",<sup>7</sup> the process of taking on and acting out gender and sexual roles. Here I

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<sup>5</sup> Simon Watney, *Policing desire: Pornography, AIDS and the media*. Minneapolis, MN: University of Minnesota Press 1996.

<sup>6</sup> Bersani

<sup>7</sup> Judith Butler, *Bodies that matter*. New York: Routledge 1999.



paraphrase and, unfortunately, simplify a complex set of arguments: (a) gender performativity is bound to and by the repeated force of regulatory sexual regimes; and (b) to say that a person is “performing” a gender role is not to say that that person is exercising will or individual choice; that is, gender identifications precede and enable the formation of a subject, but are not, strictly speaking, performed by a subject. Almost no act considered sexual is performed by an individual alone; sexual desire and sexual acts involve at least two persons, or, as Freud would have it, at least four, counting each person’s views of self and other. And in fact, desire and act occur within the context of a social definition of what is available to be desired and what acts are defined as pleasurable, permitted, or prohibited. Those social definitions both precede and are re-constituted and changed by the participation—willing or not—of gay, bisexual, and transgender persons like the ones in this study.

Focus group participant: [Crystal] completely takes away my inhibitions. It [crystal] removes all old guilt and shame and makes me feel sexy... We were all brought up in an environment where gay sex was bad, wrong, and could do all kinds of horrible things to you... It’s [crystal] a way for gay men to have sex with some of that lifted.

Focus group participant: [Crystal] makes us more able to justify gay sex.

Mickey, a 20-year-old bisexual sex worker (*i.e.*, one who exchanges sex for money and/or other material objects such as drugs, food, a place to sleep

Mickey: [Crystal] makes you feel good about yourself.

Q: How so?

Mickey: Just gives you a lot of self-esteem and self-confidence.

Q: Every time you use it?

Mickey: Every time.

Q: So it makes you feel good about yourself. What else?

Mickey: That’s basically it... It [crystal] makes you do stuff that you normally would not do sober. Um, like when I first started hustling, I never would have let a guy suck my dick, let alone suck

a dick, because I didn't think it was right. But the first time I ever did one of those things, I was high on speed... I suck dick. I ain't gonna deny it. In public I'd deny it.

Participant: I've never indulged in alcohol or drug use when I've been depressed or when I've had problems, like some people do. I don't find it as an escape mechanism for me, I do it just for the fun of it. And I love to have fun. I'm getting to that age where maybe I should consider differently, but it's fun. And sexually speaking, marijuana was never sexual to me. This [crystal] is probably the most closely associated with sex and that's perhaps why I have such a tight hold on it.

Q: What things do you associate with crystal use? Are there certain places, people, things, activities?

Jason: Sex, is that what you mean?

Q: Sex. Anything else?

Jason: It's a sexual drug for me.

Q: It's all about sex?

Jason: On that drug it is. And I enjoy it. Honey, you could get everything, it is the best, it really is.

Q: How is crystal viewed in the gay community? How do you think it's seen in the gay community?

Jason: It's number one.

Q: Why?

Jason: It's the best high, it's the less tweak of a high.

Mark: Crystal is synonymous with sex.

In the case of the men in this study, who use drugs in their sexual practice, their culture is necessarily hidden, because to be visible would be to risk legal sanctions and social rejection. But even if this were not the case, people would make their decisions relying on the support of peers within their microculture as well as that of institutions that profit from sex and drugs and from "treatments".

All sexual spaces and forms have their rules of emergence and practice, whether or not those who enter into them consider themselves to occupy a marked socio-sexual role... The borders of microcultures [like the microculture of gay male crystal users or the microculture of "A-list gays"] are precarious, changing, co-opted

by commercialism, and facilitated by the interpenetration of commercial cultures that camouflage minority desires.<sup>8</sup>

Nowhere is the existence of microcultures so evident as in Los Angeles, a city divided by race and social class. The recent social upheaval and urban rebellion attest to this fact quite clearly, and its relevance to efforts at AIDS prevention is paramount.

The historical reality is that gay identity, as we know it, formed most visibly around white middle-class forms of same sex relations... People of color and men and women from other cultures and classes in which "bisexuality" is an unspoken norm are in jeopardy if mutual aid through "community" demands narrow identification with the white middle-class coming-out developmentalism that was critical for Western activism of the past two decades.<sup>9</sup>

Reback's study found that methamphetamine, previously most prevalent among white working-class and outlaw cultures, has spread across classes and ethnicities. Although still most popular within the white gay territories of West Hollywood, Silverlake, and Long Beach, sex on crystal is increasingly prevalent among Latinos and Asians and has made strong incursions into the population of African-American gay men. Latino and African-American AIDS prevention workers state that crystal is outdistancing crack cocaine as a sex drug among those in their communities who are most acculturated and, therefore, have the most frequent and sustained contact with those self-proclaimed gay territories. A similar study in New York found that crystal meth use crossed lines of race/ethnicity, age, income, and HIV status. In NYU-CHIBPS's study called "The Crystal Study", the ages of the participants ranged from 20 to 55. In terms of race/ethnicity, 45% of the sample were men of color. 50% of users reported being HIV positive. This was corroborated in Project BUMPS in which 42% of the meth using sample were men of color, and approximately 40% were HIV-positive.<sup>10</sup> Lesbians are also

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<sup>8</sup> Cindy Patton, *Fatal advice: How safe-sex education went wrong* Durham, NC: Duke University Press, 1996.

<sup>9</sup> Patton.

<sup>10</sup> Center for Health, Identity, Behavior, & Prevention Studies, "Project Tina". New York University, 1997.

making more frequent use of crystal in sexual activities. The voices heard in Dr. Reback's, study report that methamphetamine facilitates the crossing of class, ethnic, and gender boundaries, motored by uninhibited sexual desire. How ironic that those crossings and cruising, which in other circumstances are highly encouraged as signs of "diversity" (another problematic and often racist/sexist appropriation of cultures into a "community"), are illicit and clandestine.

[A latino study participant:] My only three lovers I've ever had, we always fucked like animals and it was never safe and I never used a condom and I never would. Two of them are dead. It's just because I was embarrassed about being gay because gay stereotypically denoted those fags at the P \_\_\_\_ and that whole scene. I'm not proud I'm gay but I like men... All I know is that I love my dick and it is a great looking dick and my body is great looking and everything is great when I do speed... On top of that, I was ashamed of the fact that I was shooting drugs. And if I ever met somebody good looking when I was high, I avoided them. I would never sleep with them. I would only sleep with guys that I felt were not so attractive. That way I could hide all this. I could hide all this from myself and from other people.

Given that "drug user" is a negative social identity, many of the participants distanced themselves from that self-concept by defining themselves as "functional" drug users. Almost two-thirds (64%) of the interview participants viewed their crystal use as controlled, yet commented that a friend's or colleague's crystal use was unmanageable. These participants distanced themselves from other crystal users by stigmatizing their "friends" or "colleagues" crystal use as "other" and describing themselves as functional. The following are a few examples:

[Blanche (a man):] The people. I mean I never met so many morally bankrupt people in my life... Even heroin [addicts], I was a heroin addict... even they had a certain amount of code... These people do stupid things that have no value... They're out for themselves totally. And lie, I mean, grossness you'd never believe. And, anyway, I'm a person that likes to believe, I want to believe, I live

in a fool's paradise where I, like Anne Frank, I still believe there's a good... I always try to look for the goodness. So, my day-to-day routine is just getting through the day, not getting my head blown off by some psyched out speed freak.

The distinction between "my" controlled use and "their" unmanageable use was made not only by one social group looking at another, but also within social groups. The assertion was made by older and younger men, homeless men and upper-class men, Caucasian/white men and men of color, gay men and bisexual men. The only commonality among these users was the belief that others did not control their use as they did. This psychological distancing is consistent with the adoption of societal values on drug use as negative and thus helps to manage their identity as a controlled user. Defining "their" drug use as controlled allowed the participants to categorize their crystal use as functional and normative within gay culture.

Participant: My social life revolves very much around sex. Probably, first of all, because I'm a very sexual person. Sex is important to me. It always has been, but also because living in the plague years, like we've been living in, it's important to me to, I guess, have a sense of grounded sexual reality without any guilt. That there's no guilt involved, that there's no fear involved, that sex is still okay to have. To achieve that I get crystal. [Crystal] is a part of that. My social life revolves around, a lot around, people that use crystal. Myself using crystal. Crystal causes a sense of freedom with me.

Here is an amusing counter-example that may shed a little more light and dispel a little of the heat surrounding the specter of gay crystal use.

Smoking presents at least two kinds of counterpoint to modern society that guarantee, I think, that it will always find adherents. This is the terrain into which the discussion never seems to go.

The first has to do with the gift economy of the smoker community. Though the rising prices of cigarettes might still put an end to this, they are in general subject to a completely different set of rules to pretty much any other commodity. We can easily imagine

a banker approaching a lorry driver in a railway station for a cigarette, imagine the driver obliging with no expectation of anything in return, imagine them talking together over the microritual, before stubbing out and going their separate ways. But it is difficult to think of anything else that one of those two people could ask the other for without inviting suspicion (“Would you mind terribly if I had a few bites of your sandwich...?”). The community of smokers is one in which cigarettes and lights are freely, even warmly, given (“Take one for the road”), and in which perfect strangers are willing to share a moment of bodily experience and a few words.

This is actually rather strange. Our society might be a better one if such *bonhomie* were not wasted on a practice so unnecessary to life as smoking, and extended to more essential things such as money and food and lodging, but in such areas most of us are strictly observant of the principle of self-sufficiency. The image of the traveller who arrives late at night in a town and avails himself of the rules of hospitality to procure dinner and a bed at some stranger’s expense is only, to us, a fairytale—or perhaps an exotic travel story from some endearingly backward foreign place. As far as such basics are concerned, other people’s needs put us under no obligation—or, at least, these obligations have been successfully subcontracted to the state through taxation. The smoking community, however, is quick to take care of the needs of anybody who is caught without, and cigarettes circulate between people freely and across social lines. Insofar as it is pleasurable to relate to other human beings in the simplicity of being human, independently of any other qualification, insofar as it is meaningful to congregate around rituals of sensuality, it is easy to see why smokers might wish to retain their links to this social network, since all other such networks seem to have been destroyed.

In every sense, it costs little to give a cigarette, so the gift economy of smoking can sit fairly comfortably alongside the much more closed-handed system of the rest of life. But there is another reason why smoking can remain separate from such a system, and this is the second point I want to make: the possibility that it offers of holding onto a different kind of time.

When we discount all the millions of cigarettes that are smoked over a laptop, all the ones smoked to cope with the pressure of tomorrow's deadline, we are still left with millions more that are smoked in a sidestep from the rush of time. The timeline of contemporary lives is often unforgiving, and many people smoke in order to create moments of reflection and stasis: when somebody takes a break from reading to reflect on the knowledge that has entered them, and to smoke a cigarette, which allows them a physical sense of "taking in..."

There are other ways of doing this, you might say... But cigarettes seem to be a legitimate vehicle for people to retreat from the intensity of workplace time and gather themselves up for a moment, to speak to colleagues as fellow human beings rather than as bosses or subordinates —so much so that often these little outings are accompanied by non-smokers who do not themselves have any such legitimate way of creating mindspace outside the office...

But this is not to say that the oases of personal time that they represent are insignificant within the economy of individuals' days...<sup>11</sup>

Among gay men, dancing has been an important social activity. During the height of the AIDS epidemic, benefit dances on Fire island and other gay watering holes helped fund AIDS care and provided fun for thousands of men. But they soon became more complicated:

20,000 gay men had converged on Palm Springs for the 15th annual White Party. Each April this resort town erupts in a weekend of round-the-clock revelry: pool parties, carnivals, dance extravaganzas, elaborate performances and after-hours celebrations. Palm Canyon Drive, the town's main street, is suddenly populated by gay men (and a sprinkling of their female friends) walking shirtless, hand in hand. All day and night the sound of techno echoes.

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<sup>11</sup> Rana Dasgupta, "The little talked-about pleasures of smoking Essay: smoking, gift economy, time, regulation", August 02, 2003 [http://www.ranadasgupta.com/texts.asp?text\\_id=24&page=1](http://www.ranadasgupta.com/texts.asp?text_id=24&page=1)

In the gay community, the White Party is what is known as a “circuit party,” and it is just one of a hundred such events that take place around the country (and hundreds more around the globe) all year-round, including the Cherry 9 in Washington this weekend. There is also the Black Party in New York, the Black & Blue Festival in Montreal, Mardi Gras in Sydney, the White Party and the Winter Party in Miami, the Fireball in Chicago or Gay Days in Orlando. You can dance all night at gay ski weeks, gay river-rafting trips and aboard ships on gay cruises. Weekend after weekend, gay men fly around the world to dance, dress in costume and get as little sleep as possible.

To outsiders—and some attendees—circuit parties are all about drugs, sex and spectacle. To the travel industry, they represent a profit-making opportunity. But for many circuit party aficionados, the weekend celebrations are essentially a year-round extension of the Gay Pride Parade.

“This is my fifth circuit party in a row,” said David Noe, 49, who lives in Portland, Ore. “I just got back from Australian Carnivale. It’s just an incredible scene.”

The top events have performances by the likes of Jennifer Lopez, Boy George or Cirque du Soleil; plus well-known, “circuit D.J.’s” like Tony Moran, Kimberly S, Brett Henrichson, Susan Morabito and Junior Vasquez. Jeffrey Sanker, the promoter of the White Party in Palm Springs, said that he spends between \$1 million and \$1.5 million on decoration, facilities and D.J.’s each year.

Despite their sometimes outré clientele, circuit parties have corporate sponsors (like Finlandia Vodka and Bacardi, sponsors of this year’s White Party in Palm Springs) and are welcomed by communities eager for tourist dollars. Money eventually opens doors, promoters say. “Cities that have been against us change their mind when they look at the financial dollars—the Black & Blue Festival brings in \$12 million in just hotels alone”, said Mr. Ceplenski, an executive consultant who, with Mr. Steinberg, publishes the magazine *Circuit Noize*, “In this economy, you just can’t say no”.

Certainly, that’s been the case in Palm Springs; this year’s White Party added \$4 million to the city’s revenues, from hotel and sales



taxes, according to Ginny Foat, a city council member, "It's one of our highest generating revenue events," she said. "We love the White Party".

Tickets to the White Party cost up to \$450, not including airfare or hotels (and rooms at the Palm Springs Wyndham, where most of the activities take place every year, start around \$200 a night during the event). As a result, the majority of the attendees are affluent professionals in their 30's and 40's, some of whom attend up to a half-dozen events a year. "Circuit parties are the ultimate expression of gay men having the disposable time and cash to travel", said Ed Salvato, editor of *Out and About*, a gay travel magazine.

Jeffrey Sanker is the messiah of Circuit Parties. In fact, it's been said if you're a circuit boy there are only two people you'll ever need to meet: Madonna and Jeffrey Sanker. He rose out of the ashes of Studio Fifty Four in the late 70s, beginning with his famous "branded" parties, famous for their hand-written invitations. Within a decade he was the King of West Hollywood. The former *New York Magazine* creator has been producing parties for over fifteen years. He developed the concept of the White Party after witnessing 2,000 partying lesbians invade Palm Springs' Dinah Shore Golf Tournament. Sanker wonder if the boys could do this. And did the boys ever...

As he prepared for the April 12-16 White Party, Sanker talked with The Advocate about how he handles those concerns and about some of the more positive aspects of this party enjoyed by so many gay men.

Are you going to be doing any sort of drug awareness program?

We have a zero tolerance policy for drugs, but we will be distributing a printed drug interaction warning, which outlines the debilitating side effects substances can have on the body, to each hotel room.

Are you going to be able to address the issue of unsafe sex?

We put condoms in all the gift bags and give out condoms at all the parties. We do really promote safe sex.

What percentage of the party proceeds go to AIDS groups?

There is no set percentage; I make donations out of my personal money to different groups.

Can you tell me what some of those groups are?

Yeah, Desert AIDS Project and AID for AIDS.<sup>12</sup>

In contrast, notice the following:

The circuit parties are causing a tension between building cultural identity for a subpopulation of gay and bisexual men and undermining the very basis of that community, according to co-investigators Amin Ghaziani, a Ph.D. candidate, and Thomas D. Cook, professor of sociology at Northwestern University in Illinois. They argue for intervention strategies to change the risky behavior, which they say is influenced by recent changes in party participants' attitudes and drug use, the latter of which enables the men to go without sleep for 24 hours or more.

The circuit party studies examined in this study show that more than two-thirds of attendees have some type of sex at the parties, and 47 percent reported participation in unprotected sex. HIV-positive men are overrepresented at the parties and more likely to have unprotected sex. Thus, the risk of HIV transmission is enhanced in a drug-laden environment where ordinary sexual mores lose sway.<sup>13</sup>

And a historical, although slightly censorious, account:

METHAMPHETAMINE use among men who have sex with men (MSM) in North America up until the late-1990s was confined mostly to the AIDS-devastated district of West Hollywood, Los Angeles. Crystal, in its current form, has been readily available on the West Coast since the early 1980s when a new way was found to replicate the drug's chemical structure using cheap industrial chemicals and household products.

Although crystal was being used by gay Californians to initiate, enhance and prolong sex, its constrictive effect on blood vessels made erections difficult to sustain for most users, rendering it unpopular with gay men elsewhere in the US. In the San Francisco Bay Area, for example, amphetamine use was cited in just 4% of

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<sup>12</sup>The Advocate, "The life of the party", April 24, 2001 and Janelle Brown, "Journeys: On Gay Circuit, The Party Never Ends", *The Advocate*, April 30, 2004.

<sup>13</sup>Christopher Heredia, Dance Of Death: Crystal Meth Fuels Hiv, *SF Chronicle*, Sunday, May 4, 2003.

drug-treatment admissions between 1986 and the first half of 1990, a figure which has since rocketed.

The catalyst for meth's viral-like spread throughout gay America and into mainstream society arrived in 1998 amid a blaze of publicity—from a pill that guaranteed erections-Viagra. The gay party circuit provided the geographical network through which crystal, aided and abetted by Viagra, would explode into the new century.

According to the Centers for Disease Control & Prevention, 15-17% of all MSM used meth in the three months to August 2005, with up to 20% using in the last year.

Viagra's arrival coincided with the emergence of internet sex sites which represented a seismic shift in the way that MSM pursued sex, making it easier to access and more upfront.

"It was spring '99, and we were starting to see a small increase in the number of syphilis cases in gay men... and by the next spring there were already another ten. I asked this one guy how many sexual partners he had had in the past two months and he said 14. Then I asked him how many he had had in the past year. And he said 14. I said, "Well, what happened two months ago?" The man replied: "I got online".

—Jeffrey Klausner [Director of the Sexually Transmitted Diseases Prevention and Control Services at the San Francisco Department of Public Health]

Overnight, sex became as easy to acquire as home-delivered pizza. A core group of users emerged who remained on-line 24 hours a day, compulsively panning and scanning each others' profile pictures and sexual demands with a view to hooking up with as many different partners as possible, many upfront in their preference for "BB" (bareback) action. "It was terrifyingly easy to find others like myself online", a recovering meth addict told *The Advocate*. "All you do is create a profile that contains 'party' or 'PNP', meaning 'party and play'".

It is only fair to add that an unexpected fall in the number of new HIV cases among gay men in San Francisco between 2004-05, was surmised by a Kaiser Family Foundation report to be attributed largely to the effectiveness of hard-hitting AIDS campaigns adding that some internet sex sites may now be helping to reduce the

spread of HIV and STDs, due to HIV+ MSM using the services primarily to find others of similar status (serosorting).<sup>14</sup>

Some estimates placed the value of the global trade in illegal drugs at around 400 billion U.S. dollars in the year 2000; that, added to the global trade value of legal drugs at the same time, totals to an amount higher than the amount of money spent for food in the same period of time. In the 2005 United Nations World Drug Report, the value of the global illicit drug market for the year 2003 was estimated at US\$13 bn at the production level, at US\$94 bn at the wholesale level (taking seizures into account), and at US\$322 bn based on retail prices and taking seizures and other losses into account. Amphetamines account for \$28.25 billion in this estimate.<sup>15</sup>

By the way, the global drug trade is only part of the illegal market, which is estimated at \$1.085 trillion. First in scope is the market in counterfeit goods and piracy at \$650 billion, followed by environmental goods, human beings (42 billion), consumer products, and weapons (a mere 4 billion). Major consumer countries include the United States and European nations, although consumption is world-wide.<sup>16</sup>

In the last ten years, United States Department of Justice (DOJ) statistics indicate that the percentage of Latin American non-U.S. citizens that were federally arrested in the U.S. for illegal drug offenses has increased from the low 20 percentile to over 30 percent as of 2003. For example, in 1999, regarding all federal drug arrests, 26.8% were non-U.S. citizens and 45.5% were Hispanic. Other DOJ BJS statistics showed that “in addition to immigration offenses, U.S. attorneys prosecuted an increased number of non-citizens for other crimes, especially for drug trafficking, which increased from 1,799 cases in 1985 to 7,803 in 2000”.<sup>17</sup> Other noteworthy

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<sup>14</sup>J. Colfax *et al.* “Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: a venue-based comparison”: *J Acquir Immune Defic Syndr.* 2001 Dec 1;28(4):373-9.

<sup>15</sup>Havocscope, “Global Index of Illicit Markets” internet 12/5/2006 <http://www.havocscope.com>

<sup>16</sup>Havocscope

<sup>17</sup>United States Drug Enforcement Administration, “Country Profile for 2003: Mexico,” November 2003.

facts, according to National Criminal Justice Reference Service: "Of noncitizens prosecuted in Federal courts during 1994, 55 percent were in the United States legally. During 1984, about 35 percent of non-citizens prosecuted in Federal courts were charged with a drug offense. By 1994, the proportion charged with a drug offense increased to 45 percent".<sup>18</sup>

Nearly 3,000 people have been killed over a turf battles by Drug Traffickers in Mexico in the last two years. In 2006 alone, there have been 1,500 killings due to the drug trade.<sup>19</sup> A major area of killings has occurred in the State of Michoacan. According to a report by Reuters, more than 500 people were killed in the state where current Mexico President Felipe Calderon hails from. The area also leads the country in the number of police murders in 2006.<sup>20</sup>

#### DRUG TRAFFICKING ORGANIZATIONS

According to the U.S. Drug Enforcement Administration, drugs—such as cocaine, heroin, methamphetamine, and marihuana—continue to be smuggled into California from Mexico. A May 2002 *Drug Threat Assessment* update by the National Drug Intelligence Center (NDIC) states that California is one of the most active drug smuggling and drug production areas in the United States. Its proximity to both Mexico and the Pacific Ocean are conducive to drug trafficking—particularly the movement of large quantities of cocaine, methamphetamine, heroin, marihuana, and other dangerous drugs to drug markets within and outside California. Mexican DTOs, such as the AFO, are responsible for most of the drugs smuggled into and sold in California. The Arellano Felix Organization (AFO)—also known as the Arellano Felix Cartel and the Tijuana Cartel—

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<sup>18</sup> Reuters, "Mexico's Calderon vows to escalate war on crime", Reuters.com, December 1, 2006, <http://www.reuters.com/>

<sup>19</sup> Sara Miller Liana, "Mexico warns women: If you love him, don't traffic his drugs", October 4, 2006, <http://www.csmonitor.com/2006/1004/p04s01-woam.html>

<sup>20</sup> Reuters, "Barbaric drug war to test new Mexican president", ABC News, November 30, 2006, <http://abcnews.go.com/International/wireStory?id=2691187>

once one of the most powerful and violent drug trafficking organizations in Mexico now has several rivals including the Zambada Garcia drug organization.

Methamphetamine is the primary drug threat followed by cocaine, heroin, and marijuana. Mexican DTOS control the distribution of methamphetamine in California. The reality is that 80 percent of meth comes from Mexican drug cartels operating here, in the rural expanses of Central and Southern California. According to the U.S. Drug Enforcement Administration, only 20 percent of the supply is made by local users themselves. A decade ago, the cartels in California pioneered a technique for industrial-scale production of meth that police dubbed the “superlab”.<sup>21</sup>

Built with commercial-grade lab equipment and fueled by hundreds of pounds of chemicals, a single superlab can churn out 100,000 or even 1 million doses of meth in a two-day production run. A typical “user” meth lab can make a maximum of 280 doses at a time. Some are operating “super labs” in California that convert mass amounts of pseudoephedrine (a precursor chemical used in the production of methamphetamine) into methamphetamine.

Cocaine ranks second to methamphetamine as a significant drug threat in California.

During 2003, the discovery of several tunnels connecting Mexico to California indicates drug traffickers are continuing to seek alternative, subterfuge methods of smuggling their illegal products into the United States. In April 2003, U.S. Border Patrol agents discovered an operational cross-border tunnel located near the pedestrian border crossing in San Ysidro, California. In September 2003, Baja California State Prevention Police agents found the Mexican entrance of a tunnel under construction located inside the offices of an automobile air-conditioning repair shop. This tunnel was to connect the cities of Mexicali, Baja California and Calexico, California. In July 2003, 11 AFO members were indicted by a grand jury in Southern California on charges of conspiracy to launder narcotic proceeds and commit violent acts of intimidation.

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<sup>21</sup> Bill Lockyer, Attorney General, California Department Of Justice, Division Of Law Enforcement, *Organized Crime In California, Annual Report To The Legislature, 2003*.

Through the use of fear, extortion, torture, and murder, AFO members hoped to silence individuals —such as informants, rival narcotic traffickers, Mexican law enforcement authorities, and the Mexican media— they felt threatened their organization. The AFO continues to recruit members from the San Diego, California, area.

Like the solar-powered radios brought by missionaries to the Amazon jungle, crystal is a technological marvel that has a devastating impact on indigenous cultures it enters. Mexico is a particularly important victim and now participant in the lucrative cross-border trade of crystal meth.

#### FRESNO, CALIFORNIA

In the Central Valley, the highly standardized superlabs arrived en masse one week in July 1992. The labs are so standardized that the first time police found high-thread-count Martha Stewart sheets —used to filter solid meth from surrounding liquids— in one lab, identical sheets were discovered the next day in a lab 100 miles away. The smallest detail, down to the way in which hoses are duct-taped together, is replicated from one superlab to the next.

Labor comes from migrant workers. California drug agents call these lab operators “mopes” —police lingo for low-level henchmen. The mopes don’t use meth but hire themselves out in standing crews of four or five, available for a weekend’s hard work cooking the drug. From the Central Valley, a typical crew of mopes could travel across Pacheco Pass through the Coast Range on a Friday night to the Bay Area. They’d pick up a stash of chemicals from a San Jose storage locker, then return to a small valley town such as Merced, where their employer would secure a secluded barn or farmhouse by bribing a ranch foreman. After laying in a supply of groceries, the mopes would work for two days without sleep to monitor the delicate reaction. A misstep could cost \$50,000. Some are told their families in Mexico will be killed if they speak to the police. At times, drug agents have come upon mopes in a lab

padlocked from the outside. At the end, a supervisor arrives to haul away the finished meth for delivery.<sup>22</sup>

So gay crystal powers fashion, music and very significant revenues for the locations where it is used. It provides livelihood for legal laboratories that produce the raw materials, and for criminal drug cookers and dealers. In addition club promoters, DJs, bartenders, dancers, waiters, actors, singers, manufacturers of musical and other entertainment media, and now the drug treatment and rehabilitation industry are part of the periphery of gay crystal use.

Also the global war on drugs depends on methamphetamine, among other substances, for additional billions of dollars to law enforcement agencies in every country. Some 200 million people, or 5 percent of the global population age 15-64, have used illicit drugs at least once in the last 12 months.<sup>23</sup> Figures available from the Office of National Drug Control Policy (ONDCP) indicate that, in 1999, US federal expenditures on control of illegal drugs surpassed \$17 billion; combined expenditures by federal, state, and local governments exceeded \$30 billion. What is more, the nation's so-called 'drug war' is a protracted one. The US federal government has spent roughly this amount annually throughout the 1990s.<sup>24</sup>

US drug war interventions in Central and South America have had increasingly negative impacts on democratic institutions, poverty and the environment. The Western Hemisphere Institute for Security Cooperation (formerly the School of the Americas) uses the guise of "narco-trafficking" to train and command soldiers in Latin America to oppress and physically harm the poor. A letter to the UN signed by more than 500 leaders from around the world states "the global war on drugs is now causing more harm than drug abuse itself". Increased US aid to Colombia is certain to increase human rights abuses and benefit multinational corporations. Of the \$1.6 billion dollar package, 80% is going to military hard-

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<sup>22</sup> Steve Suo, Home meth lab vs. superlab, *The Oregonian*, Sunday, October 03, 2004.

<sup>23</sup> UN Office on Drugs and Crime, *World Drug Report 2006*.

<sup>24</sup> National Research Council, National Academy of Sciences, "Informing America's Policy on Illegal Drugs: What We Don't Know Keeps Hurting Us". Washington, DC: National Academy Press, 2001.



ware and training, with little allocated as humanitarian aid or for alternative sustainable crops.<sup>25</sup>

Methamphetamine use is very prevalent in the major cities of the West Coast, but less frequent elsewhere in the US. Nationally, only 5% of adult male arrestees tested positive for methamphetamine, compared with 30% for cocaine and 44% for marijuana.

But in Los Angeles, Portland (OR), San Diego, and San Jose, positive responses for methamphetamine use among arrestees registered between 25-37%. In those cities, the overall rate of drug use did not rise between 1998 and 2003, suggesting that the increased use of methamphetamine replaced other drugs, particularly cocaine.<sup>26</sup> It is likely that the cocaine being supplanted is crack.<sup>27</sup>

So, now it must be asked: aside from the fatuous truism that everything is connected, what does all of this mean? Crystal meth use in key global cities is growing and threatens to undo much good work that has been done to help gay/bisexual men (still the population with the highest incidence of new HIV infections in the Western hemisphere) enjoy sexual activity safely and responsibly. The agencies or programs that attempt to work with gay methamphetamine users struggle in the absence of scientific data about the effects of the drug or about the psychological and social constructs that drive its use. Their work is made more difficult by the paucity of information and the force of ideas that pathologize gay life and impede the exposure and amelioration of the problems associated with sex/drug activity. It is the intention of this paper to encourage a closer look at the phenomena associated with crystal and sex and thereby to inform the development of more effective strategies to reduce the harm gay crystal users may do to themselves and others in the context of a globalized epidemic.

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<sup>25</sup> Unitarian Universalist Association of Congregations, Washington Office for Advocacy, *The War on Drugs*, 2003.

<sup>26</sup> National Institute of Justice. (1999). *ADAM: 1998 Annual Report on Methamphetamine Use Among Arrestees*, Washington, DC: National Institute of Justice., Table 1 and Zhang, Z. (2004). *Drug and Alcohol Use and Related Matters Among Arrestees, 2003*. Chicago, IL: National Opinion Research Center.

<sup>27</sup> Raymond L. Scott, and Steven Shoptaw, *An Ethnographic Study of the Relationships between Crack Use, Sexuality, and Engaging in HIV Risk Behaviors among Persons of African Descent*, Office of the AIDS Coordinator, City of Los Angeles, 1999.

[...] today a certain type of city —the global city— has emerged as a strategic site precisely for such innovations and transformations in multiple institutional domains. Several of the key components of economic globalization and digitization instantiate in this type of city and produce dislocations and destabilizations of existing institutional orders and legal, regulatory, and normative frames for handling urban conditions. It is the high level of concentration of these new dynamics in these cities that forces creative responses and innovations. There is, most probably, a threshold effect at work here. While the strategic transformations are sharply concentrated in global cities, many of the transformations are also enacted, besides being diffused, in cities at lower orders of national urban hierarchies. Furthermore, in my reading, particular institutions of the state also are such strategic sites even as there is an overall shrinking of state authority through deregulation and privatization.<sup>28</sup>

I admit I also want this paper to help in the global movement to overthrow the rule of international capitalism, in both its neoliberal and neoconservative versions. Recognition of the humanity of gay, bisexual, lesbian, transgender persons —their capacity of build their own subjectivities and their rights to do so— is an essential part of that struggle. Resistance to the national and trans-national structures of criminalization —of sexual and drug practices among others— is also essential. I hope a look at how gay men who use crystal are both victimized and complicit in the structure of our 21<sup>st</sup> C life will motivate stronger blows against the Empire.

#### COMMENT BY THE AIDS IN CULTURE ACADEMIC COMMITTEE OUR SINCERE GREETINGS TO THE GLOBAL COMMUNITY

We had the enormous pleasure of meeting Ferd Eggan in AIDS in Culture III, which took place in the cultural center Jose Marti in Mexico City in December 2006. Ferd Eggan participated in the lively discussions before, during and after each session with ex-

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<sup>28</sup> Saskia Sassen, "The Repositioning Of Citizenship: Emergent Subjects And Spaces For Politics", *Berkeley Journal Of Sociology* 46, UC Berkeley, 2002

treme vigor, and even though Ferd Eggan himself undoubtedly benefitted from the conference interaction in many ways, his largest contribution to AIDS in Culture with the exception of his very presence and enormous and well founded knowledge in many fields, which impacted many of the global participants, was probably his example, his vision and his strength. Ferd Eggan died in Los Angeles on 7 July, 2007, at age 60 after a six-month bout with liver cancer, complicated by HIV and hepatitis C infections.

For the past 20 years, Ferd Eggan's leadership and his multifaceted strategic and organizing skills have had an enormous impact on the fight against AIDS, particularly in Chicago and Los Angeles. He was one of the founders of ACT UP/Chicago, and for almost a decade, he was AIDS coordinator in Los Angeles. His enormous work can be situated between the activist "outside" and service-provider "inside" of the AIDS communities. Besides, he was a life-long bridge builder between Latin America and the United States.



## CHAPTER 7

### ENTERING A WORLD OF PLAY: AN ORAL LIFE HISTORY

*Martin J. Downing Jr.\**

I first met Larry in the summer of 2005 when I was in Atlanta, GA researching the effects that residential environments have on living with HIV and AIDS. He attended a presentation I was giving at AID Atlanta, an organization that offers counseling, housing assistance, and other services to persons with this illness. As a former volunteer, I had been invited to speak about my research in an effort to involve clients and caseworkers.

During the discussion that followed, I became aware of the immense contributions that Larry could make to my work. As a long-term survivor of AIDS, he was and still remains determined to live each day to its fullest. Though he had been hesitant about participating in the study, Larry was expressive about his ability to maintain as healthy a lifestyle as possible through his work and home. The chance to interview him had been an opportunity that I am thankful not to have let slip by. It was his story that I had hoped to hear when I began writing up a proposal for the research endeavor. This paper draws on his oral life history to examine cultural forms and practices that have contributed to his ability to cope and live with AIDS. It is the result of a conscious effort to expand the boundaries of science and witness first hand the strides that one makes when faced with such an overwhelming life crisis.

When I entered Larry's home on that August afternoon it felt as though I had somehow slipped through the looking glass into a

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world of fantasy and play. This was his world! I immediately became intrigued by the cultural representations encompassing his living space: the “Orient” theme at his front door; the homage to Mardi Gras and New Orleans’ gay pride; and of course his cowboy hat collection, a symbol of the “old west” in America. There were even symbols of his sexual identity throughout the home including a photo of a naked cowboy urinating, which appropriately hung in the bathroom. One could write for days about the construction and design put into creating this environment that Larry called home. But I wanted to know more. It was important for me to make sense of how, with all this wonderful fascination that surrounded him, he achieved the coping response necessary to push through the pain and suffering of such an illness.

Randy Shilts, in his bestseller *And The Band Played On*, describes how individuals began to see a “before” and “after” with regard to the epidemic and their own personal infection. However as Larry’s story unfolded, I started to see his life in not two but three separate phases surrounding his HIV diagnosis. The first phase of his life includes all history, beliefs, and behavior leading up to and contributing to becoming HIV-positive. Born during the middle of the twentieth century at a time when homosexuality was considered taboo and often unspoken, Larry found himself reaching adulthood at the peak of gay liberation in the United States. He had been a theatre major during college, which allowed him to delve into a world of play and experience emotions, practices, and images representative of different times or places. He developed a fondness for performing in front of an audience and took great pride in receiving thunderous applause and standing ovations. His natural talent paved the way for playing roles of several genres including comedy, drama, and musical. Perhaps this is why he made a considerable living as a female impersonator.

Eventually the curtain closed and he was brought back to the reality of everyday life when a once longtime partner died of AIDS. It was 1986, and being the conscientious tester that he was, Larry sensed the urgency of getting yet another HIV-test. He knew that his partner had been with another man during their sorted history, and feared the worst as he went in for that final test. This time he

had not been so lucky. It took just four more years to receive the devastating news that he had full-blown AIDS. Still so early in the epidemic, treatments for slowing down the virus had not made their way to consumers who were forced to rely on holistic approaches and community support. This is why Larry and thousands of others had their immune systems destroyed so quickly by the newly discovered virus.

Upon witnessing the deaths of so many friends, loved ones, and acquaintances from AIDS, Larry knew that his time would be up soon. It is this philosophy that he carries with him still today. Live everyday as if it were your last! It was during this period of intense mourning during the early 90's when he moved into what I have designated the critical phase in his life. In his own words, "the worst part of my life was having to hold the hands of my closest friends as they died, and not being able to see them again". Perhaps in rebellion to the disease, Larry immersed himself in the cultural practices that have for so long stereotyped the gay male community. He frequented local clubs and bars consuming massive amounts of alcohol and illegal substances. Staying healthy was no longer a priority since AIDS would continue to kill anyone in its path, including Larry. Consumed with grief, impending doom, and self-destructing behavior, he had lost touch with the fantasy side of his earlier years. It would truly take a miracle to survive this critical phase and begin to fight the disease and fight for his life.

Three bouts of pneumonia took its toll on Larry, yet somehow he managed to live through it. As Randy Shilts so graphically depicts, *Pneumocystis carinii* had been an all too common cause of death for individuals suffering from AIDS. Unlike many of his close friends, it had not killed Larry. He began to wonder why his weakened body had not succumbed to the ravaging effects of pneumonia. His life had been spared for a reason, and now was the time to find out why. This questioning is what led to a change in his perspective. Finally, determination was setting in and a new life began filled with love, friendship, culture, and resistance to death. His body had ultimately given him that wake-up call.

As I sat in Larry's living room and listened to him tell his life story I began to see past the debilitating effects of AIDS and into a

world full of spirit, excitement, and promise. Upon realizing that his death was uncertain, he rediscovered his theatrical side and started performing again. One need only look to his “Broadway Wall” full of awards, plaques, and show posters to understand the strength and desire to live that emerged from within. While he was still physically capable, Larry traveled all over acting in community theatre productions such as *You’re a Good Man Charlie Brown*, *The Wizard of Oz*, and *South Pacific*. In fact he starred as Charlie Brown three separate times before taking on the role of Linus in a fourth production. He also continued performing female impersonation, which garnered him several pageant titles complete with tiara and sash.

Now in his early fifties and a long-term survivor of AIDS, Larry takes over seventy pills a day and uses a motorized wheelchair, which he refers to as his “scooter” for his primary means of transportation. His health, and in particular the effects of neuropathy, prohibits him from acting; but that has certainly not stopped his theatrical spirit. He has transitioned into theatre production, including script writing for which he has won many accolades. As a house manager for a neighborhood playhouse near Atlanta, Larry continues to be expressive in the art he truly loves and that which he says gives his life purpose. This position has given him the opportunity to revisit some of his celebrated performances and put his creative touch on the sets, costumes, lighting and music.

Taking a step back from performing, Larry has been able to spend more time going to shows and understanding the finer points of theatre. On his “Broadway Wall” one will find several posters from a few favorite shows including *Miss Saigon*, *Sunset Boulevard*, as well as *Joseph and the Amazing Technicolor Dreamcoat*. While developing ideas for his playhouse, Larry will usually sit and stare at this beautiful, lively wall and reflect on its memories for inspiration. Whether it is a photo of himself as Dorothy or a framed congratulatory letter for his latest script, this wall and his entire home serve as a point of stimulation and creativity. In reflecting on the work of Clare Cooper-Marcus, I came to see that the home had truly become a mirror of his self. Larry’s most recent creation, a poem entitled *Zoe*, has quickly been adapted into a play. To date it



has been performed four times and is currently being optioned as a children's manuscript. Writing has been a vital part of his survival. He continues to enter his poetry, plays, and short stories in local arts festivals for which he has been rather successful.

I have had several telephone conversations with Larry since visiting him in his home on that summer day last year. There is always a positive tone in his voice even as he explains his latest setbacks in treatment or physical care. As a twenty-year survivor of AIDS, he continues to tell his story so that others might find hope instead of fear. Larry would be the first to tell you that it takes more than medicine to fight this disease. As he so boldly professed, "without it [referring to theatre] I would probably be wasting away". He and I have continued to spend a great deal of time discussing the effects that stress could impose on his mind and body. What I found most astounding about this was his ability to avoid or quickly work through stressful challenges and threats. Larry explained that in order for him to get the most out of his remaining life, he could not afford to spend any time worrying about problems as they arise. He greets each situation with an open mind and intent to resolve. A great example of this occurred when his scooter started malfunctioning. This of course is Larry's most essential piece of transportation. Without it, he was not able to leave the grounds of his apartment facility and get to the playhouse so that the show could go on. As a result of insurance negligence, the scooter manufacturer kept delaying the repair appointment. Rather than get frustrated and stressed about the situation, he managed to get the scooter functioning just enough to get him to the theatre and oversee the opening night of his latest production.

As I mentioned already, Larry takes over seventy pills a day, only one of which is to control the disease. The rest are to counter the effects of opportunistic infections, anxiety, and panic attacks that have continued to put his body and health in danger. While visiting his home I could not help but notice several holistic approaches to healing that he had been trying. There were hypnosis and psychic healing tapes; aromatherapy candles; a window garden full of thriving plants and vegetation; as well as soothing, tranquil sounds being played all through the home. This place has become

a sanctuary in which to restore the body and clear the mind. Larry often speaks of neighbors who have visited him during their times of crisis because it is the one place that can make them feel better. As a guest I too felt at peace even if for just a short time, perhaps from the combination of sounds, scents, art, and positive spirit that flowed throughout.

In a more recent conversation with Larry, I learned that he is to begin teaching theatre next spring to persons living with HIV or AIDS. This is just one more way for him to remain active and busy in order to get the most out of his life. He is still associated with the local playhouse but in an administrative role so that he can spend more time writing and volunteering. While he admits that his time on earth may be winding down, he reasons that it will be time well spent helping others in similar situations. He was kind enough to offer his support to anyone I know who may be in need of a friend or a shoulder to lean on.

After meeting Larry and hearing this remarkable story, I stand in awe at his determination to restart his life. By exploring his life in context, I have begun to make sense of the psychosocial effects and coping responses that surface from such a serious illness as well as the role that cultural practices play in each phase of life. As a young man, he wore many masks in an effort to be somebody else. This was certainly due in part to his love of entertaining; but one cannot help to wonder if he was directed into the theatre because it was a way of escaping society's contemptible views toward the gay community. The more masks that Larry wore, the more fame (and notoriety) he garnered. When AIDS came into his life it all but shattered those masks and allowed him to live his life without pretense or worry. Goffman would probably argue that Larry's front stage in life had begun to absorb any semblance of a back stage where items of privacy were guarded and kept away from the public eye. His theatrical performances, both on and off the stage, would from now on be the essential component to publicly fighting this disease. Now those masks hang proudly on the walls of his home as symbols of freedom and accomplishment.

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CHAPTER 8

CREATING UNIVERSITY/HIGH SCHOOL/  
COMMUNITY AGENCY PARTNERSHIPS  
FOCUSED ON HIV/AIDS: A NEW YORK CITY  
EXAMPLE, AND A CALL FOR INTERNATIONAL  
PARTICIPATION

*Helen Rodnite Lemay\**

Since 1998, Stony Brook University has made AIDS the focus of undergraduate courses such as “AIDS and the Social History of Medicine”, “AIDS, Race and Gender in the Black Community”, and “The Economics of AIDS”. This has not been a sterile, academic exercise; rather the project has been informed by ideas best expressed in the book I am distributing here free of charge: *Learning for Our Common Health*. I shall first outline the philosophy behind this project.

Simply state, colleges are training grounds for leaders. This is not, of course, their only mission—colleges also train followers, independents, and an entire spectrum of individuals. But the generations that are charged with addressing the AIDS crisis, and that will take on responsibility for this world—a world that from their experience has ALWAYS been marked by AIDS—are the young people in their late teens and twenties, many of whom are enrolled in institutions of higher education.

How do we carry out this training? Although Stony Brook has an AIDS Peer Education course, and celebrates World AIDS Day and National Black HIV/AIDS Awareness Day, my own efforts are of a different sort. As a professor of history, I aim to get students to think critically about historical situations, and to apply these insights to current national and world problems.

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In my course, “AIDS and the Social History of Medicine”, for example, I treat topics like “The Mystique of Blood and Semen”, “What is a Disease?”, “Colonialism and Medicine”, “Race and Medicine”. In these units, we look at topics like ancient ideas on blood, the “disease” of masturbation, AIDS in Antigua, and the Tuskegee syphilis experiments. If students can be made to see, for example, how racism affected American medical study of syphilis, they will be in a better position to assess world reactions to America’s supplying AIDS drugs to developing countries.

One medical historian who does a fine job with this type of historical analysis is Alan Brandt. In a 1988 article published in the *American Journal of Public Health*, Brandt places “AIDS in Historical Perspective”, and draws “Four Lessons from the History of Sexually Transmitted Diseases”.<sup>1</sup> The article focuses largely on syphilis in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. Brandt’s first lesson is that “Fear of Disease will Powerfully Influence Medical Approaches and Public Health Policy”. His point here is that even physicians believed that syphilis could be transmitted by casual contact such as using a contaminated doorknob, because if they had acknowledged that the disease were spread only by venereal contamination, this would have threatened “the entire late Victorian social and sexual system”. In addition, the theory of casual transmission was a convenient way to displace fears of the urban masses. Similarly, in the late twentieth century, AIDS was (and continues to be today) associated with behaviors that have traditionally been considered deviant—homosexuality and IV drug use. Presumably, if late Victorians could avoid contact with doorknobs and water fountains contaminated by the *hoi polloi*, and if late-twentieth-century Americans could stay away from gays and druggies, they might be able to remain safe. They needed to do their best to avoid those who had transgressed the appropriate moral order.

Another important facet of Brandt’s first lesson has to do with confidence in the authority of scientific expertise. In our time, doctors are no longer gods, nor do they presume to act as such. Thus,

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<sup>1</sup> 1988, 78, 367-71. Reprinted in *Sickness and Health in America*, eds. Judith Walzer Leavitt and Ronald Numbers, 3<sup>rd</sup> edition, pp. 426-433.

people who are already afraid mistrust the ability of medical professionals to keep them safe. Similarly doctors, in accordance with present medical practice, no longer make absolute pronouncements on topics like the safety of a mosquito bite.

Brandt's second lesson states that education will not control the AIDS epidemic. He refers specifically here to education that induces fear. In World War I, for example, American soldiers were told that "a German bullet is cleaner than a whore", yet rates of syphilis infection remained high. Brandt grants limited effectiveness to education that is specific and appropriately targeted, but maintains that its impact is still unclear.

Lesson Three declares that compulsory public health measures will NOT control the epidemic. Brandt points to compulsory premarital syphilis serologies which people of my age group and younger underwent in the United States. Wasserman tests gave a number of false positives, produced great stigma for the misdiagnosed, and tended to be mandated for a low-risk population. Similarly ELISA testing coupled with the Western blot, although it can be quite reliable, could merely discourage infected individuals from being screened.

Brand's final lesson is that "the development of effective treatments and vaccines will NOT immediately or easily end the AIDS epidemic". First, the "magic bullet" (the arsenic compound Salvarsan in 1909), and then the true wonder drug penicillin in 1943 were developed to end the venereal scourge. Yet, although syphilis could be stopped with one shot of penicillin, in 1987 the United States Centers for Disease Control reported its largest increase in cases of primary and secondary syphilis in ten years. Clearly it is not simply the development of a cure, but the effective *delivery* of that cure, involving education, counseling, and funding, that is significant in eradicating a disease.

All four of Brandt's lessons point to the importance of *society* in the progress of a disease: diseases are experienced by, interpreted by, and spread by *people*. This is also the underlying theme in my AIDS course. The biomedical model is important, but also has its limitations.

In order to get an idea of whether Stony Brook AIDS courses were communicating successfully this idea, I drew up the ques-

tionnaire, of which you have a copy. Let me state right away that I am not trained in this sort of analysis: my own research involves deciphering Medieval Latin manuscripts and establishing a critical text. However Brandt's "lessons" seemed to me to provide a pretty good indication of people's sophistication with regard to these public health issues: if a person were to obtain a "perfect" score of all "false", he or she would most likely be aware of the complexity involved in facing the epidemic.

I administered this questionnaire twice to a few classes that focused on AIDS entirely or in part, both at the beginning and at the end of the semester. Because there was no control on the participants, the results must be considered to be impressionistic—that is, an unknown number of students were not present on one or both days, so any change in the number does not accurately represent a proportional change in student mentality. However, let me outline some of the results for a couple of the classes as a suggestion of what one might find if the study were conducted by a trained individual.

In all three of the classes I will treat here—(1) my lecture course on AIDS and the Social History of Medicine (103 students), (2) Professor Floris Cash's Africana Studies lecture course on Women in the Black Community (approximately the same size), and (3) my smaller class of about twenty (also on AIDS and the Social History of Medicine), composed of a fairly even mixture of Stony Brook undergraduates, high school students, and members (both clients and counselors) of the AIDS Service Center of New York City—the only question where students' answers got "worse" (that is, where the number of "true" answers increased) or stayed the same was on the connection of AIDS with a breakdown of moral order in society. Despite having studied social and economic conditions connected with disease in different historical periods and different parts of the world—the plague of ancient Athens, tuberculosis in the nineteenth and early twentieth centuries, AIDS and poverty in Haiti, attitudes about AIDS and homosexuality in Goa—, all classes showed between one third and one half of the students still connecting HIV with moral breakdown.

*Is HIV connected with moral breakdown? Did the United States experience a decline in morals in 1981 or thereabouts, and are*



African-American women (the fastest-growing group of AIDS patients in the United States today) losing their ethical grounding? Clearly there is no correlation between “moral decay” and the incidence of disease. It is true that in the early 1980s in San Francisco promiscuity played into the spread of HIV among gay men, however we have no grounds for claiming that people —gay AND straight— had been strictly monogamous before this. Similarly, why should we assume that African-American women or their male partners have lost their moral compass? IV drug use is not new, nor is it limited to the Black community, nor is the phenomenon of the “Down Low” connected to race, although the *name* may be. Gay sex has always existed, at least in the western world, and, even if one chooses to label it as “immoral”, it is hardly the *cause* of disease any more than heterosexual sex is the *cause* of disease.

So why should my students, having received training in the history of medicine and public health, continue to resist the truth of Brandt’s first lesson? We can speculate that, although education can make students think, and can challenge their preconceptions, ideas stemming from religious training are harder to budge. Stony Brook is a very multicultural school, and with the many cultures come many religions, almost all of which condemn homosexuality. The same thing is true of New York City high schools and of the AIDS Service Center (ASC). The Black Church, Korean Christianity, Islam, Hispanic Catholicism and Pentecostalism —all these religions are represented among our student body— and none of them has anything positive to say about “lying with a man as with a woman”. They pretty much all agree that it is an abomination.

Connected with this is a deep-seated repugnance to male homosexuality in particular. I remember once showing the documentary “Silverlake Life” to my New York City class. This video records the experiences of two men, a long-term couple very much in love, as one died of AIDS and the other approached his terminal stage. There are a number of touching scenes when the men declare their love for one another and kiss tenderly —NOT passionately—, and when these scenes came up on the screen many of the high school students scurried from the room in horror. Adult reactions are more

controlled, no doubt, but we learn from this exercise that there are limits to the reach of education.

One might still wonder about the class members who themselves have HIV/AIDS. Do they, too, blame their disease on immoral acts? We have no way of answering this question, because the class they attended was a mixed one, with college and high school students enrolled as well, and they were never singled out. Indeed, although many counselors at ASC were once clients, this was presumably not true of everyone. We can only guess that of the one third of the class who connected AIDS with the breakdown of moral order in society, some may have had the disease themselves.

What do we know about the students in this class? In this section of my paper, I will try to give you some of the flavor of this program by presenting portraits of three of the participants —two ASC members, and one high school student. These individuals have given their permission for me to present their stories. All identifying information has been disguised.

#### PARTICIPANT “A”

“A” is a 54-year old African American male who was a real leader in my class. In this program, we work in groups, with undergraduates, high school students, AIDS Service Center staff and clients all mixed together. Although there was an undergraduate student designated as group leader who had responsibilities for leading discussion, keeping records, etc., “A” always seemed to take charge in a helpful, not an overbearing manner. The same was true when the class met as a whole and I served as discussion leader. I knew that “A” was a Peer Educator, and I knew as well that many Peer Educators had formerly been clients of the agency, however I had no personal information on “A” before I interviewed him.

“A’s” life has been dominated by substance abuse. For 37 years, he was an active abuser. During this period, he worked off and on. He had held a good job with a New York City agency, and had owned two houses in one of the boroughs. He is the father of three children, and has had two marriages —one lasting eight years, and

the other twelve years. He became estranged from both of his families. As a child, he was raised by his mother, who was on welfare. There were six children in the family, and they were very poor. The “father” of the family was always the oldest male child who was home.

“A” has been in recovery from substance abuse for six years. He is a volunteer peer educator, trained at the AIDS Service Center. He works not only with the organization, but travels to Single Room Occupancy hotels, where most people are HIV+. “A” commented that he interacts with these individuals in a person-to-person manner, not as a trainer. Many of them are young people, and young people are the bright people of tomorrow.

“A” has earned his GED, and in the past he completed one year of college. Of course, this is in addition to the many training courses in which he participates as often as he can. “A” found our Stony Brook educational setting challenging—he prepared his oral and written presentations, mastered new research and computer skills. “A” gives great importance to education in individual development. His work for the course was outstanding, and he was a star at our end-of-semester conference.

#### PARTICIPANT “B”

“B” is 15 years old, and is a student at a Catholic High School in one of the boroughs. This is a new experience for her—before this, she attended public schools from an early age. She was raised by her father, who eventually remarried, and then became estranged from his second wife. However she does have a sister from this marriage, to whom she is close.

“B” has had a rather sheltered life in terms of the perils of New York City. She knew almost nothing about AIDS in the world when she began this Stony Brook course. She had never met any one with the disease, and in the class she got to know HIV+ people and felt that she had learned something valuable. Her plans include college, with the goal of becoming a forensic scientist, an archaeologist, a palaeontologist, a social worker, or a psychologist. Obviously “B” sees lots of opportunities in this world!

### PARTICIPANT “C”

“C” is a 43-year old woman. Her mother was single, had seven children, and lived on welfare. “C’s” schooling was very hit and miss; she would play hooky and her mother had no control over her. Eventually she dropped out of high school, got a job and supported herself. Her social life consisted of going out and drinking. “C” did not take life seriously, met the wrong people, and at age 16 began using cocaine. At this point her life went downhill. She sold drugs, sold her body, and in 1993 was diagnosed as HIV+. She was in and out of jail for a number of years, and on and off her meds. In 2004, she entered drug rehabilitation with JCAP, linked with the AIDS Service Center. This program mandated 18-24 months residency, and she turned her life around.

“C” has been a client of the AIDS Service Center since May 2005. She said that the college experience “feels great”, and without it she would never have learned about the Tuskegee experiment. She has been clean for 24 months, going to every training she can find, and these classes, including the Stony Brook course, opened up her mind and heart. I observed “C’s” progress throughout the course of the semester, and she did a fabulous job. “C” improved greatly her writing and speaking skills, and did a fine job at our conference.

### CONCLUSION

In my final section of this paper, I want to describe briefly a moment at our most recent conference, held on 30 November 2006 at ASC. This semester we focused on “Making Medical Decisions”, and students chose a problem in medical ethics to present to the audience, composed of parents, friends, and members of a group at ASC. One group chose the assisted suicide of an AIDS patient. They made up a case of a young single mother in her thirties who worked long hours at a diner to support her two young children, and ended up contracting HIV from her boyfriend, who had lied to her about a number of things. The young woman was now terminal with PCP pneumonia, which was not responding to antibiotic therapy. She

was in a good deal of pain, could look forward only to increasing amounts of morphine which would render her unconscious, and eventually intubation and ventilation to keep her alive.

This young woman wanted to die, and she requested that drugs be provided to her which would permit her to end her life. Members of the group explored the pros and cons of her request from many points of view—one played a medical ethicist; another represented a religious organization; a third acted out the role of hospital financial officer, etc. etc. At the end of the presentation, the audience participated in a yes/no vote, and then discussion began, with audience members being asked to defend their votes.

Defenders of the “no” point of view focused on the idea that there was always hope—one could never tell when a cure might be found. This, of course, was especially true with AIDS, which, although it has no cure, nevertheless is nowhere near the death sentence it once was. An ASC staffer who had NOT participated in the class persisted in his defence of refusal to honor the patient’s wishes, and a panel member who herself is a nurse replied that she could see his point about not giving up hope, but this particular patient was terminal and suffering greatly, and all that faced her was more pain and more invasive procedures. Didn’t he agree that in such a case she should be permitted to end her life? “No”, the ASC staffer replied, “because I was there”. He had been in the same situation a number of years ago, and here he was now at our conference and at ASC, working productively and leading a fulfilling life.

This sort of “teachable moment” demonstrates the value of bringing together university and community. And if we can learn best about HIV/AIDS in our own city by including in our inquiry those who have contracted the disease, how much more could we learn from an international exchange in which people from different countries met together to share their experiences. I am proposing that we investigate the possibility of securing a grant for an international consortium of organizations engaged in town/gown collaboration in which we can work together, and eventually meet together to establish an exchange on the study of HIV/AIDS in society. I have brought with me a number of forms for anyone who is interested in further exploration of this project to complete.



CHAPTER 9

ISOLATION AND EXILE: AIDS AND THE  
SOLITARY BODY

Jodie Parys\*

Given the complexities of identity construction and inter-personal relationships in the age of AIDS, how do individuals face the drastic alteration in self-identity that often ensues when confronted with an HIV-positive diagnosis? While there are multiple possible gradations in the types of responses to such an alteration in self-identity, one that has reappeared in many literary renderings is a profound isolationism, bordering on self-imposed exile. This article explores three such depictions, but they will be divided into what I will call *radical isolation* and *solitary separation*. These terms draw largely on some of the existent theories regarding self-imposed exile, but differ most notably in the fact that none of the protagonists' governments have overtly forced their separation from the rest of the population. The focus will be on the new markers of identity from this position of isolation and the altered perception of the body, as viewed from the protagonists' positions on the physical and psychological margins of society.

The term "exile" has a long and varied history in literary criticism and in the realm of Latin American literature in particular. Most critics firmly link it to the multiple forced dislocations of thousands of citizens from war-torn or authoritarian countries, such as those which occurred in Argentina, Uruguay, and Chile in the 1970s and 1980s,<sup>1</sup> while others envision the state of exile as a

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<sup>1</sup> See Rosenkrantz, McClennen, and Kaminsky, among others.

more philosophical existence that plays out in both literal and figurative border crossings. Many factors can motivate such translocations, not the least of which are the brutal dictatorships that forced thousands of citizens to flee their homelands in search of safety and to escape persecution and often, torture and death.

While this is one of the most apparent reasons to enter into exile, and it certainly should not be underestimated for its critical impact on the formation of countless displaced individuals, I hope to present and elucidate a distinct type of exile experience that is affecting many citizens of diverse countries in Latin America: the desire to flee or isolate oneself due to the mental and physical burden of HIV/AIDS, both from internal and external forces. I do not propose a comparison between this and more traditional forms of exile, but rather will show how some of the facets of both forced and self-imposed exile can be found in three narratives about the isolating experience wrought by AIDS. Even a cursory examination of Spanish American literature reveals many instances where the notion of exile is used metaphorically to attempt to capture the struggles of individuals living a marginalized existence. In fact, Amy Kaminsky delves into the concept of “radical alienation” as it appears in Sylvia Molloy’s novel, *En breve cárcel*. In that work, the protagonist found herself doubly disconnected from her surroundings based not only on sexual preference, but her gender as well.

My study borrows from this same approach by showing how the protagonists in these three works feel alienated from others based on the virus inhabiting their bodies (and in some cases, “announcing” itself through obvious physical signs) and the connotations associated with it. As a result, they enter into different versions of exile, separating themselves in varying degrees from the rest of society. The narratives are diverse in form and origin, as are the experiences they portray. Two of these works present a more radical departure from society, accentuating both the physical and social distancing that the protagonists undergo. Perhaps the most dramatic example of this tendency is seen in Ricardo Prieto’s (Uruguay) play, *Pecados mínimos*. The protagonist’s feverish quest to isolate his mother from AIDS, while at the same time completely separating himself from the exterior world results in the destruction of self,



family, and home. Society is absent in this play, while it is altered and foreign in Nelson Mallach's (Argentina) short story, "Elefante", which depicts a physical departure from familiar surroundings into an unknown land devoid of friends, family and other markers of the previously-known self.

### RADICAL ISOLATION

I will refer to these two works as exemplary of "radical isolation" because both protagonists take extreme measures to cloister themselves from the society and world they had known prior to becoming HIV-positive. They take radical steps, imposing a version of exile on themselves, motivated by the fear and shame associated with their health status. This concept of radical isolation, as I posit it, is distinct in some ways from traditional exile imposed by a governing body as a way of punishing an offending citizen. In the texts I will study, while there is indeed a physical departure from one's current society, the departure is not mandated by the government and therefore, maintains some degree of volition on the part of the protagonists. None-the-less, I will argue that the harsh cultural climate surrounding AIDS, particularly in the early days of the epidemic, contributed to a heightened fear and sense of shame about the affliction, and therefore, served as a coercive factor in these protagonists' decision to exile themselves from their homes and/or daily lives.

### SOLITARY SEPARATION

In contrast with the radical departure that Prieto and Mallach's protagonists make from their respective surroundings and the drastic alterations in their day-to-day existence that they undertake as a response to AIDS, one other text provides a more subtle vision of the solitude that can befall the HIV-positive individual as he/she struggles to re-semanticize life and self all while facing a myriad of symptoms associated with AIDS. This work proves to be more

introspective than Prieto and Mallach's works, providing the reader with a notion of the emotional and mental struggles that accompany the physical changes associated with AIDS. Pablo Pérez (Argentina), the author and protagonist of the testimonial-like diary *Un año sin amor*, displays a contemplative attempt to comprehend his own personal struggle with AIDS on a day-by-day basis. True to the varied existence it serves to textualize, the diary at times can be rather mundane and repetitive, as its author finds himself stuck in various ruts, often related to his deteriorating health. At other times, it creatively depicts the potential for rapidly-shifting changes that AIDS causes in the lives of the individuals it infects. The reader is privy to the inner-most thoughts and preoccupations of the author/protagonist, through which the solitude of his existence becomes abundantly clear. Despite occasional interactions with friends and countless anonymous sexual encounters, Pérez is alone, facing his disease by himself, gradually deteriorating without the presence of others, all the while wishing for a connection with another individual, but continually making choices that further alienate him from those around him.

I propose that this ambivalent, semi-internal state of exile in which Pérez's narrator ambles and struggles to exist can be entitled solitary separation because there is an illusion that he continue to coexist and interact within his home environments, but upon closer examination, the void in his everyday existence becomes apparent. It is as if there was an invisible barrier separating the protagonist from those around him, resulting in an ever-increasing solitude that characterizes his existence. As a result, he has withdrawn into himself, isolating from family and friends and primarily seeking anonymous interactions, but rarely divulging personal information or investing time and energy in the exterior world. There is a sense that the world is overwhelming, tiring, and alienating, thus motivating an inward shift without actually leaving his environment.

This notion of solitary separation is reminiscent of similar theories regarding "internal exile", which literary critic Guillermina Rosenkrantz expounds upon as one of the forms of exile present in Manuel Puig's literary corpus. Some of the main traits inherent to an internal exile are self-censorship and alienation, both of which

are seen to varying degrees in *Un año sin amor*. However, Amy Kaminsky reminds us that the notion of inner exile “necessarily remains a metaphor in one real sense. Exile is a removal in space as well as in spirit. It is a physical uprooting, an individual’s removal from a familiar place to a new space that has, at least at the beginning, no recognizable coordinates” (After Exile 10-11). It is this central characteristic, the physical location of the body, which on the most basic level will differentiate the radical isolationist narratives from Pérez’s depiction of solitary separation and inner refuge.

#### “ELEFANTE”

Out of the three narratives to be discussed in this article, Nelson Mallach’s “Elefante” (Argentina, 2000) examines the idea of space, home and location more than any other. In this sense, it is the most overt example of a self-imposed exile in which one leaves home and uproots himself, in this case, ostensibly to protect his family from discovering the truth of his existence: that he is a homosexual man slowly dying of AIDS. As the narrative progresses, it becomes obvious that each translocation is a further attempt to pull the blinders over his own eyes and avoid having to face his own corporal reality. He intentionally averts his gaze from his body by first dislocating himself from familiar surroundings (and anyone who would notice his deteriorating self) and subsequently avoiding the reflection of that gaze during the vast portion of his travels.

This notion of the gaze and the depth that Jacques Lacan has imparted to critics through his conceptualization of its role in identity construction will resurface on multiple occasions throughout the story as Rodrigo struggles to reform his new identity. Lacan has posited that the mirror stage is part of the normal development of an individual, occurring between ages six and eighteen months.<sup>2</sup> During that time, the child first catches a glimpse of him/herself in the mirror, and subsequently experiences conflicting emotions, which

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<sup>2</sup> *Écrits: A Selection*.

Linda S. Maier, in her analysis of mirror imagery in a different Latin American text,<sup>3</sup> succinctly summarizes as “anguish and intense rapture” in her application of Lacan’s theories (228). The “intense rapture” that Maier notes is related to the narcissistic libido that is experienced by the subject who is in awe of the ideal image reflected back and the perception of a unified body that appears there. The anguish derives from the separation between the individual and the reflected self, a gap that is eternally insurmountable. Throughout life, the individual continues to seek out others in whom s/he sees that idealized self mirrored and reflected back in their gaze. Although Lacan focuses on the early childhood period for the initial mirror stage, I would posit that this phase is duplicated for Rodrigo as he struggles to adapt to a new identity as an HIV-positive individual. In this sense, the radical isolation and subsequent re-emergence experienced at the end, combined with the multiple mirrors and gazes that reflect back his changing self, serve as a second mirror phase for Rodrigo, one that will force him to abandon his old idealized vision of self and face the new reflection that is emerging.

The narrative of this transformation is circular, as it follows Rodrigo from the preparatory stages of his radical departure from life as he knows it to the moment he reappears, almost 2 years later, on the front steps of his family home, having fled abruptly and silently without warning to friends or family. During the time away, Rodrigo wanders seemingly without direction from civilization to nature and back again to civilization, in what Guillermina Rosenkrantz identifies as one of the elements of exile: “dado que nos retrotrae a un punto de origen... pone en cuestionamiento nociones tales como las de identidad individual, cultural y nacional” (14). Rodrigo’s exilic journey surreptitiously traces some of the roots of Latin American civilization as he wanders into the Amazon, and ponders a pilgrimage to Macchu Picchu.

Throughout the story, Rodrigo’s physical location (and the subsequent space he *should* be filling) all are related to the central theme he carries throughout his journey: “I can’t forget”, which is

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<sup>3</sup> Onetti’s *La vida breve*.

replayed over and over in his head (and his ears) on the one possession he kept from his previous life, a CD. Location is linked to body, which is linked to memory, which is linked to identity. By exiling himself from his original location and thus uprooting the body, Rodrigo tries in vain to disconnect himself from painful memories, thus avoiding the new HIV-positive identity that is his reality.

The physical uprooting and the decision to go into exile begin with a process of ridding the self of all material possessions, thus disconnecting himself from that which binds him to a particular existence. The reader is introduced to this initially anonymous protagonist as he is preparing to sell his clothes, books and other domestic possessions, and plans to leave his music (except one CD by Leonard Cohen and his disc player) to his brother Fran. This unloading of belongings differs from one who is simply preparing to move because he is severing (almost) all ties to his past and thus, stripping himself of the items that previously defined his interests, tastes, past-times, etc. He is not planning on simply moving to another city or country to start anew; he is trying to obliterate his past existence, a process that begins with the purging of belongings and terminates with quitting his job and essentially bequeathing his cat to his brother in his departing letter to his mother and brother.

The past effectively erased, Rodrigo launches into an unknown and uncertain future in a location undisclosed to his family and friends, but revealed to the reader: Bolivia, and eventually, portions of the Amazon River. Despite attempts by friends, co-workers and family to find out his plans, Rodrigo reveals nothing, lying that he is going to Europe or simply refusing to tell his mother, despite her requests to know "...por qué estoy tan raro últimamente" (271). By severing his relationship with his immediate family, he is effectively shattering the reflective potential they held for his identity; without their presence, he has no one to gauge the transformation from the self "before" the journey (and presumably outwardly healthy) and "after". His true plans are never revealed and his family does not know of his decision to leave until they are confronted with his final letter, which is somewhat akin to a suicide note and will, comforting them with:

“Voy a estar bien, o al menos mejor. Por favor no me busquen, igual ya no me van a poder encontrar. Mamá, esto es una decisión personal, pensá que hay madres en peores condiciones. Fran, te regalo los compactos... Si no lo quieren cuidar a Gómez prefiero que lo envenenen antes de regalarlo. Yo sé Fran que vos me entendés, matalo (*sic*) tranquilo pero que no sufra y después enterralo (*sic*) junto a la foto que dejó en el escritorio. Dispongan del resto de las cosas como les parezca. Los quiero más que nunca. Rodrigo” (271).

This letter accentuates Rodrigo’s desire to simply disappear. At the outset of his journey, he clearly wants to be “lost” and not found, shunning in advance any attempts by his family to help him face his health crisis. This initial wish can be contrasted at the end of the story with the fact that he does indeed return, but the readers are left to surmise the degree to which the family becomes involved in his care. In fact, throughout the story, Rodrigo never verbally reveals his HIV-positive status to his family and acquaintances, or even to the reader. Instead, it is suggested through references to Rodrigo’s clandestine homosexuality,<sup>4</sup> his relatively young age and the standard of healthiness that generally accompanies such youth, and finally, the progressively decaying body that seems to affront Rodrigo and evoke a painful reality every time he catches a glimpse of it in his reflection. The silence regarding his disease mirrors the shrouding of his physical location, both of which serve to hide his present reality from those around him, and as we slowly learn, ultimately from himself.

The voluntary physical dislocation that Rodrigo undergoes is compounded by the confusion and loss imposed on those left behind. Although he tries to function as if he were an island, he cannot ignore them. Rodrigo is obviously cognizant of the impact his

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<sup>4</sup> This fact is made clear first by Rodrigo’s use of his sexuality and his obviously intimate relationship with ex-lover Guille to convince him to pay back money owed before Rodrigo leaves town. When Guille hedges about finding the money in time, Rodrigo manipulates the secrecy of their homosexuality and their affair, admitting that “Lo extorsiono con su madre. Puedo entrar y presentármele como quien soy en realidad” (271). This blackmail quickly causes Guille to produce the money, giving Rodrigo cash to flee town and providing the reader with a strong hint regarding Rodrigo’s sexuality, something that is later confirmed through his near-sexual encounter with another man while in isolation.

absence will have on his mother, above all, but seems convinced that his departure will actually protect her from the unpleasantness of his true identity, including his closeted homosexuality and AIDS. This desire to protect those left behind as well as the self by not revealing his location mimics the carefully guarded sites to which other exiles have fled, enshrouding their new existences in secrecy. Here, again, Rodrigo's absence is a manner of fleeing the prejudice and persecution that he will likely face once his disease announces itself in its various physical symptoms, as well as preventing his family from undergoing the shocking revelations associated with that identity. This cloistering of the truth initially provides the illusion of a solution to the dilemma that Rodrigo faces, but as he learns in his nearly two years on the lam, he cannot hide from the truth of his identity and eventually, must admit it to both himself and his family.

However, this confrontation with true identity is postponed by the radical isolation that Rodrigo imposes on himself and the multiple locations that he traverses. Mallach introduces, reinforces, and eventually fully reveals to the reader that, despite Rodrigo's best efforts to forget his past and identity, he cannot forget, a fact that is constantly replayed in Rodrigo's mind and spelled out to the reader in reference to the song that serves as a soundtrack to not only Rodrigo's adventure, but also the text itself. As I mentioned above, when Rodrigo left home he rid himself of all possessions, less a CD by Leonard Cohen with the title track "I can't forget". Rodrigo himself suggests the two possible intonations of this phrase: "no puedo permitirme olvidar..., quiero olvidar pero no puedo" (274). As both Rodrigo and the reader learn, try as he may to use different environments to erase his memory and with it, the reality of his impending death, he simply cannot forget and cannot escape what awaits him, no matter how far he runs.

This does not mean, however, that he does not try. As he departs, he muses about this anthem of "I can't forget", directing his thoughts to the songwriter: "Tal vez no pueda lograrlo Leonard, pero estoy dispuesto a hacerlo" (272). This reveals a conscious attempt to forget, erase, discard, and disappear all that is connected to his previous identity and his disease. Part and parcel to this new mission in

life is a profound isolation and a high degree of anonymity, as Rodrigo consistently shuns meaningful contact with others, refuses to think about or communicate with those at home, and delves deeper and deeper into an environment that helps in this process of erasure and isolation, ultimately leaving civilization itself and ending up in the isolating land of the jungle.

Rodrigo's journey out of his home and away from his country and the friends and family that inhabit it first lands him in Bolivia, where he is subjected to a very thorough cavity search on the border by the patrolmen who "hablan tal vez en quechua", and "no entienden mi nombre" (272). This communication gap and the ensuing discomfort that arises from the strip search are simply the beginning of the different subtle and overt layers of uneasiness that Rodrigo will be subjecting himself to by virtue of his self-imposed isolation. Sophia A. McClennen reminds us that language is one of the central dialectics involved in the exile experience, whereby the individual encounters a new existence that is codified by a language that is often foreign and thus, further accelerates the sense of isolation that is felt by those separated from home. In her studies of Hispanic literature that reflects various exile experiences, language is often portrayed as "both a source of power and pain" (3). This is particularly true for those whose writing was one of the motivating factors for their forced exodus from their homelands. It also applies to the individuals who use language and writing to come to terms with the meaning of exile.

However, the depiction of language barriers in "Elefante" is ironic for multiple reasons. First of all, Rodrigo has not been forcibly removed from his country for anything he has said or written, but rather has left to avoid the possible prejudice that would arise if his disease begins to reveal his HIV status and his homosexuality. In essence, AIDS, through its telltale signs in later stages, will begin to write itself on Rodrigo's body, thus betraying his silence and revealing his identity not through written or spoken language, but through the unique language of illness. This biological language will ultimately be the source of Rodrigo's pain, both literal (as his body succumbs to the many maladies associated with advanced-stage AIDS) and figurative (as Rodrigo endures the stares, questions, prejudices,



and marginalizations of those who connect the code of his bodily language with its cultural significance).

Apart from the messages his body will ultimately send, the communication mix-up at the border is also ironic because it implies a larger degree of separation from his homeland than is the case. It is likely that Rodrigo is from Argentina, due to Mallach's own nationality, the title of the collection in which this story was published [*Historia de un deseo: El erotismo homosexual en 28 relatos argentinos contemporáneos* —(emphasis mine)— and the reference to the first border crossed being the one into Bolivia, Argentina's direct neighbor to the north. We know that Rodrigo, being an Argentine, speaks Spanish (and presumably, based on his music selection, understands some English). Nevertheless, Bolivia, where Spanish is also spoken, among other indigenous languages, is immediately depicted as less civilized and more primitive because those guarding its borders don't understand the more cosmopolitan Spanish and only function in what Rodrigo assumes to be Quechua. The result is an immediate sense of dislocation for the protagonist and a journey that is no longer simply a departure from home, but also a jolting confrontation with a land that is immediately construed as foreign and different. This informs the reader that Rodrigo is no longer in his element and that he is bound to be thrust into situations that will further challenge his comfort level. It still stands in stark contrast to political exiles that chose to leave the continent entirely and live in Europe or other areas, often where Spanish wasn't even spoken. As a result, even though Rodrigo is initially reminded of his new location through a language other than Spanish, he is able to function throughout the rest of his journey in his native tongue, thus giving him a potential tool to connect with others, if he so chooses.

This situation at the border also reminds us that Rodrigo did choose to exile himself from his own society, due to his fears about perceived reactions to his conditions. His comment when faced with the overzealous border agents highlights the distinctions between his exile and that facing thousands of other Argentines just a few decades ago: "Me doy cuenta que no quiero estar dos minutos más en ese lugar lleno de milicos" (272). This reference to "milicos"

calls to mind the successive military dictatorships that ruled Argentina from 1976-1982 with cruel brutality, forcing thousands of Argentines to go into exile to preserve their own lives or those of their family and friends, all of which were very much at risk. This distinction reminds us that, although Rodrigo faces fears surrounding his illness and his sexual orientation, his exile is as much about fleeing from himself as it is fleeing from social stigma and persecution.

What these actions do is raise a question that is similar to that asked by literary critic Karl Posso in his study on homosexuality and exile, *Artful Seduction: Homosexuality and the Problematics of Exile*. Posso astutely asks, in reference to the many homosexuals who felt the need to go into exile because of their sexual orientations, if they left society because it rejected them or because they chose to reject society? I believe the same could be asked of the protagonists in this chapter: Did they leave society and enter into voluntary exile because society shunned them or because they were shunning society? To be certain, the answer is very complex, but what Mallach's story illustrates is that there are often a combination of factors that contribute to the AIDS-induced exile that Rodrigo and the other protagonists studied in this chapter impose upon themselves. That does not mean, however, that the sense of fear and persecution is not often a very strong factor in that drastic decision, but the sources of that persecution can be multiple. What we note in this story is that Rodrigo seems to be fleeing from himself as much as society, internalizing a perceived persecutory atmosphere that never quite manifests itself anywhere other than in Rodrigo's own mind, which never-the-less, is strong enough to prove to be a motivator for his flight.

This aversion to the possible repercussions of his true identity leads him to isolate himself even while in Bolivia. He does not reestablish a life in his new location, but rather embarks on a journey that ultimately leads him right back to his point of departure. There is no new community created, but rather a continued distancing from all civilizations he confronts. In the early days of his radical isolation, Rodrigo does encounter various other people and has surface interactions with them while still managing to not re-

veal anything personal about himself. The first of these occurs right after the incident with the border patrolmen when Rodrigo buys some coca leaves from a young boy, using drugs as an additional level of escape. The boy requests a ride on Rodrigo's motorbike as payment. Further on the road to Potosí, this same bike almost gets stuck in a river. It is there he meets Sandra, a woman who needs a ride to Potosí. The inclusion of a name for this new individual suggests the possibility of an interpersonal interaction and the gradual relief of his profound isolation, but Rodrigo simply takes additional steps to avoid engaging her. When she wants to talk, he puts on his head phones. When she begins to ask questions, he asks that "por favor trate de no hablar, porque me gusta el silencio" (273). Again, by shunning "others", he is able to avoid the reflective gazes that they could offer him and the subsequent evidence of the body that is surely changing as the story progresses. Instead, Rodrigo remains blind to his own image, focusing his gaze outward on his adventures to avoid having to see himself. The less people know about him and the less he sees of himself in their gazes, the safer he seems to feel.

This level of safety is challenged by an additional encounter that he has in Potosí, where he meets an artist named Eduardo, who invites him to his studio. While there, Eduardo seduces Rodrigo by playing his favorite song, "I can't forget" on the piano. Rodrigo momentarily loses himself in the seduction: "Me acerco. Los dedos sobre la cola del piano. Nuestras vistas pegadas. Deja de tocar. Unos segundos y repite "I can't forget" cuando intenta besarme" (273). However, as if awakened from the trance of seduction, the mantra of "I can't forget," which is uttered by Eduardo in an effort to seduce, combined with the locked gazes and the potential reflection of self that could ensue, become for Rodrigo a reminder of that which he is trying to flee: AIDS. This memory rushes back to him like an apparition, evidently reminding him of his resolution for isolation and solitude and therefore, causing him to evade Eduardo's advances with an abruptness that reveals his utter fear of intimacy: "Atravieso la puerta y corro calle arriba... saco la moto y busco la ruta a la Paz" (273).

The moniker of his next destination, La Paz, reveals what Rodrigo is desperately seeking: peace with himself and his condition.

Even though, as Guillermina Rosenkrantz posits, exile “por un lado implica básicamente movimiento, traslación, posibilitando el cambio y la transformación innovadora...” (15), Rodrigo’s departure and the transformative peace he hopes to find within it are elusive, particularly in the void that Rodrigo inhabits. No place he frequents represents the possibility of refuge, nor do they even merit description. Besides the names, the locales become as anonymous as Rodrigo. They are mere spaces in which he tries to disappear. Finding that impossible in the city, Rodrigo journeys into more anonymous space—the Amazon.

The departure from civilization, a process which really began when he left his homeland, takes a more extreme turn as he sells his last connection to city life (his motorcycle) and buys a canoe with which to traverse the river. His ultimate goal is to eventually end in Macchu Picchu to mark the two-year “anniversary” of his disappearance from home. The purported journey to Macchu Picchu can certainly be read as a return to one of the origins of Latin American culture and spirituality, a solitary, peaceful place that offers a communion with nature and a presence that is much larger than Rodrigo. This offers him the allure of being able to discard his problems in the face of such an impressive location so infused with meaning that it seemingly would have the power to dwarf his existence and the disturbances that have affected him.

As he navigates the river, the exit from city seems to do him well. He seems to relish the solitude and the anonymity that accompanies it: “no hay nadie para preguntarme nada. Salvo los que viajan por el río, pero ellos no me conocen de antes y no pueden notar las diferencias” (274). This quote reveals the external changes that have been befalling the protagonist throughout his isolation, but which have been largely withheld from the reader up until this point. More importantly, it further illustrates the complete absence of his image reflected anywhere in the text. By departing from society, fleeing those familiar to him, shunning all new relationships, and avoiding all potential reflections of self, Rodrigo has managed to avoid facing his emerging reality. He has postponed the mirror stage that he eventually will pass through on his way to constructing his new identity. As long as he avoids the re-

flection of self, he will never accept his new self. It is during his time on the river that both we and Rodrigo begin to form an image of the new image that has emerged. We slowly learn that AIDS is catching up with him and is making its appearance on his person. There are subtle references to "diarrhea" (273) as well as this more revealing mention of his notable physical changes. Still, without others to constantly monitor his changes and with his shunning of any sort of true self-reflection, Rodrigo initially avoids this new reality.

However, the river that offered the promise of solace and a fleeting peace eventually betrays him: "Pero este sitio extraño y ajeno acaba de traicionarme. Justamente el río que creía que me protegía, cuando tiraba de una línea que había picado, me mostró mi cuerpo" (274). This betrayal—the revelation of the body—is the first moment when Rodrigo truly starts to face his new version of self. His experience calls to mind the myth of Narcissus. Here, Rodrigo experiences the polar opposite of Narcissus—this first encounter with a "mirror", as an initiation into a second mirror stage—, evokes a sensation of betrayal and aversion, rather than awe and longing. Rodrigo feels the urge to flee the reflection he sees in the river, thus initiating a further separation between the notion of "I" and "self". Although this confrontation with his visage is important in his new process of identity construction, it immediately becomes clear that he is not yet ready to accept it, but at the same time, he can no longer deny that he is not the same individual, neither internally nor externally, that left Argentina less than 2 years prior. This confrontation with self causes him to deviate from his destination, returning briefly to La Paz where he struggles desperately to control the wild temperature fluctuations that his ill body is bestowing upon him. There he re-encounters Sandra, the woman who he offered a ride to awhile back. Upon seeing him she says that "es imposible que yo sea la misma persona" because of his shocking physical changes (274), thus forcing Rodrigo to once again face the reflective surface and the new self that is being reflected in the gaze of others.

This seems to be the last straw, for without warning and with a similar abruptness as when he left home, Rodrigo returns home,

completing the circularity that characterized his self-imposed isolation. It becomes clear that the multiple locations of self-imposed exile, while physically moving the body from place to place, only temporarily achieved the desired effect of turning the gaze outward and avoiding the reflection of the body he tried to ignore and which, on the whole, was largely absent from the narrative. In the end, however, like not being able to forget his health status, Rodrigo also cannot continue to be blind to his own deterioration and must finally reconnect his internal self with the body that represents him to the outside world.

This home-coming is a reckoning, where he must finally present himself to his family without the illusion that his healthy façade provided and ultimately, he must face his own death. As he approaches the house, his brother Fran is visible through the window and after awhile peers through it and sees Rodrigo, but “no parece reconocerme, más bien se asusta” (274-5). Fran’s frightened gaze clearly depicts the altered body that Rodrigo has become. The reaction itself proves to be one of the more potent markers of the drastic changes that have occurred, particularly because Fran is the only mirroring entity that provides the reader with a sense of “before” and “after”. Thus, with any vestiges of disguise now stripped away by his advanced stages of disease, Rodrigo finally confronts himself in the place that he tried so hard to flee, but where he has ultimately come to live out his last days, perhaps accepting the companionship of the family he avoided while in hiding. Unlike the river that surprised him with his reflection, this time Rodrigo seems prepared as he sees his visage reflected back in his home’s glass: “En el vidrio también estoy yo, una cara sólo de huesos. Me siento un elefante moribundo encontrando por fin el último lugar” (275). Rather than fleeing from the reflection like he did in the river, Rodrigo advances towards it, much like the toddler confronting his image for the first time, with a mixture of anguish and awe. Rodrigo seems drawn toward that reflection as he nears his former home, each step forward becoming another step toward his new identity.

Notably, his mother, who he was so concerned about protecting and from whom he intentionally withheld his secrets and his intention to flee, is never mentioned in this homecoming scene, thus

leaving the reader (and Rodrigo himself) with a reminder of the turbulence that still faces the protagonist. His ultimate fate, however, is broadcast to all in the last scene of the story: as he follows his brother's eyes and subtle smile, he sees the small cross marking the gravestone of the cat he left behind, the cat that apparently no one was able to take care of and therefore, was euthanized instead. While clearly demarcating the death that awaits Rodrigo, this final scene raises the question about the type of care Rodrigo will be able to receive in a household that kills cats instead of caring for them. Quite possibly he will once again be on his own to face the final days of his life; but presumably, his absence has provided him with some of the tools to do so. It has clearly shown him that the notion of place is illusive, providing only as much refuge as one can provide for oneself.

#### PECADOS MÍNIMOS

The interplay of place, home, disease, and family are also at work in Ricardo Prieto's play about AIDS, *Pecados mínimos* (Uruguay, 1981). This work differs in quite a few aspects from Mallach's rendering of AIDS, including the choice of genre (short story versus theatre) and the date they were composed and thus, the perspective on AIDS that is represented in both (2000 vs. 1981). Despite those differences, which certainly contribute meaningful uniqueness to each narrative, they share similar approaches to the notion of AIDS, even though they are separated by nearly two decades and a wealth of information regarding HIV transmission, protection, and progression. Interestingly enough, they both depict a form of radical isolation on the part of the protagonists in response to their own HIV-positive status. Furthermore, AIDS is portrayed as a direct route to death, with the possibility of *living* happily and healthily with AIDS (as many people do indeed do in this current era) not even mentioned. This certainly is understandable from the perspective of Prieto's 1981 play, written at the inception of the AIDS crisis when spotty information was available about the disease and it was generally accepted to be a death sentence. However, what Mallach's

work has shown is how pervasive that belief still is, despite growing evidence that it is indeed possible to live a fulfilling life despite AIDS, particularly since the advent of the “cocktail” of drugs that effectively inhibits much of the progression of the disease.

In addition to the similar viewpoint that AIDS=death and is connected to societal and familial shame, Prieto’s work also echoes Mallach’s in the depiction of the complex interplay between AIDS-inflicted male protagonist and his family, in this case, specifically the mother. While Mallach showed an attempt to separate the self from family and past and go into an anonymous exile, Prieto depicts the exact opposite: his protagonist, Marcos, isolates himself in his family’s home, cloistering himself from the outside world and living within the physical foundation of his life, his childhood home. This does not mean to suggest however, that home equals comfort for Marcos, because he has turned it into his own cell, inside which he has imprisoned his own mother and himself behind cement walls and iron locks while he furiously works on precipitating his own demise through the construction of his own coffin and the planning of his own suicide (and by association and proximity, his mother’s murder). There is an extreme level of sadism exhibited by Marcos towards his mother. I will examine that attitude in relation to the apocalyptic theme that runs through the work as well as the apparent attempt by Prieto to fully shock and scandalize his audience through such a raw depiction of what was then a new and terrifying epidemic.

The temporal organization of the play is such that the action focuses on the short period of time before “the end” for Marcos and Julia, a non-specific amount of time that is comprised of anxious conversations between mother and son. Julia desperately tries to convince Marcos to free her from her decade-long imprisonment, using a variety of tactics and approaches, but ultimately failing. She also responds to his growing anxiety and gradual revelations of the history and actuality of his condition by begging him to allow her to help him, comfort him, and accompany him in his anguishing battle. The crescendo of her pleas matches the manic fury of Marcos’ unraveling as he nears the completion of his “project” and thus, the end of his life. AIDS is given a larger-than-life position in the play as Prieto seemingly attempts to reveal the perils associated with



this new threat to global health. Severino Albuquerque, in his recent publication, *Tentative Transgressions: Homosexuality, AIDS and the Theater in Brazil*, notes that "In many ways, all plays about AIDS show some degree of didacticism, regardless of authorial intent; even when a play was not meant to be a vehicle for teaching (or preaching), its depiction of living with HIV may come across as such" (123). I certainly believe this work contains an undercurrent of didacticism, as it seems to strive to reveal, very early on in the AIDS epidemic, not only some of the modes of transmission, but the threat the disease poses on a global level. Prieto himself sees AIDS as a topic that is "tremendamente dramático, con una historia oscura". He chose to highlight this disease because "quería denunciarlo," asserting that in Uruguay "la gente no tiene conciencia sobre SIDA; creen que es algo ajeno" (Personal Interview, June 1997).

Recognizing that "lo que importa a la gente es lo práctico y realista"<sup>5</sup> his dramatic representation of AIDS has some elements of what Albuquerque has labeled "The Neorealist Paradigm," which "identifies those theatrical representations of HIV and AIDS that most closely parallel the often grim realities of the condition for those who have had to confront the social and personal crisis triggered by the virus" (125) but it also strays into the symbolic realm, or "The Neoexpressionist Paradigm" that "is characterized", according to Albuquerque, "by a strong reliance on images and metaphors to express internal conflict as they conjure up the HIV and AIDS experience" (130). Most notably, the apocalyptic rhetoric identified by Susan Sontag (*AIDS and Its Metaphors*) is an undercurrent of the fatalistic vision presented by Prieto, as are the weakly symbolic references to AIDS as "Sr. Sida", a direct referent and personification of the illness that in later editions of the work, was changed to a Sanskrit word to symbolize "el vacío total", which Prieto believes made the subsequent versions of this work stronger and enabled his audience to envision all of the bad in the world as opposed to just AIDS (Personal Interview, 1997).<sup>6</sup>

<sup>5</sup> Same personal interview, June 1997 in Montevideo, Uruguay.

<sup>6</sup> For the purposes of this investigation, I will use the original published version of this work, in which AIDS is directly referenced. This work appears in Prieto's compilation of 5 theatrical works, aptly titled *Teatro*.

The original version is already very dark and paints a bleak picture of AIDS and its aftermath. The suggestion is that it is not possible to live with AIDS, but rather that one must surrender to the impending death that looms ahead. In this case, Marcos is the one afflicted and his strategy of complete isolation results in an imprisonment more than a version of exile, for he not only stays within his own country and city, but also his own home. His rage towards his condition is so extreme that he loathes the fact that he is alive and has been born into an age where AIDS is a threat. Instead of reconciling this situation within himself, he has sadistically chosen to take out that rage on his mother, seemingly rebelling against the fact that she gave him life in such a hate-filled world (in his view) by imposing on her the type of life and death that he sees fit. He has gone to great extremes to completely withdraw himself and his mother from society and the world. In fact, as Prieto has depicted it, it is impossible for the spectator to find any sort of points of reference or orientation with the outside world.

The sense of claustrophobia is strong as the two characters are confined (by Marcos' choice) to two rooms in a non-descript house. All windows and doors have been boarded up and locked, so there is no natural light in the scene, nor ambient sounds or visions interjecting their presence and the suggestion of civilization into the scene. Instead, the focus is on Julia, who lays imprisoned in her own bed, in the house that she and her deceased husband carefully constructed and maintained, and in which they tried to raise their son, Marcos, with love and affection. Marcos is never seen (except for his hand), but his presence is felt through his voice, as he responds to Julia's pleas, and his repetitive hammering as he ominously crafts his own coffin. In essence, he is present through disparate parts of the body (the hand and his voice), but also absent as a whole individual. This dichotomy of presence-absence is also an apt depiction of his location- although he is still surreptitiously present in society by virtue of the fact that he is alive (which is a mere fraction of what it means to live), he is truly absent from all meaningful interactions, having removed himself from the world and sequestered himself in his home.

Julia, in her physical suffering and emotional anguish, becomes a mirror for the spectator, reflecting the torturous physical decay and

mental torment that Marcos feels in himself, but has opted to act out, viciously, on her. Marcos envisions AIDS as his own tormenter, causing endless suffering and isolation. His role of victim to the tyrant of AIDS is subverted as he sadistically wreaks havoc on his own mother, converting her into his prisoner and subjecting her to ten years of isolation, tied to her own bed, forced to endure fetid conditions and withheld food and water at whim. While Marcos' decaying body is mentioned through his own discourse, Julia's rotting flesh is displayed to the audience. One was caused by AIDS, the other by sadistic neglect. While Marcos' body is frail and thin, Julia's starving and thirst-ridden shell is projected for all to see. Again, Marco has succumbed to AIDS-related infections, while Julia is starving because her son refuses to feed her enough. While Marcos' voice and his fervent actions betray his psychological torture, the audience reads this on Julia's face and sees it in the tears she weeps for the son who continues to punish her for trying to help and love him. Marcos' absence is heard in his voice and felt in the reverberations of his hammer, and it is seen, most dramatically, reflected in the pain he has inflicted on his mother, using her as an extension of his own destruction.

Julia not only serves as a potent visual image of Marcos' pain, but her dialogue with him reveals the history of Marcos' illness, the systematic steps he's taken to enter into the radical isolation in which he currently lives, the way in which he has acted his desperation out on his mother, and the drastic way in which he has tried to alienate all those who could have provided him help. That dialogue begins with Julia complaining to Marcos for his incessant hammering, but it soon reveals all of the intricacies that led up to this current moment. Although the revelations are not chronological as they are uncovered, taken together, they offer a more comprehensive sketch of Marcos' particular situation, and a general commentary on the state of AIDS when this play was written, in 1981.

Set at the inception of the world-wide AIDS epidemic, Prieto's work and the particular history of disease that is offered to explain Marcos' situation show some reliance on predominant metaphors, particularly the notion of the apocalypse, but also reveal a marked break from the stereotypical representation of people with AIDS.

Marcos slowly launches into his personal narrative, recounting the happy childhood in a wonderful home with loving parents. This immediately shatters the perception that those infected with AIDS are somehow “others”, outside of the realm of normalcy, relegated to the margins. Instead, this man came from a traditional home and was supported by loving parents who encouraged him to follow his dreams, a fact that makes his despicable treatment of his mother all the more incomprehensible. He eventually fell in love with a beautiful woman, and she broke his heart by sleeping with his best friend. Again, Prieto is more shocking in the “normalcy” of his representation of Marcos’ history. He is not one of the “4 Hs”<sup>7</sup> (homosexuals, heroin addicts, hemophiliacs and Haitians) referred to by Sander L. Gilman in his seminal essay about AIDS and its representation, “AIDS and Syphilis: The Iconography of Disease”. Rather, Marcos is a heterosexual male from a seemingly middle-class upbringing, a far cry from the stereotypical people who were thought to be struck exclusively by the virus.

After having his heart broken, Marcos decides to study medicine to help others, but instead discovers within the walls of the hospital and the world of health care “el inmenso torrente de la crueldad humana” (177). Stripped of the protection of his home, having already lost his father, and been betrayed by his lover and friend, Marcos has a hard time facing the harsh realities of the world, which he sees all around him: “Mirara hacia donde mirara en todo el confín del mundo sólo eso había: mentira, mentira, mentira” (177). In response to the disillusionment and heartbreak he encounters, Marcos withdraws from meaningful pursuits and instead: “Entonces se dedicó al placer. Se acostaba con todas las mujeres. Las usaba un instante y salía a la búsqueda de otras, acosado por un incontrolable deseo de goce y olvido” (177-178). In this world of indiscriminate sex, albeit (and notably, for the time period) heterosexual sex: “Un día, sin saber cómo ni dónde, el señor Sida se apoderó de él” (178). Prieto, thus, strips away all pretense

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<sup>7</sup> These categories originally were mentioned in Michael S. Gottlieb and Jerome E. Groopman, eds. *Acquired Immune Deficiency Syndrome: Proceedings of a Shering Corporation-UCLA Symposium* (held in Park City, Utah, February 5-10, 1984). New York, Liss, 1984.

about the supposed “homosexual cancer” of the 1980’s that was euphemistically used to refer to AIDS, and instead, presents the heart of the issue of risk to his early audiences: sexual promiscuity increases the risk of contracting HIV and eventually, succumbing to AIDS, regardless of sexual orientation, gender, race, nationality or class. This reality was a harsh one, particularly for Marcos himself, who was overcome by shame and indignity and chose to flee society and sequester himself and his mother in their home rather than continuing to live in the world around him.

It is important to note the way that blame is situated in this story. Although Marcos admits to being overtly promiscuous, acting with little regard for the health or emotions of his sexual partners, he places the blame for his behavior and the subsequent virus that he contracted on the one woman he loved and who left him. Instead of accepting responsibility for his own behavior, Marcos blames the woman, heaping all of the ill that he has experienced on her decision to leave him. This portrayal of woman=evil is subsequently reflected in the overtly misogynistic treatment that Marcos has consciously decided to act out on his own mother. It appears that in order to extract revenge on the woman who left him, Marcos indiscriminately used any woman he could find. When that led him to the contraction of HIV, he honed his vengeful actions in on the one he viewed as responsible for bringing him into the world in the first place: his mother. In both cases, the women are Marcos’ scapegoats, with the girlfriend being blamed for causing Marcos to abandon his career and eventually contract HIV and his mother serving as the unwitting recipient of his overwhelming anger and guilt. What is also interesting is the reference to the father in this work. Julia refers to him once, when she notes that: “No mencionas nunca a tu padre. Destruiste sus retratos. Quemaste sus libros” (164). Interestingly, Marcos enacted his rage only on his father’s possessions and not on the man while he was alive. On the contrary, the sort of destruction that Marcos saw fit for his father’s items has been amplified as he acts it out on a real person, his own mother. In essence, he symbolically destroyed the male figure in his life while physically destroying the female. The escalation of violence and its direction toward the only female present in his life suggests a targeted re-

venge for the perceived injustice caused to him by the only other female he loved: his ex-girlfriend.

This gender dichotomy is also present in the depiction of AIDS itself. It is first referred to as “El”. While this is logical given the fact that the noun “sida” in Spanish is a masculine noun, Prieto augments its signification by personifying the disease, particularly by representing it as an all-powerful man capable of destroying the world. Through the use of this moniker, Prieto seems to be suggesting that it is more than simply a virus that invades bodies; rather it is a being that is capable of traversing the globe and wreaking destruction in its path: “Tiene todas las nacionalidades y se llama sida”. “Es más que inteligente: es incomprensible, abismal”. “Es más poderoso que los estados”. “Aterroriza al mundo”. “Es bastante joven” (174-175). According to Marcos, because of this new global menace, “por culpa de él vamos a desaparecer todos” (174). The omnipotence granted to the disease and the masculine signifier attached to it present the image of a patriarch capable of controlling, and ultimately destroying, everyone. The underlying tone is one of reverence, much like the silent refusal to denigrate the memory of the father, while willfully destroying the mother. Instead of fighting the father figure (both the literal one and the disease that masquerades as a patriarch), Marcos has chosen instead to exploit those deemed weaker than him (namely, his mother) thus exacerbating the destructive potential of the virus by creating a chain of annihilation.

The fact that Prieto has chosen to situate Julia as the central focal point in his work (and the production of it), merits further discussion. As was previously mentioned, Prieto deliberately wrote and produced this play to reveal a disease that had not yet entered into the public consciousness. He stated that the piece was his attempt to denounce the disease and force people to open their eyes to what was then a new epidemic. According to Martin Esslin, theatre critic and author of *An Anatomy of Drama*, theatre, as an institution, “will inevitably be an instrument of social innovation” because it is “...subversive of the *status quo*” (104). In this sense, Prieto’s decision to use this medium to challenge society’s views of AIDS follows a long tradition of dramatists who have tackled

social problems vis-à-vis their productions. Esslin cautions, however, against making that message too explicit because "...what matters is the posing of the problem in a way which will compel the audience to think for themselves, rather than drumming some message into their heads" (99). This is one of the problems with Prieto's presentation of his message: it is devoid of all subtlety and is akin to hitting his audience over the head with the hammer that Marcos incessantly uses to construct his coffin. We can examine this approach in light of the role of the audience in drama.

While I've been analyzing the text as a piece of literature, we cannot forget that this work was indeed performed, meaning that it came alive when enacted before a real audience. Esslin reminds us that drama is a collective experience, with the spectators reacting to not only the action on stage, but the responses of other members of the audience (23-25). Part of this process is the fact that the "spectator is made to experience what the character on the stage undergoes. And he will very soon be able to judge whether that experience feels right" (24). With whom do the spectators identify in Prieto's work? Although the play is about AIDS' destructive potentials, it is nearly impossible to identify with Marcos for multiple reasons. First, he is never seen, only represented through a hand, a voice, and his continual hammering. Secondly, and I believe more importantly, he is so completely sadistic and perverse in his treatment of his mother that identifying with him becomes akin to empathizing with a sociopath. As a result, Julia becomes the focus of both visual attention and empathy. However, referring back to Esslin's quote, does this identification "feel right"? In other words, can the audience members envision themselves in her role and then allow Prieto to navigate them to his final message? I would argue that what she is made to endure is so repulsive that it prevents spectators from envisioning themselves in her place. Perhaps this is one of the reasons that, according to Prieto, the play was not successful when performed. An additional cause could stem from the lack of catharsis.

Traditionally, once the playwright has captured the audience's attention and established an empathic connection with one or more of the characters, "...in drama the aim is an enhanced level of consciousness, a memorable insight into the nature of existence, a re-

newal of strength in the individual to face the world. In dramatic terms: catharsis..." (28). This is where Prieto's work deviates from dramatic convention; although it is a tragedy, it fails to provide the cathartic release at the end. There is neither resolution nor insight into the human experience. Instead, the effect is shocking and scandalous rather than eye-opening and thought-provoking. Rather than focusing the portrayal on the individual actually affected by AIDS and offering insight into his condition and possibly enlightening the audience about AIDS, Prieto's work instead propagates the notion of AIDS as apocalypse, showing the destruction of not only the individual, but those surrounding him.

This vision of the virus is entirely negative, suggesting that the end of humanity is fast approaching, and therefore, inciting the sort of paranoid isolationism that Marcos embarks upon by completely shuttering the house, with himself and his mother in it. This fatalistic mindset calls to mind what Sontag signaled as one of the principle metaphors operating in AIDS narratives: the apocalyptic rhetoric and often, military metaphors that go with it (175-176). Sontag illustrates that the disease "obliges people to think of sex as having the direst consequence: suicide, or murder. AIDS reveals all but long term monogamous sex as promiscuous" (160-161). This notion of sex=suicide can be capitulated to a global scale, and thus, suggests an end-of-mankind-type scenario if the virus is left to propagate unchecked. It is within this paranoid realm that Marcos dwells, ultimately forsaking society itself to prevent further infiltration of "Sr. Sida" into his and his mother's lives. In doing so, he takes elaborate steps to physically separate them both from their surroundings as well as emotionally and psychologically isolate them from any possible sources of assistance or redemption.

The physical space that is Marcos' self-imposed exile from the outside world is in actuality an amalgam of multiple layers of isolation and separation from others. The outside world does not exist as a physical entity in this play. It is only rendered through the memories that Marcos shares regarding his failed love affair, multiple sexual exploits, and disheartening career that he has rejected. Because of this nameless, faceless representation of society, Prieto's work becomes more global in its depictions of suffering because it is un-



leashed from particular markers of nation that would alter its reception. In fact, he has created a work in which the protagonists attempt to survive within a sort of void that is cut off from the surrounding community, society, city, state, nation, world. Marcos' world is comprised of the four walls of his parents' home, the doors and windows shuttered to prevent the infiltration by any outside factors. Julia's comments ("Hace diez años que no puedo moverme" (162) suggest the duration of this drastic isolation, with Marcos affirming that he only pretended to go to work during that time to appease his mother, but in actuality, has not left the house due to the heightened physical deterioration caused by AIDS.

Even within the walls of his family home, Marcos insists on creating increasingly smaller spaces in which he forces his mother and himself to exist. This ever-shrinking ambient becomes akin to Russian dolls, with each successive doll representing yet another layer of self-cloistering that Marcos undertakes. One of those chambers becomes his mother's cell, in which he forces her to live bound to her bed, secured behind doors on which "hay algo más que candados" (164). For Julia, the space of her existence has shrunk drastically —while she once was a citizen of her community and could come and go freely from her own home, she has become a prisoner not only in her home, but in her bedroom, in her bed, and due to the heightened accentuation of her bodily functions because of Marcos' neglect of them, her own body. Julia's imprisonment is situated precisely in the once-healthy body that is now forced, by her own son's cruel insistence, to endure hunger, thirst, physical, emotional and sensory deprivation and lastly, the pure filth that results from neglect and the inability to care for herself. Marcos has taken his ire over his own deteriorating body out on his mother, forcing her to become a prisoner of herself, a prisoner to her body's functions and malfunctions, thus obligating her to experience some of the physical degradation that has been wrought on him through AIDS. With his agency regarding his own health status rapidly diminishing, he instead exerts control over Julia not only through the physical restraints, but also through the sadistic rationing of corporal and psychological needs, deciding on a whim that: "Hoy no te dare más comida, madre. No beberás más agua ni limpiaré tu cama. Tampoco te hablaré" (169).

In addition to the torturous chamber in which Marcos has obliged his mother to exist, he continues to whittle away at the remaining space in the home, forcing himself into smaller and more insulated pockets in which to bide his remaining time. Part of that process consists of destroying all remnants of familial ancestry, particularly any vestiges of his late father. With these acts and omissions, Marcos alters the meaning of home, extracting from it the connection the people who represented a happier time in his life. By eradicating his father's memory, he is attempting to banish the possibility of being judged by a father he respected and loved, choosing instead to obliterate all ties to that figure and push further into the self-made void that is epitomized by the coffin that he is constructing for himself, and on which he incessantly works throughout the play.

This last physical space is obviously the most confining of all and is precisely the size of his body, allowing for no outside influence whatsoever. It is also, quite clearly, a harbinger of the fate that awaits him, as he finally acknowledges that: "Estoy muy enfermo. Todo mi cuerpo está lleno de chancros y llagas y hasta un estornudo me podría matar... Soy víctima de una enfermedad espantosa" (178). The coffin is the most potent visual symbol of death and also represents the most radical departure possible from the life and environment in which Marcos previously existed. Marcos's continual construction of this final confining, isolating box is both a visual and auditory reminder that his exile from the world will soon reach an irreversible point as he prepares to depart from life and earth itself. As the play nears its final scene, Marcos informs his mother that he has taken the final step toward death and complete isolation, acknowledging that: "Ya estoy acostado en el ataúd" (178). This penultimate act is the capstone on many years of deliberate steps to shun any and all offers of help, not the least of which was from his own mother, despite the inhumane way he treated her.

In this sense, the extreme separation that Marcos undertakes is both a physical extraction of his body from the social community and, by subsequently enclosing that body in successive sarcophagi, it is also a psychological exile from all possible outlets of assistance. When Marcos was betrayed by his lover, he turned instead to anonymous encounters with nameless, faceless women whose only

function was to provide corporal pleasure in the most anonymous sense possible. With each successive sexual escapade, Marcos cut himself off further and further from the possibility of kindling a connection with another woman. Parallel to this social withdrawal, Marcos also shunned the professional world that once held so much promise to him: the hospital and the medical establishment. Instead of delving into the positive aspects of curative medicine, Marcos was repulsed by what he interpreted as overwhelming evidence of the cruelty of mankind. This loathing of decay and disease provides an important clue for his subsequent departure from society when he himself falls ill with AIDS. He cannot tolerate the disintegration associated with illness, nor the ominous aura surrounding it; instead of viewing the medical establishment as an institution capable of providing hope and healing in the face of sickness, he flees the one place that perhaps could have provided him with some reprieve when his symptoms became overwhelming.

This refusal to seek help, combined with the progressively isolating tendencies that Marcos exhibits, come to a head in his interactions with Julia. He ostensibly fled medicine because he could not tolerate the evidence of the cruelty of humankind. However, he has become emblematic of that cruelty, particularly since his wrath is directed at the one person who absolutely refused to shun him. Despite the horrors he has inflicted upon her for a full decade of her life, Julia continually makes efforts to connect with Marcos both physically and emotionally with the hopes of saving him from himself. Her attempts come across as those of a desperate woman, deprived of any sort of human contact for ten long years. She yearns to simply gaze at exactly the thing that Marcos is working so fastidiously to destroy—his entire body and self, as opposed to the (apparently unblemished) hands that have come to represent his entirety as he passes the meager amounts of food and water that he provides her through the window. Despite this torturous existence, she implores: “*Sácame de aquí. ¡No quiero seguir atada a este yugo que me impide salvarte*” (169).

Her earnestness and forgiveness in light of his extreme sadistic cruelty make her situation even more difficult to tolerate on the part of the spectator. This shocking juxtaposition of malice in the face of

the offer of clemency further contributes to the repulsive effect of the work. Despite Prieto's stated intention of revealing AIDS to his audience, what he has instead accomplished is such a drastically fatalistic vision of the illness and a wholly repulsive depiction of an AIDS-affected person that it makes it all-but-impossible to sympathetically identify with Marcos. All of his struggles and personal pain pale in comparison to that which he has inflicted on his mother. There is no catharsis at the end of this work as Julia's murder fails to resolve the dilemma facing Marcos. Instead, the summative effect is one of cruelty, injustice, and gloom.

This tone and Julia's insistence on forgiveness despite his perverse treatment of her also become part of the apocalyptic discourse that is part of this work. On the one hand, AIDS is depicted as a sign of the end of the world, from which no one will be able to escape. Pessimism and fear reign. However, one also notes a vague reference to the religious element of the apocalypse and the belief in salvation. Julia embodies this hope when she tells Marcos that: "Te da asco mi amor porque me mutilaste y sigo amándote. Te asustan mi devoción y mi paciencia. Por eso me encerraste y me ataste a esta noria" (176). This desire to help and save her son, in the face of extreme personal duress and regardless of his self-proclaimed "pecados", his current physical condition, or his sadistic depravity, projects Julia into a God-like figure, one capable of ultimate sacrifice and forgiveness for her son, despite his sin. Significantly, Marcos has also rejected God and religion, bemoaning that: "Dios nunca me escucha, madre" (169). The one who does listen, however, is his mom, despite the fact that in doing so, she will end up paying the ultimate price for Marcos' embedded guilt and perceived sins.

Like all other avenues for help, Marcos slams the door in the face of his mother (quite literally), instead resigning himself to the belief that: "Las cosas siempre nos 'suceden'. Nadie es capaz de nada" (171), a belief that his mother vehemently attacks, urging him to see that: "Somos capaces de luchar y de crear" (170). Undeterred, he continues on his annihilative quest, insisting that the extreme isolation is his attempt to protect his mother from the world and the horrendous evils in it. His vision of salvation in the form of drastic exile has so warped him that he insists to his mother that "...te até

para que no sufrieras. No podrías soportar lo que ocurre por culpa de Él” (174). Again, he is projecting his own rage and fear onto his mother, forcing her to experience the terror that he himself has internalized. According to this distorted logic, the safest way to counter the horror of AIDS and its destructive progression is to completely avoid it, sequestering the self so absolutely as to lose all connection to people, place, and time. In this way, Marcos extricates himself from society and carries out an exile not from a particular city, state, or country, but from *life* itself. This particular exile is fully realized when, at the end of the play and firmly locked away in his self-constructed coffin, Marcos welcomes the first outsider to have crossed the threshold to their home in ages: “La Señora Bomba” (179).

#### UN AÑO SIN AMOR

While Prieto’s explosive work clearly depicts the fatalistic attitudes surrounding HIV and AIDS at its inception in the early 1980s, it offers little hope for the future and no suggestions on how to *live* while being HIV-positive. This is understandable given the incomplete level of understanding of the virus at that early stage and the lack of adequate medicines or treatments to combat it, but it begs further exploration, particularly as medical and social advancements in understanding have begun to change perceptions surrounding AIDS. Ever since the advent of AZT and the multiple drug “cocktail” in 1996, the possibility of survival with HIV have risen dramatically for those with access to the drug. Still, it has become clear over the 9 years since AZT first appeared that: “El SIDA dejó de ser una enfermedad necesariamente mortal” (Roberto Jacoby, Introduction to *Un año sin amor* 10). I believe the emphasis should be on “necesariamente” due to the myriad of factors that can prevent patients from obtaining the drugs, dissuade them from using them, or interfere with their effectiveness. Furthermore, AIDS is still not a curable disease, and many people still succumb to it every year, despite these advancements. However, research and personal testimonies have shown that for many who do have the resources

and fortitude to take the “cocktail”, it often does slow or halt the progression of the virus and can lead to a relatively “normal”, healthy existence, despite the presence of the virus.

It is at this critical juncture that Pablo Pérez’s diary of AIDS situates itself. Written from February 17, 1996 to the dawn of the arrival of 1997, Pérez’s work chronicles his personal struggles with not only the physical decay resultant from AIDS, but the concurrent emotional isolation in which he finds himself. At the inception of his project, “no podía imaginar el *happy ending*” (Jacoby, Introduction 10), but a slow transformation begins to occur near the end of the year as Pérez finally chooses to take some of the new medicines available to treat his condition. While far from a “happy ending” and not naïve enough to suggest that everything that ailed Pablo, both physically and mentally, has been resolved, the diary does relate a critical transformation in both realms of Pablo’s sense of self.

However, before this important alteration in outlook, much of the text is underlined with the solitary separation that Pablo endures, despite the friendships he struggles to maintain and the sexual encounters he frequently engages in. It is as if a barrier exists between Pablo and the world, subjecting him to a separation that he bemoans, but often exacerbates through the decisions he makes. Even though he still resides in his apartment, attends his classes, shows up for work, and sometimes interacts with family and friends, there is hollowness to all of those interactions as Pablo increasingly feels alienated by his body’s decay and thus, is swallowed up by the loneliness and depression that accompany it. His diary is an intimate, almost daily reflection upon that contradictory state of being and it provides the reader a glimpse into one individual’s personal struggle with his own identity, and how it is being rapidly eroded and shifted because of the progression of the disease that ravages his body. AIDS is ever-present in the narrative, particularly as it begins to influence the way in which Pablo interacts with others, views himself, and ultimately, forges new alliances.

The version of isolation that Pablo inhabits is one that tends towards the inner exile referenced at the beginning of this chapter, which can be comprised of “autocensura” and “alienación” (Rosen-

krantz 10) as well as exhibiting a “desire or need to live predominantly in their inner world...” (Knapp 1). Pablo’s separation is drastically different from those exhibited by Mallach and Prieto’s protagonists because he still participates to some degree in society and continues to physically reside in his native country, occupying the spaces that configure his existence in Buenos Aires, Argentina. Never-the-less, Pablo is unable to successfully negotiate the private and public spheres and still manage his illness. AIDS and its havoc on his body take center stage and the ensuing battle causes him to become enveloped in the physical and mental struggles with AIDS, thus preventing him from fully participating in life around him. As a result, he is often forced to convalesce for extended periods of time at home, thus feeling alienated and withdrawn from family and friends who maintain a distance from his life. Consequently, his isolation and loneliness grow, as does his anxiety about the situation. This, combined with the narrative project of documenting his battle with AIDS, heightens his awareness of the physical entrapment he experiences because of his symptoms, and as a result, causes his feeling of detachment to grow. This vicious cycle continues as different symptoms emerge and insulation grows, causing a solitary separation to emerge from a life that on the surface and without the insight provided by this diary appears more or less “normal”.

Pablo’s inner exile is caused by the excessive corporal signification forced into his consciousness by the persistent ailments that assail him, and as a result, compel him to remain in self-imposed quarantine either due to the fear of contagion or the effects of exhaustion. The insulating effect of this heightened awareness of the body is exacerbated by the narrative technique that Pérez employs: a singular focus on his corporal realities that effectively thrusts to the forefront the continual effects that AIDS has on his daily existence, preventing him from envisioning himself as separate from his disease. This convergence of identities (Pablo-the-writer-friendson-brother-student-teacher *plus* Pablo-the-HIV+ person) ironically results in a reduced sense of identity and self, rather than a more complete selfhood. As a result, Pablo spends much of the year floundering beneath the burden of his over-signified body and its

effect on his life, preventing him from connecting with others in any meaningful way, thus causing a heightened sense of solitude and isolation.

The aforementioned conundrum of Pablo's existence is an example of the extra-signification that certain bodies can acquire because of sexual orientation, gender, or I would add, certain diseases (among other markers of identity or "otherness"). Ricardo Llamas, examines this notion in his article "La reconstrucción del cuerpo homosexual en tiempos de SIDA" and provides useful assertions with which we can examine Pablo's situation. According to Llamas, "algunas personas son más cuerpo que otras" and often times "Las categorías humanas en exceso encarnadas coinciden a menudo con sectores sociales discriminados, explotados, y oprimidos" (153). Using Llamas' theory as a prism through which to view the different treatment of individuals within society, we realize that different characteristics often come to carry additional significance, effectively supplanting the unique qualities of the individual and instead, overshadowing their existence with the over-signified trait.

Llamas explains that by reducing the subject to simply a body, the result is often "...una reducción drástica de las posibilidades de existencia autónoma..." (166). This effect is multiplied when one adds AIDS into the picture, reducing the homosexual male to not just a body, but an (often aberrantly) sexualized body. The marker "AIDS" overshadows all other elements of the body, ultimately being thrust into the forefront as the principle marker of identity. The grave consequences of this myopic vision is that "ser sobre todo cuerpo significa dejar de ser otras cosas; abandonar la posibilidad de existencia en esferas distintas de la material" (154). In effect, by over-emphasizing the body and reducing the entire person to this one element, it results in a split between the body and the other elements of the individual, including the mind and soul.

Llamas' argument is compelling, particularly when we extend it and examine more closely the specific situation of the HIV-positive gay male, a point where Llamas' analysis stops short of giving a more detailed view of this fusion of two primary instigating factors often used by society to essentialize the individuals that live those identities. Pérez's account fleshes out one reality of such an



individual, shifting the focus off of sexual orientation and centering his reflection precisely on AIDS itself and the new meaning it has imbued his body. I will show how Pablo himself is guilty of overemphasizing that ill body to the point of overshadowing and nearly erasing other markers of his own identity, essentially writing a self portrait that, if converted into images, would contain chancres, lesions and infections alternating with the quintessential images of anonymous homosexual sex: the erect penis and the inviting anus awaiting penetration. This is the Pablo Pérez that is drawn with the author's own pen; he has reduced himself to two alternating beings: a near-invalid succumbing to AIDS and an overly sexualized gay male cruising porn theatres in search of anonymous sexual encounters to try to alleviate the loneliness of his existence. As a result of these two connecting selves, Pérez lacks any form of self-actualization, exists without meaningful human interaction, and consequently, suffers from a great deal of anxiety, loneliness and feelings of isolation. The exile he inhabits is one that is constructed by and lived within the physical body that has come to overshadow all other aspects of the protagonist's life, preventing him from maintaining meaningful connections with many aspects of the external world.

The vehicle by which the body comes to create the exile-like situation in which Pérez lives is his own writing and the process of using the body as the fountain of inspiration for this diary. The text he has produced has come as much (if not more) from his body as it has from his mind and soul. This complete commitment to the text, on all levels of being, is reminiscent of the process of "escribir con el cuerpo"<sup>8</sup> that Luisa Valenzuela expounded and encouraged

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<sup>8</sup> Hélène Cixous has also expounded the notion of writing with the body in her seminal work "The Laugh of the Medusa", as a way for female writers to resist and deconstruct the phallogocentric symbolic order. While her theories are much more detailed than I will elaborate here, her primary focus is on "l'écriture féminine" and the connection between the female body and the texts that the female writer produces with and through her body. For the purposes of the analysis of Pérez's writing, we can certainly see hints of this intimate link between body and writing, although, and quite significantly, it is being produced by a man. The writing itself, though not done directly with his phallus, most certainly is directly related to the phallus and its sexual exploits in the age of AIDS. As such, it directly contradicts the writing proposed by Cixous; never-the-less, the notion of writing with the body, as theo-

in her now famous article of the same title. In describing her own writing, Valenzuela came to the conclusion, after many years of creative production, that she writes with her body, a process that “le permite a las palabras toda la libertad de un decir que va mucho más allá de la voluntad de quien tiene la pretensión de estar diciendo” (35). Those words “a veces (son) formuladas mentalmente, otras apenas sugeridas” (35). Although Pérez’s writing does not strictly adhere to Valenzuela’s edict to become fully committed to the text as a way to become socially involved, I believe her notion of “writing with the body” offers some useful tenets for analyzing Pérez’s literary project. As I see it, the process on an individual level (as opposed to the more socially engaged writing Valenzuela encourages) involves a full commitment to the act of writing and the involvement of all parts of the individual, including the oft-omitted corporal dimension. It recognizes that the writer is a complete individual who often cannot (and, according to Valenzuela, should not) disconnect the distinct components of selfhood to engage in a process that was once thought to be wholly mental. Instead, with all elements of the self engaged, a richer literature can be produced, particularly as the writer “lucha más que nada contra las propias barreras de censura interna que suelen parecernos infranqueables, sobre todo a nosotras las mujeres, que hemos recibido tanta orden negativa, tantas limitaciones” (40).

This last line clearly illustrates that the central audience for Valenzuela’s article is other female writers, many of whom have been discouraged from letting their physical beings interfere with their intellectual ones. However, I believe that this technique can and has been utilized by a variety of writers, including males. One aspect of this strategy that was not addressed fully by Valenzuela, however, is the personal effect of this type of writing, particularly the negative outcomes that could befall the writer. Valenzuela’s vision is predominantly positive, accentuating that fact that “donde pongo la palabra pongo mi cuerpo” and writing with the body “es

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rized by both Cixous and Luisa Valenzuela, can provide us with a way to examine Pérez’s intimate portrayal of his struggles with AIDS, since the epidemic in effect caused him to be reduced to a body, and at least temporarily, obfuscated all other elements of his being.

el acto del amor..." (39). For Valenzuela, this act has allowed her to merge her mental prowess with her physical experiences, uniting them in the common goal of her writing, thus fully engaging herself (and with luck, her reader) in the texts she produces. What happens, though, when the text that the body suggests overtakes the one produced by the mind? What if the balance shifts in favor of the body, again producing a lop-sided sort of text that is at the opposite end of the spectrum from the completely cerebral texts that Valenzuela admonishes? Is this corporal text beneficial if it lacks the full participation of the intellect, or worse, if it stifles and depresses the mental faculties in the process?

These are the issues that arise in *Un año sin amor*, where we see Pablo Pérez, the writer and protagonist, who has embarked on the textual journey that Roberto Jacoby, who introduces the text, calls an "ensayo de auto-observación", "protocolo de la observación del resultado de... ejercicios, rituales, recetas" as well as the "recuento de los estados de ánimo..." (11). While these topics certainly make up the bulk of the text, the whole literary project is bigger than that: it is a search for the true self, a desire to re-evaluate and re-define the self, given the transformation that AIDS has caused. On that front, Jacoby is correct in saying that: "Al escribir su historia, se hace a sí mismo" (11). Writing and identity are intimately linked: writing about the body insulates the lonely world Pérez inhabits, but that does not mean to suggest that writing *about* the body is always the same as writing *with* it. Here we have both- in some sections, there is an intellectual detachment as Pérez recounts the numerous symptoms and effects of the disease on his body, as if the two were separate entities. This, in my estimation, is writing *about* the body. However, for a much greater percentage of the text, it is the body, sometimes in conjunction with the mind and often not, that navigates the narrative, often dictating the course it will follow and making Pablo seem like he is merely along for the ride. This, in my eyes, is a version of writing with the body. I would not propose that it is the idealized version of that technique that Valenzuela encourages, but rather a skewed variety of it, lacking one central element that is never mentioned by Valenzuela but is invoked by Pérez at the end of his narrative project: the soul. In the case of such an in-

timate project such as Pérez's, in the end the ultimate goal appears to be the cooperation between the physical body, the entire mind, and the soul.

The references to the soul that appear in Pérez's work do not demarcate the strictly spiritual being, but rather reference the interconnected part of the person, the one that is in touch with the universe, perhaps a higher being, society, community, family, friends, lovers, etc. It is the part of the self that is capable of extending outside of the physical confines of the body while still tending to the needs of both the mind and body, not in the metaphysical sense, but in a way that allows the individual to participate in the world around him/her. It is part of the mind, part of the body, and partially independent, all the while performing the vital function of linking the person to the things that give life meaning. This element appears to be missing throughout the majority of Pérez's account. We have the body (often too much of it), we have the mind (alternatively the rational, intellectual mind and that of the depressed, anxious individual feeling trapped in his body), but we do not have the soul or the spirit of the person. There is a sense throughout much of the text that he is already dead, but what is really lacking is a vibrant spirit or soul. The result is a profound emptiness and isolation that is exacerbated by the lopsided narrative that overly emphasizes the body, while partially neglecting the mind, and wholly forgetting about the soul. This imbalance leads to the solitary separation that Pablo experiences and is the making of his own version of exile.

The act of writing is central to this text: writing about the body, writing with the body, writing despite the body, writing to quell loneliness, writing about AIDS, writing to pass time, writing simply for the sake of writing. However, at the same time the protagonist is writing and creating an expression of the self, he is alternately erasing with his body as well. Each hour spent writing is countered by the emptiness and solitude he is trying to obliterate, each trace of the body left on paper by his pen is a way of solidifying his existence on paper while his physical self is decaying and beginning to vanish. The protagonist states this central thrust quite simply in the initial sentence of the diary, asserting: "Tengo que escribir" (19).

He continues to explain this need and its effect, by sharing that “Siento que escribiendo todo esto, tan personal, pierdo el tiempo” (20). We see reflected in this statement the two sides of this writing project- the text being created and the days and weeks of life being swallowed up as they are translated onto paper rather than participated in and experienced directly.

The reader quickly becomes aware that Pablo is embroiled in two literary projects- this diary and the translation of his good friend (and possible partner, a point hinted at, but never clarified), Hervé Guibert’s works. This secondary project hints at Pérez’s professional life as a writer, translator and poet, but is relegated to the background and only receives brief mention, thus illustrating how Pablo’s outside world, including his livelihood, have become secondary to the daily struggle of his existence because of AIDS. In fact, he outwardly rejects the community that he once belonged to, rejecting the literary community for its pretension. He is tired of that world and takes his first step toward personal isolation by choosing to pull back from his previous involvement with that sector of the community. This important step effectively reduces the size of his world, and brings the walls of isolation one step closer. What we see then is an individual who is slowly becoming more withdrawn from family and co-workers; as a result, he turns inward, towards his writing and begins to really analyze his subtle permutations and the veritable array of symptoms he experiences. He becomes his own primary companion, and the only dialogue is the one carried out in this diary. However, because of his HIV-positive status, the body inserts itself as the primary marker of identity and dominates in this personal dialogue of self-discovery.

The body is both the motivator for the content of this diary and a hindrance that literally impedes him from carrying out the seemingly non-physical act of writing on various occasions. From the onset of the diary, the naked, ailing body is visible and the reader becomes privy to information that is usually reserved for a doctor-patient relationship. However, just as the diary is a stripped down, intimate portrayal of a person’s existence, so too is writing a forming of stripping the body down to the flesh and bones. We hear about the “micosis” he has on his penis that needs air and thus, com-

pels him to write naked (22). He often references the “manchas” that cover his skin and the multiple trips to the countless doctors that treat him. These repetitive journeys to the hospital become the primary connection he has with others in the community. This single source of personal attention is important to Pablo, as we can see through his statement: “Que se preocuparan así por mí hacía que ese éxtasis en el que había entrado fuera aumentando” (33). Never-the-less, despite the attention he receives from medical personnel, his maladies still exist and often get in the way of his writing, such as the times when “siento que me cuesta concentrarme en la escritura, porque respiro con dificultad” (25).

Because of the continual progression of his symptoms and the incremental drops in his blood cell counts (indicating additional opportunistic infections), Pablo starts to become preoccupied with his failing health and for the majority of the first half of the year, begins to believe a nagging premonition that has been haunting him: “No pasará este año” (41). His thoughts about this hypothetical impending death force him to consider the very real possibility that his days may be numbered. Rather than focus on death as a negative entity, he instead begins to see it as a possible “regalo precioso” (41). The anxiety he experiences is not related to his possible death, but rather to the lack of love he currently experiences in his life and his increasingly solitary status. Ironically, though, even when faced with this firm belief that he is living out his final months and days, he doesn’t strive to initiate more meaningful contacts, but rather spends his time alternately between solitary confinement in his apartment, tending to his ailments or engaged in anonymous sex with a myriad of partners that he connects with at the multiple gay theatres in the city. Both of these activities further isolate him from those who might provide solace, nurturing, or love.

What results instead is a sort of fixed temporality because the uncertainties regarding the future and his lack of reference to the past effectively fix him in the present moment. With no meaningful solution for the future because of his weakening immune system, Pablo seems to be set in time, living (and documenting) a life that is repetitive and circular rather than moving toward future points and goals. These temporal doubts become apparent in one particu-

lar entry in which Pablo considers finishing his degree to finally become a professor, but then recognizes how contradictory he is being after having all but pronounced his death sentence a few days earlier. He alternates between wanting to participate more actively in life outside of his home and feeling trapped by his body's deterioration. These two forces cancel each other out and prevent him from making any real advancement on a personal or professional scale.

One of the primary personal goals that Pablo constantly reiterates throughout the work is the desire to find a true love, the lack of which serves as part of the motivation for this diary commemorating "un año *sin amor*". In fact, this facet is so central to Pablo's own vision of his literary project that at one moment, "pensé que había llegado el amor que tanto esperaba y temí por este diario" (49). He wonders if "¿Podría seguir escribiendo todo esto estando enamorado?" but then determines that "sospecho que en el caso de enamorarme no podría seguir escribiendo esto que intenta ante todo ser un diario de la búsqueda del amor, de la pérdida del amor, del deseo y del miedo ante la muerte" (49). This is one of the first moments in which the protagonist clearly professes his literary goals and the vision he has for his own work. It also emphasizes the fact that linked with this work is the essential condition in which Pablo finds himself: alone. His isolation is part and parcel to the functioning of the text because it both motivates the work and provides fodder for literary exploration.

This professed literary goal and the name attached to it, "diario", raise questions about the genre itself and the ways in which Pérez has manipulated it to achieve his own goals. The diary, which according to literary critic David A. Powell, is the "least formalized of the autobiographical forms... has no clear-cut beginning, middle or end. There is usually no intent to publish..." (182). This last characteristic is the most interesting for our purposes, because it is clear from the beginning that this diary was written by Pérez upon the insistence of his friends, with the end goal of eventual publication. Traditional diaries are inherently intimate, essentially conversing with oneself about a multitude of topics. Here, there is a constant sense that Pérez is aware of the reader, explaining references and

places that one would never clarify in a diary written solely for self-use. This intent to publish calls to mind a variety of questions: Was Pérez firmly convinced at the inception of this project that he would die before its completion, thus writing a sort of memoir to be published post-humously? If not, why did he choose such an intimate form for such a public forum? What did the interplay of public and private discourse offer to Pérez on both the individual and social level?

One possibility lies in the central preoccupation of the work: the notion of loneliness and solitude. Pérez is alone for the vast majority of the year that he chronicles, often limited from participating in his life because of the severity of his symptoms, particularly before he begins retroviral drug therapy. The diary becomes a place where he can explore the difficult reality he is facing, often giving him a space to unleash his distress and frustration over the physical pain as well as psychological and emotional isolation he feels. This literary space grows even more important as Pablo's solitude increases, thus cutting him off from other types of support networks with whom he could share his concerns. However, the conscious intention to eventually publish this work, and therefore, the ever-present awareness of an "other", even an anonymous imaginary reader of a manuscript that Pérez hopes to eventually publish, may on some level alleviate the loneliness that Pablo experiences. Instead of simply writing about himself to himself, he is writing about himself to an imaginary other. His thoughts connect him with future readers, and despite the separation of time and space, that bond is more than he experiences in most other realms of his life. In this way, the manipulation of the inherently intimate genre gives Pablo a way of eventually connecting with others, albeit across a significant lapse in time and space.

On a more active level, the desire to break his own solitary confinement also compels Pablo to troll pick-up places, ostensibly in search of "el amor," but in reality, satisfied with sexual rendezvous in which he often doesn't even learn his partner's name.

Most of these occur in various pornographic movie houses throughout the city, which apparently function as meeting places for men looking for sex with other men. The underlying thread that unites



all of these encounters is an obvious emphasis on the physical with no regard for personal details, history, or future encounters. Most interactions are initiated and completed without ever exchanging words, the only language between the two told through furtive glances that telegraph desire. For Pablo, these encounters occur with increasing regularity and serve as his primary contact with the world outside of his apartment. It is important to note that during this time, he suffers greatly from his multiple opportunistic infections and often struggles during the day to complete the most mundane tasks. None-the-less, there is a compulsion that often drives him to the various theatres in the city in search of sex. By day, he is a disintegrating body sucked of its vital energy, struggling to sit and write in his diary. By night, however, he musters as much strength as possible to then expend it all in riotous sexual encounters, often sado-masochistic in nature. Recognizing this apparent contradiction, Pablo discusses it with his psychologist and shares their conclusions in his diary:

Concluimos en que el orgasmo me remite a una sensación de vida... desde ese día tuve una clave para entender mejor mi sexualidad. Siempre me sentí medio muerto, y cada orgasmo es para mí como un golpe eléctrico que me revive un poco, aunque sea por unos minutos; como un rayo que me trae de la muerte a la vida (64).

These "life-giving" erotic encounters are told with the same brashness as the symptoms that plague his body, once again asserting the body as the central image of this diary, displaying the visceral elements in an explicit manner. These details are interspersed throughout the narrative, but underlying all of these interactions is a true desire to find love and affection, not just sex. One "cine porno" encounter is with a man name Luis, the first lover whose name we learn; we soon intuit that this more personal way of referring to his sexual partner reveals the deeper feelings that Pablo is experiencing. By individualizing this lover and thus, making him stand out among many, Pablo is expressing his physical *and* emotional desire towards him and the hope he has for future encounters. In fact, he relates that "mientras estaba con él sentía que cada segundo era

precioso, que cada caricia era un remedio para mi pena” (71). Furthermore, there is a consciousness of his contagiousness, as he warns Luis: “cuidado cuando me beses porque tengo un labio cortado” (72).

This awareness of the potential danger of his sexual interactions, particularly for his partners, is primarily mentioned in relation to Luis, in a tone of almost paternalistic concern and affection. On a few other occasions at various cinemas, men insist on having sex “sin forro” and Pablo always asks them to wear a condom, but relents if they refuse, figuring that “me siento responsable sólo en parte, creo que él lo es más que yo desde el momento en que se negó a usarlo cuando se lo pedí” (143). He operates in a world where the risks of casual, unprotected sex are known by all and he obviously feels no more responsibility to be “safe” than others, instead putting the onus on each individual to look out for his own well-being. This attitude makes his outlook toward Luis all the more remarkable, showing once again that he invested more in him emotionally than in any of his other random encounters. However, true to the title of this work, he continues to live out the year “sin amor” when Luis first doesn’t call, and then does so only to tell him that he doesn’t want a commitment.

Luis’ rejection increases Pablo’s state of anxiety, depression, and solitude, again causing him to confront the task at hand (writing) and the underlying causes for that project (the progressive decline of his health due to AIDS). He admits that “lo que más me bloqueó fue mi pánico frente al Sida” (51). This panic and fear propel him to examine his life and choices, which he does through the writing that he often has to force himself to do. Like someone trying to make new resolutions against their will, Pablo first flirts with giving up sex because of how much it drains his energy, but then concludes: “No va a ocurrir, claro, nunca juraría algo así” (54). Then, as his cell counts become more ominous, he flirts with “dejar todo, de no estudiar, ya no quiero trabajar” (61), again showing his propensity towards total isolation. These drastic considerations underline for him that he must take some action in regards to his health in order to try to combat his disease rather than flee from it and all of its effects. Since at this point (May 6), he decides that

“no pienso tomar AZT” (61), he alternates between homeopathic regimens and strict nutritional guidelines, choosing to act as his own medic despite the insistence by his doctor to consider the new “cocktail”.

This new moment in his life, where he confronts head-on the fact that his health is worse than ever and he is as alone as ever, compels him to restart his search for a partner, recognizing that “necesito alguien que me cuide...” (62). This is especially important to him as he recognizes the very real possibility that his physical decline will bring with it quite a bit of pain and suffering, something that is extremely difficult to face. We learn that the idea of suffering is far more frightful than the notion of death itself. However, rather ironically, during Pablo’s quest for a lover and partner, he repeatedly reiterates his desire to be the “slave” partner in the relationship, submitting to the needs of another, often within the context of a sado-masochistic exchange. This desire is reflected in the first of a series of personal ads that he places while in search of a mate: “30, 1,73, 60, tipo latino, buen cuerpo, tendencia *slave*, a veces muy obediente. Busco *master* o amigo varonil, activo, protector, bien dotado, para relación estable con sexo seguro” (55). This masochistic desire is played out not only in the individual interactions at the “cine porno” but also in the context of an SM threesome in which Pablo participates from time to time. It is important to note, however, that during his worst moments physically and mentally, he even isolates himself from that group, avoiding their calls and shunning their advances only to further withdraw into himself.

Near the middle of the year, Pablo reaches the apex of his isolation, where his physical pain and suffering are on par with his emotional desperation. He finds something that he can’t place a finger on absolutely intolerable, assuming it has to do with either “la soledad o la incertidumbre” (84), both of which states dominate his existence at this point. He constantly finds himself rejecting even the self-imposed obligation to write, feeling overwhelmed and exhausted by his symptoms and his depression. He has, quite literally, become a prisoner of his body because the physical exhaustion has reached such a point that “el cansancio nos aísla y nos obliga a la

soledad” (87). The physical body that has been the central thrust of the textual body has reached the point that it prevents him from engaging in nearly all types of interpersonal contact and even overwhelms his personal pursuits. At this lowest point, even the ardent sexuality displayed earlier in the year has quieted some, with Pablo spending nearly all of his time alone, in his apartment, accompanied only by his thoughts and the pen and paper used to memorialize this point of despair. Mired as he is in such extreme depression, even the diary becomes a chore, no longer providing the sort of sacred space to both reflect upon daily life and project toward possible future interactions, but rather, becoming one more reminder of the overwhelming physical exhaustion that prevents him from participating in nearly all aspects of life. Still, as if his textual body were crucial to the continued viability of his physical body, he continues to write.

It is obvious that the physical decline has also brought with it a profound depression, both of which prove to be paralyzing and extremely isolating. At this point, Pablo is able to reflect on his frame of mind and daily life, concluding that

Mi estado de ánimo es de lo peor. Me siento solo con mi enfermedad, siento que ni mi familia ni mis amigos se dan cuenta de que necesito ayuda. El esfuerzo que hago para salir es mucho y si nadie me da una mano creo que no voy a sobrevivir a estos días. Otra vez mi presentimiento de muerte (89).

Thoughts of death haunt him and his body becomes overly conspicuous because of the extra signification that AIDS has bestowed upon it. Even in the above quote, we note that he feels “solo con mi enfermedad”, as if haunted by a specter that refuses to leave him in peace. He is constantly reminded of his altered physicality and thus, the shift in his lifestyle, his interactions, and his own identity, something that he continually struggles to come to grips with: “No me siento muy identificado con mi nueva forma de vida y es en ese punto en donde aparece la crisis” (93). He wrestles with who this new Pablo is, ultimately rejecting him and the life that has imprisoned the old Pablo, the one he is still yearning for. He also is pro-

foundly aware that all of these shifts come back to the viral battles being fought in his body. None-the-less, he remains partially moored in his belief that someone else and their love could “rescue” him from his desperation, and thus, he becomes doubly trapped: within a body that exhaust him with his every move, and within a waiting game that he himself created, hoping for some lover to call and “love” to arrive, but alternately berating himself for this belief and concluding that: “Me siento estúpido, dependiente, aburrido, enfermo, triste, desganado, solo” (94).

This extreme depression and subsequent isolation cause Pablo to fear “morirme esperando el tratamiento con inhibidores de proteasa” (95), showing the dramatic shift in his attitude toward AZT and the drug cocktail that was becoming much more available to him during this focal year. At the beginning of the year, despite numerous infections, declining lab results, and increasing solitary living, he refused the drug, preferring instead to focus on homeopathic remedies. With the arrival of June and the drastically more severe symptoms that impede nearly all human interactions and essentially force him to live in isolated confinement convinced of his imminent demise, Pablo relents and begins a course of AZT and DDI. This proves to be a turning point on many fronts: physically (as he sees his libido return and his symptoms become less debilitating), mentally (as he begins to believe that he might live beyond the end of the year) and socially (as he once again forms connections with others and starts to chip away at the walls of isolation that and its subsequent imprisonment. AZT, with its strict schedule and constant need to be vigilant of symptoms:

[...] hace que el Sida esté presente en todo momento, que no pueda olvidarme de mi enfermedad, me siento feo y enfermo, encerrado en mí mismo, siempre con la idea de que voy a morir pronto, casi un deseo de morir, preferiblemente sin una intervención mía, aunque empiece a aparecer más seguido la idea de un suicido (118).

Ironically, then, the very drug that is slowly making him feel physically better is also making him become more aware of the entrapment caused by the virus and makes him less able to live a life that

is not dominated by AIDS. This conundrum becomes particularly hard to tolerate when his symptoms are so fierce that it feels as if he's not experiencing any improvement. During those moments and days, Pablo becomes desperate and frustrated, faced with a body and a medical regimen that are failing him and increasingly reminding him of his precariously numbered days. This sentiment is expressed on one particularly low day, when Pablo rants: "Si tengo que morirme, morirme, pero me cansé de vivir semiahogado, en esta semivida que no me sirve de nada, que me molesta" (119). His body and disease overshadow his entire life, causing him to question the logic of even the reduced commitments he has: "Estudiando y trabajando lo único que consigo es cansarme más, gastar energías en algo que no verá ningún fruto. Abandonar este camino solo, sin ningún tipo de ayuda me conducirá también a la muerte" (119).

This quest for some type of help, and preferably, someone who loves him to carry it out also continues to frustrate Pablo, prompting him to change his personal ad, offering his body up "a cambio de protección y cariño" (111). This does not mean he's abandoned his SM tendencies or desire to be the "slave" in the encounters, but rather, that he's searching for a "master" who will "usa(r) mi cuerpo como objeto de placer y a su vez me cuida como a un pequeño tesoro" (112). In fact, he begins to participate again in the SM group, deriving pleasure from the encounters that he avoided just a few months earlier out of exhaustion and desperation. At the same time as he verbalizes this desire for a partner to pamper him, he also begins to experience a slight shift in his own sexual appetite, playfully imagining himself in the "master" role ("un Pablo entre salvaje y malvado...") (122). There is no indication that he acts on these fantasies, but he reiterates later that "últimamente siento más ganas de ser activo que pasivo e incluso ronda por mi cabeza la idea de hacer algo con una chica" (128). This shift in thinking at first may seem to be one more element of his erotic fantasies, but it is important when we consider the timing: slowly he is beginning to feel much stronger and more vital physically, and also begins to "sospechar que voy a llegar a fin de año más vivo que nunca..." (130). The ad, which is directed toward others in a more immediate sense than the diary, is like a snapshot of Pablo's changing sense of self. In it, he

inscribes the self he hopes to offer to others, using a more direct textual genre to initiate a connection that he has been lacking for the majority of the year.

Almost unexpectedly, life is beginning to be a possibility again, and with that, Pablo is increasingly seeing options where in the past, he acted according to routine because any deviation required far too much energy. Furthermore, as his body begins to recover, it is no longer seen as an enemy force subjecting its owner to a life of isolation and exhaustion; instead, it begins to take its place as one of the many possible facets of his identity, rather than predominating as the only visible aspect. This shift is significant, because it is like the first chip in the ice-like barrier that surrounded Pablo and enclosed him in a solitary existence. Little by little, with each reconnection with the outside world, more cracks form, and he slowly reenters a life that bears some resemblance to the one he once knew.

One of the first indicators of this change in perspective is his decision to join a group that was “formada por gente con Sida, me parece bien” (120). For the first time, AIDS is a force that unites him with others, rather than separating him. His family enters the picture more, particularly as the holidays approach, and his friends receive more mention in the text, making him feel “tranquilo,” with less desire to go the porn theatres, after spending time with them. That is not to say that his anonymous encounters do not continue, because they do, at times with such frenzy that protection once again is eschewed; however, for the first time in the text, Pablo begins to intellectualize these encounters, searching for the meaning behind them. He concludes that:

[...] busco el sexo eventual, fugaz, porque en la duración es cuando el otro se da cuenta de mi tos. Siento que por mi enfermedad una relación que dure en el tiempo es cada vez más difícil. Es más, hace tiempo que no disfruto de una relación sexual en una cama porque cuando estoy acostado empiezo a toser, me siento ahogado” (137).

This emergent self-comprehension is indicative of the burgeoning, new identity that he is slowly forming. Part of that is reclaim-

ing a force that once held imminent importance for him: art. He participates in a poetry reading, and realizes that "...es en el arte donde mi alma encuentra un poco de respiro y bienestar" (136). For the first time in the text, he is uniting body, mind and spirit with this reference, something that was not the case earlier when the body overpowered and weakened the mind and wholly overshadowed the soul. In this return to art, Pablo once again is able to recognize the various parts of himself, and in the process, finds respite.

This new identity is best summarized by the final personal ad he places, on December 22, as the twilight of the year is approaching. In it, we see a reflection of a more complex, multi-dimensional being than the one portrayed in the diary. Most notably, AIDS becomes part of the self-identification, rather than being a hellish force preventing him from being the person he remembered:

30, 1, 73, 62, seropositivo, buen cuerpo, carácter fuerte, masc. Busco hombre protector, act, viril, de hasta 40, para compartir placeres simples, eróticos, etcétera. Bienvenidos artistas, intelectuales, deportistas. Mentes cerradas, no (139).

As opposed to the predominantly sexualized earlier ads, this ad addresses not only his physical/sexual needs, but his mental and spiritual desires as well. It seems as though Pablo has emerged from his solitary separation, ready to participate once again in life, albeit an altered one, preferably with a partner that can complement the multiple facets of his identity.

There is certainly no hint of what that new year will look like, but all indications are that with his renewed sense of community and connections with people and institutions in his life, combined with an increasingly stronger body, Pablo can, for the first time in a year, actually envision a future that contains more than the bleak existence he endured in the previous year. Although still "alone" in terms of romantic partners, the isolation and solitude that predominated have been replaced by a community providing varying types of support, whether through the traditional "support group" for AIDS patients, the friends who bring him out of his shell, the sexual partners who satisfy his desires, or the family members who



make small steps to reintegrate themselves into his life. Ending the diary is symbolic; instead of writing about and at times, with a body that often betrayed him, Pablo has slowly started to *live* with and through that body, effectively shattering the confinement of his previous 12 months' existence and forging an enhanced vision of himself and his place in the community in the process.

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## CHAPTER 10

# GETTING THE WORD OUT: PROMOTING CURES THROUGH SOCIAL MARKETING

*Ruth Massingill\**

For more than three decades, social marketing, “the application of the principles and tools of marketing to achieve socially desirable goals”, (Kotler and Zaltman 5) has been widely used to influence low-income and high-risk populations to make healthy behavior changes. Although these campaigns often created awareness among specific target audiences and even persuaded members of at-risk groups to adopt lifestyle changes, it became increasingly obvious that the burden of deep societal change could not rest exclusively on these downstream targets (Andreasen). As a result, social marketing has come to be seen as a tool for social change on all levels. When social marketing can build partnerships that include governments, non-government organizations [NGOs], international agencies, and private businesses —so-called upstream audiences— working in conjunction with downstream targets, then the entire social fabric of a community can be permanently altered (Andreasen).

Therefore, social marketing has been a key tactic in combating HIV/AIDS, both in developing and in industrialized countries, for the past 20 years. These campaigns typically define a purpose relating to a specific target audience, use a variety of media to disseminate the campaign message, and are based on a recognized behavioral change model (McDermott *et al.*, “What is”). Numerous international organizations now have a track record of designing and implementing social marketing campaigns in countries where infection rates are on the rise.

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As the human, social, and economic costs of the HIV/AIDS pandemic mount, policymakers worldwide are earmarking funds and forming alliances to combat the spread of the disease. Mexico, where the first AIDS case was diagnosed in 1983 (Zuniga *et al.*), faces serious threats to social sustainability as inflections steadily multiply. Recent reports show the disease is increasingly affecting the youngest and most productive populations as well as poor and marginalized groups. This trend bodes ill for the future and predicts additional diversion of resources from other health, welfare, and education priorities (“HIV Infection”). Mexico ranks 13<sup>th</sup> globally and third in the Americas in the total number of HIV cases reported; unfortunately, the increase in new cases has been continuous since the early 1980s. With an estimated average of 4,000 new cases annually in Mexico, AIDS has become the No. 3 cause of death for men in the 25 to 44 age group (Zuniga *et al.*). Higher rates of HIV infection are also being documented among injecting drug users and women (USAID Health Profile). However, official estimates of the adult prevalence rate are relatively low—ranging from less than 0.3 percent to 0.7 percent (UNAIDS, Marie Stopes, Shepard)—which many suspect is more optimistic than the actual numbers.

HIV/AIDS campaigns in Mexico commonly focus on prevention messages while also addressing cultural concerns, stigma, and demographics related to the disease, with the overall goal of preventing this “underground epidemic” from becoming generalized to the population at large (“HIV Infection”; USAID Health Report). This paper analyses recent social marketing campaigns to determine commonalities as well as unique characteristics and to evaluate this communication technique’s capability for also disseminating treatment-focused information about new HIV/AIDS health choices.

A population of six campaigns was selected for this comparative analysis. The HIV/AIDS initiatives that were included each contained the recognized elements of social marketing campaigns, as well as several additional criteria selected by the researchers. Previous literature review revealed widespread agreement that social marketing combines a mix of several essential components: Behavioral change, informed by research, is the purpose behind any social marketing intervention. Also required is consumer orientation, in which



Fig. I



Fig. II

Programas Hombres (Fig. II) and Mujeres (Fig. I) are designed to change how young men and women view gender roles and to urge them to consider the costs of traditional macho culture. Media include print, outdoor and video. The campaigns are sponsored by alliances of NGOs and government organizations.

the social marketer segments and profiles the target audience with the aim of building a long-term interactive relationship. Another common ingredient is facilitating a voluntary exchange from which both parties derive benefits. Finally, the successful social marketer thinks strategically, setting specific and measurable long-term objectives, using the marketing mix, and considering the appeal of competing behaviors (Andreasen; McDermott *et al.*, "What is").

Beyond meeting this definition for social marketing, criteria for campaign selection included currency —active as recently as 2004— implementation by a recognized international organization, and sponsorship by at least one major pharmaceutical company. The points of analysis were easily comparable aspects: purpose, target audience segmentation, where the campaign was disseminated, media mix used, messages presented, and types of appeals employed. The most common social marketing appeals to motivate health-related behavior change were determined through extensive literature review and informal interviews with social marketing researchers at the Institute for Social Marketing at Stirling University in Scotland.

The six campaigns analyzed share a number of common concerns and objectives although each has a unique theme and a distinctive focus and approach. All use a customized media mix to disseminate their messages to the audience(s) selected for the campaign. But, core commonalities are evident throughout the population of campaigns. First and foremost, collaboration is essential and each campaign involves multiple organizations and community groups designed to build participation in and acceptance for individual and policy change.

Secondly, the campaigns all incorporate prevention strategies with condom use being a frequent tactic. In recognition of Mexico's cultural obstacles, the campaigns each address aspects of stigma and traditional cultural norms. Modern-day mobility and lifestyle patterns are also considerations in crafting social marketing campaigns for at-risk populations, especially in border areas. Persuasive messages for the campaigns are informed by the tenets of one or more established behavioral models.

From a worldview, each country's HIV/AIDS problem has far-reaching implications. The international economic factor is a global consideration spanning cultures and continents and underlying all HIV/AIDS public policies since an estimated 38.6 million people now live with the disease with no abatement in sight (UNAIDS). Recognizing that expanding HIV/AIDS populations will devastate the global economy, governments in both developing and industrialized countries, in conjunction with pharmaceutical companies

such as Pfizer, have launched a variety of organized offensives, which include political commitment, law enforcement, government policy, social marketing, and community mobilization (Pfizer).

This global cooperation encourages alliances such as those forged to support the campaigns in this study. From a practical standpoint, these partnerships are essential because social marketers “do not have the infrastructure and the marketplace environment commercial marketers take for granted” (Niblet 3). Rather than “divide and conquer”, in social marketing the strategy is to build a network of groups and individuals with common goals and varied resources. The “Investing in People” campaign is a good example of such alliances. This five-year initiative, which began in 2003, is a localized version of a series of similar campaigns currently underway in several countries. Centered in Mexico City, where the largest number of HIV/AIDS cases are found (USAID: “Data Sheet: Mexico”), “Investing in People” is the joint effort of a half-dozen international, national, and local organizations. A key technique is personal communication through workshops and conference presentations conducted by trained female advocates and local HIV/AIDS leaders.

Most HIV/AIDS social marketing campaigns have a stronger focus on prevention messages than treatment information, and the campaigns analyzed for this study are no exception. In keeping with its inclusive approach, social marketing assistance usually involves procuring and distributing pharmaceuticals, over-the-counter drugs, and condoms. It also supports capacity building and financial sustainability programs for non-government organizations [NGOs] or for-profit companies (USAID “HIV/AIDS”).

For example, PSI [Population Services International], the first organization to use social marketing to combat the AIDS epidemic, and the principal contractor for USAID’s 2005 behavioral change campaign in Mexico, emphasizes prevention messages and brand-specific advertising, especially of condoms. Under this “manufacturer’s model”, partnerships are negotiated with commercial manufacturers, suppliers, and distributors of health products, and products are made available at lower than market costs. Brand-name condoms and related products are always sold rather than given away, albeit

at reduced prices, because PSI's policy is "when products are given away... the recipient often does not value them or even use them" (Population Services International). In fact, promoting the use of condoms is such an integral part of HIV/AIDS social marketing that the practice has its own acronym: Condom social marketing [CSM] ("Condom Social Marketing"). PSI uses both traditional [pharmacies, health clinics] and non-traditional [bars, hotels, brothels, salons] sales outlets, making condoms as accessible and socially acceptable as possible.

From 1970 through May of 2006, PSI's cumulative condom sales in almost 60 developing countries exceeded 7.3 billion ("Products and Services"). Mexico is a highly competitive market for products such as condoms, according to the Washington-based charitable organization DKT International. After realizing sales in Mexico of 19 million condoms in 2004, DKT noted "dynamic social marketing" was essential to its success (DKT). The VIVE condom brand, popular in several Latin American countries, is the centerpiece of recent "Vida" educational campaigns directed to prisoners as well as other high-risk groups in southern and central Mexico.

Over and above condom sales, the Mexican pharmaceutical market is one of the most lucrative in the world and the most profitable in Latin America. A recent survey reported that Mexican society has become the largest consumer of pharmaceuticals in Latin America and the ninth largest worldwide. A growing population and the increasing occurrence of major diseases such as HIV/AIDS provides a large pool of potential customers. Pharmaceutical sales jumped from US\$6.83 billion in 2002 (Gonzalez) to an estimated US\$11.3 billion in 2005 (Espicom). Given these numbers, it seems safe to say that major pharmaceutical companies will continue to vie for partnership status in social marketing initiatives.

HIV has been called an "underground epidemic" because of the stigma and discrimination associated with the disease, which often discourage people from getting tested or accessing care, according to a 2003 report from the 2<sup>nd</sup> Forum on HIV/AIDS/STD in Latin America and the Caribbean. The Forum study warned that categorizing the epidemic as "self-contained" was a mistake, and pointed out a lesser known fact of "stigma and discrimination is that it pre-



vents allocating resources in the most needed areas and populations" ("HIV Infection").

USAID, whose infectious disease objectives in Mexico are designed "to contain and reduce HIV/AIDS in vulnerable populations", focuses on reducing barriers to behavior change and thereby preventing the HIV/AIDS epidemic in Mexico from becoming generalized to the population at large. To that end, USAID targets four areas of stigma and discrimination: 1) internal stigma, 2) stigma and discrimination among health service providers, 3) policy and the legal environment, and 4) the mass media (USAID Health Profile).

Reducing stigma and discrimination experienced by sex workers, gay men, men who have sex with men, drug users, and people living with AIDS is the central purpose of the three-year Vida Digna [Life with Dignity] campaign, launched in 2005 by the Colectivo Sol alliance and funded by GlaxoSmithKline. The campaign is centered in the central states of Mexico, a conservative area characterized as having "the weakest civil society response to AIDS" ("Alliance"). Vida Digna uses anonymous testimonials to urge tolerance and acceptance of people's differences. The International HIV/AIDS Alliance's research indicates people living with AIDS, especially women, are fearful of rejection by their families and dismissal from their jobs if their HIV status is revealed ("Challenging Stigma").

According to Mexico's National Center for the Prevention and Control of HIV/AIDS [Censida], changing how Mexicans view gender roles and erasing widespread prejudice against gays will be necessary to effectively combat the disease. Speaking at a conference in February of 2006, Censida's director, Jorge Saavedra, said *machismo* and homophobia are fueling the country's HIV/AIDS epidemic. Saavedra was quoted in *Dominican Today* as saying *machismo* undermines prevention messages and "puts women, as well as men, at risk," and that "fighting homophobia is one of the best ways to fight HIV" (qtd. in "Machismo").

Links between traditional gender attitudes and the spread of AIDS prompted a partnership of NGOs to develop Programa Homobres [often called Program H]. This five-year initiative has been used

in more than 20 countries, including Mexico, to persuade young Latino men to question traditional norms related to manhood. An extensive media mix included educational videos available in three languages—Spanish, English, and Portuguese—interactive workshops, and collateral materials, as well as radio, outdoor media, and direct mail. The campaign slogan, “In the Heat of the Moment”, urged use of the Hora H condom brand, manufactured by the makers of Durex condoms and distributed in non-traditional venues such as funk balls and cafes (“Lifestyle Campaign”).

Programa Hombres was developed in response to research showing that young men in the targeted countries generally decided and controlled how and when young women have sex. Some of the traditional gender norms the campaign was designed to change are:

- Men should initiate sexual activity early in life,
- Men should have multiple sexual partners,
- Men should maintain control over their female partners, and
- Unsafe sex is more enjoyable than safer sex.

Addressing these gender norms, especially among young people, is increasingly recognized as a vital strategy to prevent the spread of HIV infection (“Promoting”).

Building on their success in educating young men about the costs of traditional macho culture, in 2005 the Program H partners and World Education launched Programa Mujeres [Project M] to encourage young women to take control of their sexual and reproductive health. This social marketing campaign was based on research that included a review of Latin American literature to define the concept of female empowerment, focus group discussions with groups of young women aged 14-24 who lived in marginalized communities outside Queretaro, Mexico, and interviews with empowered young women (Levack).

Studies of highly mobile groups such as truck drivers, seasonal employees, and sex workers have identified travel or migration as a factor related to increased HIV/AIDS prevalence. Higher rates of infection are also frequently found along transport routes and in border regions. In addition, migration and mobility also increase

vulnerability to HIV/AIDS for the partners at home (*Population Mobility* 4). According to a UNAIDS 2001 report on global population mobility and AIDS, "There is an urgent need to develop and implement more effective responses to . . . empower migrants and mobile people to protect themselves against infection, reduce onward transmission of HIV, and provide care and support".

Not surprisingly then, HIV/AIDS is a significant problem along the 2,000-mile border between the United States and Mexico, where mobility, poverty, and lack of access to health care complicate prevention and care. The SPNS [Special Projects of National Significance] BorderHealthInitiative is administered by the U.S. Department of Health and Human Services to raise awareness about HIV and to make testing and care more accessible. In many of the rural border communities people are reluctant and embarrassed to openly discuss HIV/AIDS. Relying heavily on social marketing, SPNS utilizes Spanish language media to blanket the transient communities with "bold" HIV messages designed to "reverse the cultural norm that topics related to sexuality, including HIV, are not discussed in public" and to educate Latinos about the risk of the disease. SPNS border outreach initiatives are designed to be culturally sensitive to the Latino culture, which values trust and relationship building.

Early generations of HIV social marketing campaigns frequently built their messages around the health belief model, which is based on barriers and benefits and often uses fear or anxiety-arousing messages. After examining the long-term results of those campaigns, however, the use of fear appeals draws mixed responses, both from observers and from the targeted audiences. Hastings and colleagues noted fear appeals have been "embraced with enthusiasm by social marketers" (962), but cautions fear appeals, in addition to encouraging "health fatalism", may actually have negative long-term effects on the brand. A more effective appeal, especially for young people, according to Backer, Rogers and Sopory, is the positive/rational emotional approach, which uses fear to grab attention, then relates the fear to a positive outcome (Backer *et al.*). The use of external incentives, central to most social marketing approaches, also has potential pitfalls because they can be interpreted as coercion or bribery and not deliver the long-term behav-

ioral change desired (Dholakia and Dholakia 498). The personal benefits inherent in self-interest appeals, however, are frequently used to advantage. Based on the well-established Maslow's hierarchy of needs, self-interest appeals target common human needs ranging from physiological to safety, social, ego, and self-fulfillment (Wilcox).

Consequently, the current generation of social marketing campaigns is usually grounded in theoretical models other than fear or short-term benefits. In a report prepared for the UK's National Social Marketing Strategy for Health, McDermott and colleagues ("A Systematic Review") found nutrition social marketing interventions were based on a number of behavior change models. The most common was social cognitive theory, which emphasizes observational learning and self-efficacy and is frequently used in campaigns where individuals have choices of how to respond to their environments (Lefebvre). A somewhat similar appeal is the behavioral decision making model, which uses risk comparisons and probability (Maibacch and Parrott).

Another popular model, according to McDermott's report, was the transtheoretical model, popularly known as "stages of change", which assumes few people are ready to take action and must be moved through early stages of indecision. Lefebvre pointed out one of the few population-based models available to social marketers is diffusion of innovation, which segments any target into different types of adopters (innovator, early adopter, early majority, late majority, and laggard) and suggests the marketer begin with one or two segments (507-515).

On a broader policy level, upstream appeals often reference the goal of sustainable development, which takes a long-term, generational view and focuses on people's power to make decisions about the future of their society (Dubois).

The population of campaigns selected for this analysis invokes aspects from most of the theories mentioned here. Typically, each social marketing initiative examined in this study combines aspects from several approaches to ensure acceptance and to motivate lasting social change.

As demonstrated by these six Mexico-based campaigns, the content of social marketing messages about HIV/AIDS, the role of stig-

ma and culture, and the economic realities of the global medical market created by the epidemic form a complex and politically charged environment that influences public dissemination of information.

As HIV/AIDS social marketing establishes a track record in Mexico, organizations using such initiatives can begin to analyze long-term results. For example, PANCEA, a three-year NIH-funded research project in Mexico and four other countries, is studying the effectiveness of the eight prevention modalities commonly used to respond to the HIV epidemic (PANCEA).

Nevertheless, it already seems clear that the power of social marketing is a strong tool for motivating change and informing target audiences about new health choices. Over a period of less than two decades, alliances of HIV/AIDS social marketers have been able to operate successfully in the maelstrom of cultural, political, economic, and social concerns while bringing about voluntary behavioral changes among both downstream and upstream audiences. As a logical next step, where successful treatments exist, social marketing should now be used to inform governmental policymakers and the public of their existence. This appears especially true with innovative and promising alternatives such as the new nanotechnological treatments now in the process of being made available.

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CHAPTER 11

LITERARY DIMENSIONS OF AIDS:  
FRENCH AND GERMAN AUTOBIOGRAPHICAL  
AIDS LITERATURE AS RESISTANCE  
LITERATURE

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AIDS, when it initially emerged in the 1980s, was considered a shameful disease which was believed to affect only a small section of society, the so-called “high risk groups”: prostitutes, homosexual men and intravenous drug abusers. Since the disease was necessarily viewed as a direct result of a contravention of issues of morality and responsibility, it was banished beyond the realms of popular discourse as a taboo. Later on, as it began to affect more and more people, who did not necessarily belong to these marginalised high risk groups and could therefore not be held directly responsible for their infection, but also to the mainstream population, and even some well known public figures, some people decided to go public with their disease. In other words: to “come out” with it.

Parallel to the development of the epidemic, an artistic, or more specifically a literary response to it also began to take shape. In essence this implied that artists and writers directly affected by AIDS (AIDS patients) or indirectly affected by it (people witnessing the disease or death of other AIDS patients) started translating their experience of the disease into artistic expression in the form of literature, theatre, cinema or music. In the literary domain writers came up with novels, poems, short stories and autobiographical works, in which AIDS, or more specifically the experience of AIDS figured as the central theme.

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The literary response to AIDS in France erupted in two waves. Just after the discovery of AIDS as a new, fatal disease the AIDS novel emerged as the first step in the French response. Between 1987 and 1989 three well-known French writers Dominique Fernandez (*La gloire du paria*), Guy Hocquenghem (*Eve*), Yves Navarre (*Hôtel styx*) simultaneously came up with a novel each, taking it upon themselves to use their fame and credibility to bring into the realm of fiction a disease that was not yet well known at that time and extremely controversial, thereby bringing back into the core of French society a debate on values, taboos and sexuality. AIDS provided these novelists an opportunity to again bring back into fiction the well-known dichotomy of Eros and Thanatos.

After the liberated seventies, during which all kinds of sexuality were treated as the focus of French fictional writing and after the writers had started getting society to accept a very free discourse on sexuality, a section of society which had gained acceptance in the French society during the seventies, was once again threatened with the renewed antagonism of society. Sexual liberation was now termed as irresponsible or dangerous behaviour (“comportement à risque”) and the gay community was targeted as a potential source for the spread of the AIDS epidemic. There were two writers in this first generation who started writing under the shadow of AIDS: Gilles Barbedette’s, *Les volumes éphémères* was published in 1987, and Cyril Collard’s, *Les nuits fauves* in 1989. These two writers were AIDS patients themselves and were presenting a semi-fictional account of their own experience of AIDS in their texts. After taking shelter in the fictional space, AIDS literature was gradually moving towards the autobiographical or semi-autobiographical space.

The second wave of French AIDS writing from 1990 to 1993 was dominated by autobiographical writing, which took centre stage and novels had a lesser impact in this phase than these first person accounts. Three writers rose to immense fame with their AIDS narratives in this phase: Pascal de Duve with his *Cargo vie* (1993), Gilles Barbedette with *Mémoires d’un jeune homme devenu vieux* (1993) and Hervé Guibert, who published his much talked-about autobiographical trilogy including *A l’ami qui ne m’a pas sauvé la vie* in 1990, *Le protocole compassionnel* in 1991 and *L’homme aux cha-*

*peau rouge* in 1992. Undoubtedly Guibert dominated the second wave and his writing by dint of his genuineness, honesty and intensity overshadowed the not so successful AIDS novels of the first wave. Guibert set a new tone with his cynical memoirs, which were devoid of sentimentality.

One point is immediately noticeable in the corpus of texts which constitute the German literary response to AIDS: following the French trend, where the literary response to AIDS was predominantly autobiographical, autobiographies also account for a considerable part of German AIDS literature. The first literary texts in German dealing with AIDS as the central topic were autobiographies. In 1987 Josef Gabriel published *Verblühender Mohn. AIDS-die letzten Monate einer Beziehung*, an autobiographical work in the form of a journal. This was followed in 1988 by the publication of *Der Regenbogen. Tagebuch eines Aidskranken*, by Helmut Zander. The former was an account of the illness of an HIV-positive friend of the narrator, whereas the latter has the distinction of being the first AIDS account of the narrator's own illness in the realm of German literature. Both these texts were truthful accounts of the writer's experience of and with this illness, in other words of his AIDS experience and may be considered to be the first generation of German AIDS writing.

The second generation of writers like Mario Wirz, Napoleon Seyfarth and Detlev Meyer appeared in the beginning of the nineties and freely mixed elements of autobiography and fiction in their works, clearly inspired by the French experiment of autofiction, which enjoyed immense success in the case of a writer like Hervé Guibert, who mixed reality and fiction in his works. An important and obvious characteristic of this literature is that all these works are first person narratives. In most cases the author, narrator and main character merge into one figure. This unity of the three figures is a particularity of the autobiography.

Usually a study of a corpus of texts starts by classifying them into various genres. This corpus of autobiographical AIDS texts however can be viewed as a literary genre in itself. Various factors support this assumption. Firstly, all these texts try to convey the same unique experience, the experience of AIDS, which is unlike

any other experience of a disease, since the complex sociological factors associated with AIDS, the incomplete knowledge about it and the absence of a cure for it distinguish it from all other known diseases. The uniqueness of this experience naturally makes the literary response to it equally unique. Secondly, all these texts share the same narrative and thematic features. In other words they are accounts of similar events. The AIDS experience can be dissected into two phases: the pre-HIV positive life and, following the discovery of one's HIV positive status, the post-HIV positive reaction. The AIDS experience unfolds in these two phases in all the AIDS texts. Although the fashion in which events are narrated is different from author to author, the outlook remains similar.

As such what these texts describe is an experience in two acts. The first act consists of an "apprenticeship of life" which follows the tradition of the German Bildungsroman and very often takes the form of a quest through a journey, another German literary tradition. This apprenticeship of life is realised in the texts through an "apprenticeship of signs", during which the narrator learns how to decipher two circles of signs. The first is the circle of signs leading to the discovery of his identity, sexual or professional. The second consists of the premonitory signs of his illness, the symptoms of his disease. The second act, the post-AIDS experience, starts once the narrator has done the AIDS test. This is the experience of resistance, not only against the fatal illness, but also against the negative outlook of society, the negative reactions of parents, neighbours, friends and colleagues. The AIDS writer is also confronted by the medical establishment, which is an extension of society, insofar as it stereotypes the individual, reduces him to a mere patient and turns him into a pathological object. This estrangement of the individual through the inhuman medical system has also been enunciated in earlier German literary works like Thomas Mann's *Zauberberg*. Therefore the AIDS writer must direct his resistance also against this systematic violence, against the Kafkaesque absurdity of the medical establishment in order to re-appropriate his dignity, to regain his integrity in his own eyes. As a part of this struggle for dignity the process of writing is central as it enables the patient to turn himself into a writer and in this way to appropriate his own life, as he is on the threshold of death.

This paper will attempt to examine the different strategies employed by some German writers and a French writer, namely Guibert, in order to represent their struggle against their disease. This is not only the struggle of an individual against his disease but also the struggle of creative energy challenged by the Unrepresentable and the Unsaid. Writing becomes in itself the symbol as well as the tool of resistance of a diseased body to Death and the stigmas of being affected by a deadly disease dreaded by society. This paper will not focus on a comparison of these strategies. Rather an attempt will be made to present them, while retaining their oneness and their singularity. This paper will first study them in the context of German literature and then focus on one French author representative of his generation, Hervé Guibert.

The attempt to turn AIDS writing into resistance writing is clearly visible in the German autobiographical AIDS literature. The active subject writing his own story does not submit to being reduced to the status of a passive, suffering object. Instead he tears himself out of his own story.

Coolly distant, the AIDS author observes his own physical and emotional decay, only occasionally giving in to self-pity. Not only does he observe his constantly deteriorating condition, but he also documents the day to day changes which he experiences physically and psychologically. By writing about the symptoms of his disease, inflicted by his virus, he tries to gain the upper hand in his battle against the progression of the virus. By writing about his virus and simultaneously about his own body he elevates himself to the status of an actively resisting opponent. He declares war not only against the virus but also against the negative reactions of his environment in order not to be at the mercy of AIDS as a helpless, pathetic patient. By denying society and the medical establishment the right to stereotype him as a patient, to equate with him the virus, he comes into his own as an active subject. Instead of being dominated by his disease, he becomes the master of his life and death. This he achieves by reinventing his identity, by writing the story of his life.

## INVENTING A NEW "I"

The AIDS authors feel a compulsion to create a new "I", as the prospect of AIDS death deprives them of their normal ability to say "I". The new, post-AIDS test Self of the author, though vastly different from his past Self, cannot be expressed in the third person, given the intimate nature of the AIDS experience. Therefore the author creates a new identity, a sort of alter ego which can survive in the autobiographical space, to refer to his present Self, which is constantly evolving along with the progression of the virus. In their search for this new identity the AIDS authors avoid all identification with the image of an ill, weak person ascribed to every AIDS person by society and which every AIDS patient is expected to conform to. Simultaneously however the suffering which AIDS inflicts on a person and the degradation, which is a natural corollary of this suffering, are undeniable realities too. The AIDS writers solve this contradiction by splitting the narrator's "I" into two parts: the private Self and the militant Self, which differ greatly from each other, though they are bound together by a common fate. Hans Seyfarth invents a new public identity for himself, that of the author and activist Napoleon Seyfarth. Volker Wirz changes his name to Mario and writes under this new name. The difference lies in the manner in which the two identities come to terms with this fate. While the private Self is defeated by this fate and gradually dies, the militant Self feels liberated and fights back. The narrator Wirz in "*Biographie eines lebendigen Tages*" splits up his identity into "external world Self" and "room Self", which correspond to his public and private lives.

Täglicher Wahn und Schizophrenie. Der dichtende Virusträger in der Öffentlichkeit und der Virusträger in seinem Zimmer.<sup>1</sup>

[The daily madness and schizophrenia. The HIV positive writer in public and the HIV positive in his room.]<sup>2</sup>

<sup>1</sup> Wirz, Mario: *Biographie eines lebendigen Tages*. Berlin: Aufbau-Verlag, 1994, 64. Henceforth I will refer to the book as *Biographie*. Additionally all paginations will be indicated within rounded brackets at the end of the quotes.

<sup>2</sup> All translations from German in this paper, including this one are my own.

The author's new "I", which comes to life as he sets off on a journey with neither a planned itinerary nor a specific destination, expresses his freedom in the following words:

Alles ist offen, alles ist möglich. Den, der sich seit sieben Jahren in seinem Unglück eingerichtet hat, werde ich hinter mir lassen. Ich werde noch einmal alles wagen. Ich bin frei. Ich kann Bankräuber in Amsterdam werden oder Straßensänger in Barcelona. Dichtender Clochard in Marseille oder Herumtreiber in Rom. Bettler in Indien oder Mönch in China. Ich kann auf einem Schiff anheuern oder Statist beim Film werden (Biographie, 9).

[Everything is open, everything is possible. He, who had settled down in his misfortune since the last seven years, I will leave behind. I will dare to do every thing again. I am free. I can be a bank robber in Amsterdam or street singer in Barcelona. Poet-beggar in Marseille or tramp in Rome. Beggar in India or monk in China. I can sign on to a ship or become an extra in movies.]

The private Self experiences a transformation after a test which announces his HIV positive status to him. This pathological test represents the moment in which AIDS breaks out in his life, although it does not coincide with the actual moment of infection. With the discovery of the presence of this deadly virus in his body the author also becomes aware of his position as an outsider, as somebody who does not belong. There is a certain element of narcissism and megalomania in this conviction of being special. Seyfarth enters a bar after getting his HIV positive test result and immediately feels alienated from the other people. It is a bar he has frequented in the past but everything changes with his new knowledge about himself.

Ich betrachtete die Welt um mich herum. Die Ledermänner tranken ihr Bier und glotzten Pornos.<<Ich bin positiv>>, wollte ich ihnen sagen. Und ich werde euch vorleben, wie man mit diesem Todesurteil umgehen kann. Ich werde euch zeigen, dass man mit hoherhobenem Haupt das Schafott betreten kann.[...] Aber sie hätten nicht nachvollziehen können, was in mir vorging. Sie hätten mir auf die

Schulter geklopft. Hätten mir ein Bier ausgegeben und gesagt, es würde schon werden. Ich fühlte mich ihnen haushoch überlegen. Und diese Überlegenheit erzeugte in mir eine große Gelassenheit.<sup>3</sup>

[I observed the world around me. The leather men drank their beer and gaped at porn. I wanted to proclaim "I am positive". And I will show you how one can deal with this death sentence. I'll show you that it is possible to approach the scaffold with one's head held high. [...] But they would not have been able to comprehend what was going on in me. They would have patted me on the shoulder, offered me a beer and said, everything would be all right. I felt immensely superior to them. And this sense of superiority made me feel calm and composed.

Wirz also writes about feeling like an outsider, like someone special.

Das Virus ist ein Stern, der auch die Tage erleuchtet, mir die Augen öffnet inmitten der Blinden. Mich immun macht gegen Banalität und Feigheit. In meinem Kopfkino bin ich ein Held, gefeit gegen die schreckliche Vernunft der Sparsamen, ich kann lieben und leben ohne Netz. Brauche keine Sicherheiten und keine Garantien. [...] In meinem Kopfkino bin ich einer, der aufwacht, bereit, in der Umarmung des Todes das Leben zu lernen. Aus meinem Schoss springt ein wildes Kind, dass nichts und niemand zähmen wird. In seinem Feuer brennen die Dompteure und ihr Alphabet der Angst. Alles verbrennt in seinen Flammen, von A wie Anpassung bis Z wie Zensur. Aus der Asche steige ich, aufbrausend und zornig, ein Aidsinfizierter, ein Außenseiter, ein <<schräger Vogel>>, aber einer, der sich mit jeder Feder stolz schreibt (Biographie, 44-45).

[The virus is a star that illuminates even my days, that opens my eyes among the blind. It makes me immune against banality and cowardice. In the private theatre inside my head I am a hero, immune against the terrible rationality of the thrifty. I can love and live without a security net. I need no securities, no guarantees. [...]

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<sup>3</sup> Seyfarth, Napoleon: Schweine müssen nackt sein. Ein Leben mit dem Tod. München: Deutscher Taschenbuch Verlag, 2000, 195. Henceforth I will refer to this book as *Schweine*.



In my personal theatre I am someone who wakes up, ready to learn life in Death's embrace. A wild child jumps out of my lap. Nothing and nobody can tame him. The animal trainers and their alphabet of fear burn up in his fire. Everything is annihilated in his flames, from conformity to censure. I emerge from the ashes, quick-tempered and furious, AIDS-infected, an outsider, a queer customer, but nonetheless someone who proudly writes himself.]

It is at this point that the collapse of the private Self begins. The militant Self on the other hand awakens for the first time. Wirz appears torn between his two identities and occasionally seems not to know any more, which of his selves is dominant at the given moment.

Wer liegt in diesem Bett? Wer atmet, wer schwitzt? Die Bilder fallen wie von weit, fallen außerhalb der Zeit. Wer spricht, wer erinnert sich? Alles geht über den Liegenden hinweg, geht ihn nichts an. Die Erinnerungen lösen sich vom Körper des Liegenden [...] Der schlägt auf die Schreibmaschine ein. Der raucht. Der dichtet sich ein Ich. Der erschreibt sich Identität. Der träumt von Unsterblichkeit. Der schreibt gegen seinen Tod. Der erfindet sein Leben (Biographie, 69-70).

[Who is lying on this bed? Who breathes, who sweats? The images appear as if from afar, fall from beyond time. Who speaks, who remembers? Everything simply passes over the man on the bed. Nothing concerns him. Memories free themselves from his body [...] He hits away at the typewriter. He smokes. He writes himself an "I". He makes up an identity for himself. He dreams of immortality. He writes against his death. He invents his life.]

He becomes aware of his own exceptional position in the scheme of things and he goes through a process of growth and development, which is also triggered off by the HIV test. While the private Self is dying of AIDS, the militant Self is brought to life and nurtured by it. As AIDS intrudes more and more into the narrator's life, the private Self becomes weaker and weaker, while the militant Self conversely goes from strength to strength. This inverse ratio manifests itself in the relationship between the hostility of

the environment towards the AIDS author and his two identities. The more society reacts with rejection and horror, the lower the self esteem of the private Self sinks. The militant Self sees in this rejection further proof of his exceptional position and his pride in his own exclusivity increases with each act of hostility. Furthermore the private Self goes through a gamut of traumatic experiences. The betrayal by a trusted friend or lover is a recurrent theme in German autobiographical AIDS literature. Wirz is betrayed by his lover Arthur, with whom he had a steady relationship for eight years and who eventually left him for a rich, successful guy in *Biographie eines lebendigen Tages*.

Die Sterblichkeit des Lebendigen hat Arthur bedroht, vor der Lebendigkeit des Sterblichen ist er geflohen, als Toter werde ich seiner bedingungslosen Liebe sicher sein. Aber ich sterbe nicht (Biographie, 50).

[The mortality of the living had threatened Arthur. Confronted with the liveliness of the mortal, he fled. Dead, I could be assured of his unconditional love. But I don't die.]

In *Es ist spät, ich kann nicht atmen* he is betrayed by his partner Jan, who leaves him for a younger man. Apart from these betrayals by lovers, there is also the unfulfilled promise of another friend Helga.

Wir betrügen uns gegenseitig, liebevoll und hilflos, in einer Tragikomödie, in der jeder auf sein Stichwort wartet. <<Überall auf der Welt forschen sie nach einem Mittel. Du wirst zu denen gehören, die nicht an AIDS sterben>>, sagt Helga mit einer Stimme, die nicht zu ihren Augen passt (Biographie, 10).

[We deceived each other, lovingly and helplessly, in a tragic-comedy, in which each actor awaits his cue. "All over the world they are searching for a cure. You are going to be among those who won't die of AIDS", Helga said in a voice, which her eyes belied.]

Josef Gabriel goes to Mexico with his dying partner Manuel in *Verblühender Mohn. AIDS- die letzten Monate einer Beziehung*,

because Manuel's mother promises to cure him with her healing ceremonies when the mainstream medical establishment is unable to bring about any improvement in his condition. This promise too remains unfulfilled and Manuel dies despite the ceremonies and alternative therapies of his mother. The doctor in Mexico also assures them that Manuel's cancer has nothing to do with AIDS, that in fact he does not have AIDS. If at all he does have AIDS, then it is only in the preliminary stage. This belief of the doctor raises new hopes in Manuel and his partner, the narrator Josef Gabriel. However the betrayal is exposed when Manuel dies. Similarly a doctor lies to the narrator about his real condition in Bernd Aretz's *Notate*, when the narrator is in the hospital with Hepatitis. Not only does the doctor lie to him and conceal from him how critical his condition is, but he also breaks the oath of confidentiality and reveals the truth to Aretz's friend, while keeping him in the dark. This double betrayal marks the beginning of Aretz's relationship with the medical system.<sup>4</sup> He is also critical of the insincerity of doctors who pretend to have answers and solutions and give the patient a false sense of hope.<sup>5</sup>

A second theme is the experience of being marginalised by society, being treated like an outcaste. In Helmut Zander's *Regenbogen* this marginalisation is exercised by the parents of Zander's dying friend Rainer, who refuse to have anything to do with him and with AIDS, leaving him to die alone.<sup>6</sup> Wirz talks about being marginalised in *Biographie eines lebendigen Tages*.

Ich verteidige jeden Anflug von Hoffnung, wappne mich gegen den Absturz in die Gesichter der Leute, die meinem Blick ausweichen, als wäre schon mein Gruß ansteckend" (*Biographie*, 18).

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<sup>4</sup> See Aretz, Bernd: *Notate. Aus dem Leben eines HIV-infizierten schwulen Mannes*. Berlin: Verlag rosa Winkel, 1997, 100. Henceforth this book will be referred to as *Notate*.

<sup>5</sup> See *Notate*, 47.

<sup>6</sup> See Zander, Helmut: *Der Regenbogen. Tagebuch eines Aidskranken*. Muenchen: Knaur, 1988, 101; henceforth referred to as *Regenbogen*.

[I defend every trace of hope, brace myself against crashing when confronted with people who avoid looking me in the eye, as if even my greetings were infectious.]

In another instance of marginalisation Wirz writes about the unspoken hostility he encounters in people.

Ich weiche den lauernden Augen meiner Strasse nicht länger aus. Unverschlüsselte Botschaften des Argwohns. Nonverbale Kriegserklärungen. Aufrecht gehe ich durch das Minenfeld der Blicke. Ich frage mich nicht mehr, was die anderen in mir sehen (Biographie, 73).

[I don't evade the watchful eyes in my street any more. The clear, non-encoded messages of suspicion. Nonverbal declarations of war. Upright I walk through the minefield of eyes. I don't ask myself any more what the others see in me.]

When the narrator Josef Gabriel tells his parents about the fact that he is gay, has an HIV positive partner, and is possibly HIV positive himself, they react in a very negative way. Instead of the support he expected from them, he finds them blaming him for bringing shame on the family.<sup>7</sup>

Apart from these traumas the AIDS author also suffers at the hands of friends and family, who stereotype him as an AIDS patient and refuse to regard him as an individual. The author Wirz is stereotyped by his readers also.

Leben Sie jetzt intensiver?, fragen mich die Menschen bei meinen Lesungen immer wieder, und der professionelle Todeskandidat füttert die sterblichen Amateure mit Sätzen, die ihm sein Wunschbild von sich selbst diktiert (Biographie, 16).

["Do you live more intensively now?", people ask me again and again at my readings and the professional doomed man feeds the mortal amateurs sentences, which his ideal image of himself dictates to him.]

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<sup>7</sup> Gabriel, Josef: Verblühender Mohn. *AIDS- die letzten Monate einer Beziehung*. Frankfurt am Main: Fischer Taschenbuch Verlag, 1987, 26-27; henceforth referred to as "VM".

Bernd Aretz encounters hostility when he deviates from the image that the world has of an AIDS patient.

Es wird sehr verübelt, wenn ich nicht den schon vorhandenen Bildern, wie meine Realität auszusehen habe, entspreche. Nun hat man endlich ein Feindbild gefunden, eine Krankheit, an der man die ganzen Lebensängste und globalen Bedrohungen ausleben kann, und ich Schmutzkind erkläre einfach, dass ich dafür nicht zur Verfügung stehe (Notate, 69).

[It is really taken very badly if I don't conform to the already existing image of my reality. Finally an enemy has been discovered, a disease which can personify all the existential angst and global threats, and I, just a brat, declare that I am not available for this purpose.]

These traumas inflict further irreparable damage upon the already fragile self respect of the author's private Self and he withdraws further away from society and societal intercourse, since he is unable to face this loss of identity and dignity. Mario Wirz for example illustrates this withdrawal of the private "I".

Der Schmarotzer, der sich vom Leben der anderen nährt, wird jäh vertrieben von dem, der alle Fenster und Türen schließt. Das Telefon ausstöpselt und sich zurückzieht. Jeden Besucher barsch abweist und sich ins Bett legt (Biographie, 21-22).

[The parasite living off the lives of others, is abruptly driven away by the one, who closes all doors and windows, unplugs the phone and withdraws, brusquely turning back each visitor and laying down on his bed.]

At the same time the militant Self actively seeks to break the monotony of his secluded life as an AIDS patient.

Wehre mich gegen den kleinen Kosmos meines Virusträger-Ichs und schaffe mir ein bisschen Welt, die über den Rand meiner Kaffeetasse hinausgeht (Biographie, 21).

[I defend myself against the little cosmos of my HIV-carrier "I" and create a bit of world for myself, a world which extends beyond the rim of my coffee cup.]

This militant Self finds its own place within a larger community of AIDS affected people fighting for their rights. He finds the roots of his new identity and his new vocation in the course of this battle. The sense of belonging in this parallel community of outcasts leads him to actively seek their company and he socialises more and more with them. Napoleon Seyfarth, Bernd Aretz, Helmut Zander and Markus Commerçon were all activists. Even Wirz is an activist in his own way, as an AIDS author, although he does not directly write about being associated with any organisation.

The most important difference between the private Self and the militant Self of the author however consists in the different ways in which they process the knowledge of their HIV positive status. The private Self is tempted by denial and silence, while the militant Self prefers to come out in public with his disease. The former tries to hide the signs of his decline from the world around him. He does not want anyone to know about the diarrhoea, the immense fatigue which catches him unaware even in the middle of the day, the Kaposi sarcoma on his skin and the swollen lymph glands. The narrator Markus Commerçon and his partner Wolfgang in *AIDS: Mein Weg ins Leben* are extremely careful not to leave any reading material on AIDS or any medication lying around the house because they don't want any visitor to find out that they are HIV positive themselves. On each visit to the doctor the private Self is in the grips of paranoia. He panics at the thought of meeting an acquaintance there, who would guess his secret from a chance encounter in the AIDS station of a clinic. Commerçon goes to another town to buy his friend's medication in order to preserve the secret of their disease.

The militant Self however seeks every opportunity to speak out about his positive status and the symptoms of his disease, either in the course of awareness campaigns or simply to provoke people around him. Wirz appeared on television as an AIDS author and Seyfarth and Aretz also decided to go public with their disease.

Besides the AIDS author's illness is the basis of his new identity, which he takes pride in, and he wants to flaunt this newfound, exclusive identity. The symptoms of his disease prove that he belongs to a community of a chosen few. Being HIV positive guarantees him an entry into a new world, in which he is no more an outcaste. He finds immediate acceptance in this world not despite his illness, but precisely because of it. He enjoys recognition, appreciation and solidarity in this parallel world. He must however begin afresh as an apprentice in this world, just as he had earlier gone through a process of learning in his professional life or as an apprentice in the homosexual world. Once again he must learn to interpret accurately the specific signs operating in this world. Whereas earlier this apprenticeship had involved learning to decipher signs in the gay world, like the colour of a handkerchief and which pocket it was carried in signifying the sexual preference of the carrier, whether he was active or passive, whether he preferred the master's role or the slave's,<sup>8</sup> now the apprentice learns to interpret the signs or symptoms of AIDS. He learns all about the AIDS related illnesses and what they signify with respect to the progress of AIDS in one's body. Watching a friend or lover dying of AIDS is also a stage in this apprenticeship, during which the apprentice learns how to die. Seyfarth clearly testifies to this apprenticeship, when he writes about the death of his friend Reinhold and compares this experience with the experience of learning to love with a previous lover.

So wie ich zusammen mit Alar lieben zu können gelernt hatte, lernte ich zusammen mit Reinhold sterben können (Schweine, 202).

[I learnt how to die with Reinhold, just as I had learned to love with Alar.]

For the homosexual AIDS writers this process represents a second coming out. By choosing this schizophrenic splitting of his identity the AIDS writer attempts to fight back against the ravages let loose on his life by AIDS.

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<sup>8</sup> See *Seyfarth*, 167.

## AIDS WRITING AS RESISTANCE AGAINST SOCIETAL CONTROL THROUGH NORMS

While AIDS deprives a patient of his identity, he tries to re-appropriate his life and his identity through the act of writing. The disease brings about such remarkable physical and emotional changes in him that he cannot identify himself with his "I" before the test. Therefore he tries to invent a new identity for himself through writing which corresponds to his present "I". The building blocks for this new identity are to be found in his own story, the story of his life so far. The novelty consists in the selection and combination of old elements to reflect a new reality. He writes his own biography, his own account, his own narrative. In this process he gains control over his past and his life so far. The writer becomes the subject, the story of his life the object of the narration. He alone decides what is significant enough to be included in his narrative. He has the exclusive right to determine which elements of his life to exclude from his story while they have ceased to have any meaning in the light of his new AIDS reality. As autobiographical narrator the writer becomes master of the narrated life.

Very often the narrative is based on the career of the narrator, especially in the case of heterosexual authors. Strong emphasis is laid on the professional achievements of the narrator in order to impress upon the reader that AIDS has disrupted the excellent professional career and prospects of an extremely talented person. Sonja Auras' promising career as a doctor for example is jeopardised by her HIV infection in *Ich bin Ärztin und HIV positiv*. The homosexual authors on the other hand base their narratives on the relationships that they have had with other gay men, in other words on their careers as lovers. The central position is accorded in this case to the most important partner, either present or former. Wirz's *Biographie eines lebendigen Tages* revolves around his relationship with Arthur, which ends with Arthur leaving him for another man. In *Es ist spät, ich kann nicht atmen* the main plot revolves again around his shattered relationship with his ex-lover Jan. Seyfarth's book chronicles the various partners and relationships in his life. The partner substitutes for the career and is similarly ide-



alised. Josef Gabriel repeatedly emphasises on the fact that his lover Manuel was a very gifted and successful dancer, whose career was destroyed by AIDS. In the case of some writers the narrative revolves around a complicated and highly subjective system of signs, which they learn to decipher in the course of their professional or personal lives. Bernd Aretz chronicles his apprenticeship in the gay scene in Bochum and Marburg, where he had to start from scratch after moving there. Seyfarth draws an interesting parallel between his apprenticeship to signs in the gay world initially and later, after the outbreak of AIDS in his life, in the medical world, calling the hospital a “white prison”, as opposed to the “black prison” of an SM bar.

In diesem <<weißen Knast>> wurde der Wert der Persönlichkeit nach der Zahl der jeweiligen Helferzellen bemessen, die noch in einem Milliliter Blut waren, und nicht wie im <<schwarzen Knast>> nach der Zahl der Zentimeter, die sich in der Hose verbargen (Schweine, 223-224).

[The worth of a person was measured in this “white prison” on the basis of the number of helper cells in each millilitre of his blood as opposed to the “black prison”, where it was measured according to the number of centimetres concealed in his pants.]

Another remarkable feature of the AIDS autobiography is the denial of any form of familial attachment.<sup>9</sup> Almost all AIDS writers are alienated from their families because of AIDS, the gay ones doubly so on account of their homosexuality and AIDS. Bernd Aretz’s family considers his homosexuality as a disease, perhaps hereditary as his grandfather had a gay brother. Aretz’s sexual orientation is compared by his family to the harelip of his brother as an aberration. The narrator Wirz in *Es ist spät* grows up facing enormous pressure to conform as an illegitimate child in a household run by his grandmother, who rejects him initially and sends

<sup>9</sup> See also Pratt, Murray: Imagining positive geographies. French AIDS writing in the 1990s as refusing and destabilising the psycho-social untouchable body. In *Mots Pluriels*, Vol. 1. no. 3, 1997 (<http://www.arts.uwa.edu.au/MotsPluriels/MP397mupr.html>).

him to an orphanage. The mother figure is represented as an alcoholic in Wirz's *Biographie eines lebendigen Tages*, who steadily tells him to conceal the truth about his illness. Seyfarth grows up in his grandparents' home with homophobic aunts and uncles, while his mother is in an asylum and his father absent. He faces their wrath when they discover a gay magazine hidden by him in the house and finally decides to leave home.

This absence of familial attachment leads to a realignment of the psycho-social structures, within which the AIDS writers operate, beyond the norms laid down by society. The AIDS writer invents a new kind of family for himself that consists of his partner(s), present and former, as well as friends and acquaintances from among the AIDS affected community. This new family does not greatly differ in principle from the traditional institution of family: both are founded on ties of blood. The members of this new family are also connected to each other by blood, by their HIV infected blood, which fosters their relationship to each other and links them together inextricably. Beyond this immediate family there are also colleagues, trusted friends and acquaintances from the scene, that substitute for relatives in the traditional social structure and provide support and care, despite the fact that they are not bound together by ties of blood. Hospital scenes figure in almost all autobiographical AIDS narratives in which a dying AIDS patient draws his last breath, surrounded by lovers, friends and colleagues, who comfort him and support him to the end of his life. In stark contrast the family of the dying man is relevant and conspicuous only by its absence. In the rare cases where the patient's biological family figures in the narrative, it plays a rather negative role. Then the presence of a biological family member at the death bed of the AIDS patient appears to disrupt the harmony, to shatter the idyllic picture. An example is the representation of Teufel's death in Bernd Aretz's *Notate*.

Teufel chooses to die surrounded by his friends and lovers and postpones his mother's visit as long as possible. When she comes to visit him, she finds it incomprehensible that he wants to be accompanied by his friends and not by his own family and she is incapable of respecting his wish to remain autonomous till the very

end. She loudly discusses banalities with other relatives at her son's deathbed, completely insensitive to his need for peace.<sup>10</sup>

Very often the family tries to conceal the real cause of death, namely AIDS. They are still ashamed of the dead son or brother who brought them shame in life as well as in death. Seyfarth writes about the refusal of Reinhold's mother to visit him, as he lay dying in hospital, since she was afraid of getting infected. After his death the family declared cardiac failure to be the cause of death.<sup>11</sup> In some instances the family mourns the dead member with exaggerated, theatrical gestures and laments, which jar in contrast with the mellow, understated mood of sorrow among the friends and lovers. The latter interpret the AIDS death as a second birth, whereas the former react with banalities such as at the death of Alex depicted by Seyfarth, where he was present with another friend Thomas.<sup>12</sup>

Tja, Alex, Du hast eine Geburt vor Dir, und dass es keine allzu schwere Geburt wird, dafür sind zwei Hebammen anwesend (Schweine, 256).

[Well Alex, you are going to be born and there are two midwives present to make sure that it won't be a very difficult birth.]

This AIDS death of a loved one is celebrated by the HIV positive friends in their own way. The biological family, on the other hand, feels nothing but shame and a need to conceal the reality.

#### AUTOBIOGRAPHICAL AIDS WRITING AS RESISTANCE AGAINST THE MEDICAL ESTABLISHMENT AND THE WORLD OF HOSPITALS AND DOCTORS

AIDS experiences are not limited to one's own body. Apart from the reactions of friends, acquaintances, neighbours and colleagues the AIDS experience also includes to a great extent experiences

<sup>10</sup> See *Notate*, 173-175.

<sup>11</sup> See *Schweine*, 205-206.

<sup>12</sup> See *Schweine*, 255-263 for a comprehensive description of this scene.

with the medical establishment, with doctors and hospitals. A clear, unequivocal hierarchy in favour of the doctor regulates each and every doctor-patient relationship. The doctor possesses knowledge and therefore also power. The patient sees himself reduced to the status of a sick body, a site of disease. He occupies the inferior position in this hierarchy and is expected to behave accordingly in a submissive manner. Illness has traditionally been perceived by the medical establishment as an aberration from the healthy norm. It has always been exiled from public life and social intercourse as an abnormality and irregularity. Illness is the problem which medicine tries to solve. In most cultures it is considered impolite, bad form or downright taboo to bring up disease in social conversations. A person who is ill does not belong to the "normal" society of the healthy. Even the fine arts have devoted their attention over the centuries to the human body, and especially to the male body, as a site of strength, virility and sensuality. A healthy human body has always personified beauty and vitality and is generally admired as the ideal. In stark contrast a diseased body excites horror, abhorrence and loathing and it is universally rejected. This rejection is even worse, even more potent, when the illness is contagious. Then the diseased person also excites fear and is perceived as a potential threat. The only one who remains accessible to him is the doctor, who possesses the super-human power to heal. It is for him to approach the sick in spite of his aversion and to treat them. The doctor alone can examine, touch and cure diseased bodies fearlessly. His ability to bring about miracles through his knowledge in the practice of his noble profession makes him almost God like.

The AIDS patient is not only condemned as abnormal according to the prevalent value system. He is also held responsible for his infection. Either through his irresponsible sexual behaviour or through his carelessness he has merited his illness. In this way, he is doubly condemned. Therefore he feels the hierarchy in his relationship with the doctor even more acutely. The figure of the doctor in the AIDS narratives comes across as unsure of himself. The incurability of this new disease coupled with his own incomplete knowledge about it threatens his superiority in this hierarchy. On the one hand his power as doctor is jeopardized by his ignorance.

On the other hand he is afraid of getting infected while treating the AIDS patient. Bernd Aretz expresses his impatience with such doctors in *Notate*.

Wenn... Ärzte in der Uniklinik Frankfurt Angst vor ihren Patienten haben, beim Blutabnehmen zittern, geht mir das zu weit (Notate, 46-47).

[I can't take it if (even) doctors in the university clinic in Frankfurt are afraid of their patients, if they tremble while drawing a blood sample.]

Elsewhere he talks about the problems he has in finding a dentist who would not be afraid of an HIV-positive patient.

Als ich bei der Terminvereinbarung auf HIV hinwies und um eine Ärztin oder einen Arzt ohne Angst bat, bedurfte es doch eines größeren Aufwandes, bis man mir sagte, wann ich kommen kann (Notate, 73).

[When I hinted at HIV while making an appointment and asked for a doctor who would not be afraid, there was a long delay before they were finally ready to tell me when I could come.]

Helmut Zander faces the same problem with his dentist, who refuses to treat him any more, claiming that her assistants panicked at the prospect of coming in contact with an HIV positive patient.

Ich, so schrieb sie, könne mir gar nicht vorstellen, was für eine Furcht in ihrer Praxis ausgebrochen sei. Die Helferinnen würden sich weigern, mit mir in Kontakt zu treten, mich gar zu berühren (Regenbogen, 120).

[She wrote that I couldn't possibly imagine the panic which had broken out in her clinic. The assistants were going to refuse to come in contact with me, even to touch me.]

Commerçon also experiences the refusal of doctors to treat him after he publicly announces that he is HIV positive. This refusal is

based on the doctor's uncertainty about the disease, since he does not know much about it. This new uncertainty is hard to reconcile with the old image of the omnipotent doctor. This contradiction between the past and present position of the doctor unsettles him to such an extent that he ends up categorising the patient subconsciously almost as the enemy, as a rival. In order to mask his own fear and ignorance he becomes even more authoritarian than usual. Josef Gabriel encounters this attitude with Dr. Maceo in Mexico. One day he is suddenly ordered to wear rubber gloves, an overall and a mask when he goes to meet his friend Manuel in the hospital. He tries to discuss the uselessness of these protective measures with Dr. Maceo, who remains rigid and finally loses his patience.

So ist es hier eben, und wenn es Manuel nicht passt, kann er das Hospital ja verlassen (VM, 65).

[That's the way it is over here and if Manuel doesn't like it, he is free to leave the hospital.]

Seyfarth narrates a hospital scene, shortly before Alex's death. The dying Alex, who can barely move any more, manages to throw off his coverlet and places his foot on the floor because he wants to touch it. This action costs him a tremendous amount of effort. Despite his exhaustion he is at peace once his wish is fulfilled. Immediately thereafter the nurses place his foot back on the bed and cover him up again, since that's what the hospital expects from a patient.

Sie können nicht dulden, dass du entblößt im Bett liegst. Die Routine ordnet an, dass Sterbende ordentlich gebettet zu sein haben. Ich muss deine Hand los- und den Raum verlassen. Ich komme zurück und sehe dich ordentlich aufgebahrt. Die Bettdecke schliesst züchtig mit deinem Kinn ab. [...] Der Krankenhausalltag hat dich deines Bodenkontaktes beraubt. Dein linkes Bein liegt wieder ordnungsgemäß im Bett. Es ist zum Heulen (Schweine, 259).

[They cannot tolerate it that you are lying exposed on the bed. The routine dictates that the beds of the dying have to be neat. I have to let go of your hand and leave the room. I come back and see you

properly laid out, as if on a bier. The coverlet is chastely tucked away under your chin. [...] The hospital routine has robbed you of your contact with the floor. Your left leg duly lies again on your bed. It's a shame.]

Zander experiences also the authoritarian behaviour of a doctor, whom he is compelled to call in an emergency.

Ich konnte natürlich nicht so locker sprechen wie sonst, wurde beinahe nach jedem Satz durch einen Hustenanfall unterbrochen, und er drängte: Nun mal präziser. Drücken Sie sich klarer aus. "Am liebsten hätte er mir ein paar Pillen in den Rachen geworfen und wäre rasch wieder verschwunden. Ehe ich mich versah, hatte er mir dann aber eine Spritze verpasst, ohne mich vorher zu informieren oder aufzuklären, was er mir zu verabreichen gedenke. Ich sehe sein Verhalten als einen kriminellen Akt an (Regenbogen, 90).

[Naturally I could not speak as easily as I could otherwise. I was interrupted by a fit of coughing after every sentence and he was urging me: "Say it once again. Speak a little more clearly". He would probably have preferred just to shove some pills down my throat and then to disappear. Before I could react at all, he had given me an injection without informing me before hand, without explaining to me what exactly he intended to administer to me.]

The AIDS author recognizes the vulnerability of the doctor and questions the validity of the hierarchy in their relationship, which so far has been accepted without any question. The confusion of the doctor convinces the author that their relationship does not conform to the parameters of the usual, "normal" doctor-patient relationship. Therefore he tries to subvert this relationship. Apart from the doctor who pities the patient, another figure arises from this resistance of the author, that of a patient who finds the doctor pitiable.

Seyfarth for example feels sympathy for his doctor after he comes to know the result of his AIDS test and witnesses the reaction of the doctor.

Er schaute mich so mitleidig an wie der Dackel von Tante Sophie in meiner Kindheit. Ich musste lachen. Ich tröstete den Arzt: Ich habe

es schon gewusst. Ich nahm ihm die Angst, indem ich ihm sagte, er möge sich nichts daraus machen. Er war völlig verwirrt, der Arme (Schweine, 193).

[He looked at me with as much pity as Aunt Sophie's dachshund in my childhood. I had to laugh. I comforted the doctor: "I knew it already". I took away his fear by telling him he shouldn't worry about it. The poor man was completely confused.]

The AIDS author realises that the exaggerated disciplinary measures which the doctor tries to impose upon him are merely attempts by the doctor to camouflage his own ignorance and helplessness from the patient. By playing the role of the all-knowing doctor, he tries to convince the patient that he is in control of the situation. The patient however is clearly aware of the fact that they are both on an equal footing. Firstly, both go through a denial phase. The doctor refuses to recognise his helplessness while the patient is in a state of denial about his illness in the initial stages. Secondly, both try to conceal the truth. In the case of the doctor it is his own uncertainty that he tries to conceal. For the patient, it is his increasing weakness and vulnerability which comes forth as symptoms of various AIDS related complexes. Thirdly both feel pity for each other. It is this conviction that they are both on an equal footing that makes the AIDS author provoke the doctor at each step, to constantly challenge him in order to convince him that AIDS has broken out in his life too, that they are both actually AIDS affected people. Zander presents an instance of this provocation in his account of a conversation with his doctor. He wants to know how long he is going to survive and the doctor tells him everything he knows about AIDS, but ignores his question.

Auch wenn Sie Zweifel haben, wie es um mich steht, habe ich ihm heute morgen gesagt, will ich dennoch wissen, was Sie für wahrscheinlich halten. Vergessen Sie nicht: Ich bin heute so gut informiert, dass mein Wissensstand über den Verlauf meiner Krankheit mit dem Ihren vergleichbar ist. (Regenbogen, 94)

[I told him this morning, "Even if you're not sure how I'm doing, I still want to know what you consider probable. Don't forget that I



am now so well-informed that my knowledge about the course of my disease is comparable with yours".]

By rejecting each and every order of the doctor the patient proclaims his equality and attempts to refute the hierarchy in their relationship.

Additionally the AIDS writer rejects the system of signs prevalent in the medical establishment, through which a patient is defined. His refusal to behave like a patient constitutes his resistance. The medical establishment perceives an AIDS patient not as a human being, as an individual with his own specific characteristics but rather as a simple constituent of the AIDS related figures and data about AIDS. His worth as a patient depends upon his blood count. How he is treated in this medical world is determined by his current T4 cell count. His chances of survival are measured on the basis of the percentage of AIDS patients in his situation who manage to escape early death. Doctors speculate about his life expectancy and the expected quality of his remaining life on the basis of available data about AIDS patients. The AIDS writer resists and rejects fundamentally this inhuman, impersonal approach to his own Self, almost mathematical in its precision and determined not by humanity but by numbers. He makes his own decisions instead of letting his doctor make them for him. Despite orders prohibiting smoking in the waiting room for patients, practically each AIDS writer smokes there. The HIV positive narrator Napoleon Seyfarth for example takes off his own clothes during a visit to a dying friend lying naked on his hospital bed.<sup>13</sup> This undressing constitutes an act of subversion insofar as it rejects the differentiation prescribed by the hospital between patient and non-patient.

Clothing or the absence thereof functions as a distinguishing sign between healthy and diseased, between normal and abnormal. The act of stripping naked can also be interpreted as an offer to share the humiliation of the dying friend, as a sublime gesture of friendship, as opposed to the discourse of betrayal by a friend or lover, which practically all AIDS writers engage with in their works. In

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<sup>13</sup> See *Schweine*, 201.

most autobiographical AIDS narratives there are hospital scenes where an AIDS patient is exercising his right to sexuality, which is traditionally and wrongly placed exclusively in the context of health and “normality”. Through these and numerous other acts of subversion the AIDS writer tries to re-appropriate his life, his dignity as a human being and his identity by resisting against the violence of the medical establishment, which tries to deprive him of his right as a human being, thereby reducing him to a sub-human status. However the AIDS writer resists this attempt. Instead of allowing things to happen to himself, he re-appropriates responsibility for his own life. An important aspect of this re-appropriation of responsibility is the bare-backing discourse in several AIDS texts. This insistence on continuing without a condom can also be interpreted as a continuation of the SM trend. Whereas earlier the AIDS author had willingly accepted to enter an SM game, knowing clearly that he would be subjected to pain and agony, he now chooses to expose himself once more to danger and defends the right of consenting adults to choose the risk of possible death. Zander expresses understanding for people who want to have spontaneity in their sexuality, a sexual life free of mistrust.<sup>14</sup> Bernd Aretz also considers condoms to be an “Eingriff in die Sexualität” [attack on sexuality] (Notate, 55). The insistence of various authors to continue smoking, although everybody, including the doctor, tells them it is bad for them, is also a part of this wish to preserve the right to decide for themselves in the same way in which they had earlier enjoyed the freedom to do things, which were supposedly harmful. The act of writing becomes another means of attaining independence at a time of physical weakness as well as the manifestation of this independence. The AIDS author becomes the active, deciding subject not only of his own life but also of his story.

The biggest, most meaningful subversion however consists in the appropriation of the doctor’s gaze by the AIDS author. In the field of medicine the doctor has traditionally been the one to observe and examine and finally to diagnose. In fact the power of the doctor and his superior position in the hierarchy between doctor

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<sup>14</sup> See *Regenbogen*, 69-70 for Zander’s comprehensive condom-discourse.

and patient is simultaneously based upon and demonstrated by this procedure, during which the patient is reduced to a mere pathological object, which is observed and which submissively lets itself be examined. The doctor therefore clearly plays the active role of subject while the patient is degraded to the status of a passive object, impotently awaiting the doctor's diagnosis. At the moment where the AIDS writer starts observing the doctor's examination of his body and even to write about it, he begins to question the exclusive power of the doctor in this process and to challenge this absolute power. While observing the medical gaze on his own body and chronicling this medical examination he becomes the examining subject, a position occupied so far by the doctor. Like the doctor he draws certain conclusions from this examination and writes down a diagnosis of sorts. Simultaneously the doctor is degraded to the status of an object being examined, since it is not only the medical examination which is observed and chronicled by the AIDS author but also the doctor, who carries out this examination by virtue of his position in this hierarchy and personifies the medical gaze. In this context of role reversal a distinction needs to be made again between the private and the militant Self of the AIDS author. The former lies on the examination table and is treated like an object by the doctor. The latter observes this examination and writes an account of it, thereby usurping the doctor's traditional status of subject.

Another aspect of this resistance consists in the appropriation of medical jargon by the AIDS authors. This is a particularity of AIDS literature and it serves the purpose of eliminating the gap between a medical context and a literary discourse. Normally a distinction is made between clinical objectivity and literary subjectivity and clinical terminology clearly falls within the purview of the former. With the arrival of AIDS in the literary world this gap becomes redundant and the AIDS authors decide to do away with it. AIDS is however more likely encountered in a medical context than in the sphere of literature and literature still does not have the right tools to work with this element. To accommodate this new phenomenon, which is primarily a medical phenomenon, in their writing, they appropriate the language of the virus and use it to translate a medical experience into literary expression.

Medical terminology concerning blood tests, AIDS related infections, cell counts, symptoms of AIDS, medicines and therapies becomes a part of literature for the first time. Toxoplasmosis, Kaposi sarcoma, cerebral atrophy, enlarged ventricles, inflamed lymph glands, PCP, cytomegalovirus, fever, diarrhoea, weight loss, paralysis, blood cells, chemotherapy, IV drips, AZT, Retrovir and DDI become literary themes. The language used by these authors to translate their AIDS experiences is normally used by doctors and other medical professionals as a sign of power. The appropriation of the doctor's medical jargon can also be interpreted as one of the stages in the appropriation of the doctor's gaze by the AIDS author, whereby he not only takes away the doctor's exclusive right to examine and diagnose, but also his language, since it is the only language so far equipped to express the unprecedented phenomenon of AIDS. Since the AIDS authors refuse to recognise any hierarchy in their relationship with the doctor, they do not accept the doctor's exclusive right to the language of AIDS and decide to use it also. At the same time the use of medical jargon enables the AIDS author to distance himself from his AIDS experience while writing about himself as a diseased person and to transgress from the traditional patient-role. By using a semi-personal form of language, by their ironical, sarcastic use of medical jargon they denounce the dehumanising aspect of the medical establishment, which turns a person into an anonymous patient and equates him with the AIDS virus.

#### AUTOBIOGRAPHICAL AIDS WRITING AS RESISTANCE AGAINST DEATH

Life with AIDS is life in the shadow of Death. Accordingly AIDS writing is simultaneously also writing about Death. Two images of Death are evident in the autobiographical AIDS literature: the AIDS author imagining his own death inexorably moving towards him or the death of a friend, which functions as a premonition of the author's own death sometime in the future. The death of a friend or lover always precedes the author's own death in all the AIDS texts.

The death of the Self is mirrored in the death of the Other. Mario Wirz draws this connection in *Biographie eines lebendigen Tages*.

Aidsbesessenheit in meinen Schlafsümpfen, in die ich wehrlos falle, die Tode derer zu sterben, die schon gestorben sind. Den Kaposi-Tod von Mike, der mit zornigen Flecken im Gesicht an meiner Seite auf der Act-up-Demo marschierte, ein rebellisches Skelett. Den lauten Tod von Ronnie, der die Ärzte mied, um statt dessen in den Bars mit kernigen Sprüchen und gröligen Gelächter das zu vergessen, was er längst wusste, bis das Virus ihn innerhalb von vier Wochen für immer zum Schweigen brachte. Den langsamen Tod von Günther, der dreißigjährig in der Gestalt eines gehorsamen Kindes starb. In meinen Träumen probt mein Tod seinen Auftritt, ein Verwandlungskünstler, der kein Plagiat scheut, um mich zu quälen, in meinen Träumen vereinigen sich die vielen Tode der anderen, um meinen Tod zu zeugen (Biographie, 28).

[Obsession with AIDS in the swamps of sleep, in which I sink helplessly to die the deaths of those, who are already dead. The Kaposi-death of Mike, who marched next to me in the Act-up demonstration, a rebellious skeleton. The loud death of Ronnie, who avoided the doctors, and instead tried to forget in the bars what he knew since a long time, with robust aphorisms and roaring laughter, until the virus silenced him forever within the span of four weeks. The slow death of Günther, who died at the age of thirty in the form of an obedient child. In my dreams my death practices its entrance, a transforming artist, who spares no plagiarism to torment me. In my dreams the many deaths of the others unite to create my death.]

Bernd Aretz writes about the suffering and death of Jörg, Alexander, Teufel and Fritz preceding his own death. In the case of Seyfarth it is Reinhold's death which functions as a dress rehearsal for his own death. Helmut Zander writes about the illness and death of Gerd and Peter.

A circle of signs operates in this context too. The dying T4 cells symbolise the author's physical decline and point towards his approaching death, even when the AIDS author manifests no external signs of his disease. Despite the absence of any external indicators of AIDS, Death is present in his body. Even if it is still at a latent

stage, it is all the same an unavoidable reality in the future. The suffering of the dying friend and eventually his death represent the author's own destiny. In this sense the author experiences Death even before he actually dies. In a race against time the author tries to write at break neck speed before death overtakes him. The writing speed is determined by the tempo of his decline, of his sinking T4 cell count. Bernd Aretz complains about the scarcity of time in *Notate*.

Je dichter AIDS sich in meine Beziehung einschleicht, um so weniger ertrage ich die Zeit, die ich mit dem notwendigen Abhaken von Formalien verbringen muss... (Notate, 13).

[The more AIDS creeps into my relationship, the lesser I am able to bear the time, which I am compelled to spend on all the necessary formalities...]

Wirz on the other hand finds the AIDS related uncertainty difficult to live with. It is increasingly uncomfortable for him to go on as a long-term survivor, who also happens to be a writer.

Mit jedem Jahr, das ich hartnäckig überlebe, wächst mein Unbehagen. Ich fühle mich wie ein Betrüger, wie jemand, der sein Versprechen nicht hält. Wieviele Bücher will die Sterblichkeit noch schreiben? (Biographie, 13)

[My unease grows with each year that I stubbornly survive. I feel like a fraud, like someone who does not keep his word. How many more books does mortality want to write?]

The non-linear style of narration, preferred by most autobiographical AIDS authors, is in itself a reordering of time, an attempt to subvert the time of AIDS. Wirz's narrative for example is made up of fragments, which are not arranged chronologically. In *Biographie eines lebendigen Tages* there are scenes from his train journey, from his room and from his book readings, which are interspersed with each other. It is practically impossible to declare, which of these is the main narrative, from which the others diverge.

Launenhaft ist meine Zeit. Unberechenbar und sprunghaft. Ein kurzer Vormittag dauert Jahre, eine lange Nacht vergeht im Rhythmus eines glücklichen Augenblicks aus einem weit entfernten Sommer. Vergangene Zeit, vergehende Zeit, tanzende Punkte vor meinen Augen, gebieterische Zeitpunkte, die mich in ihr Tempo zwingen. Ich verteidige nicht länger meine Vorstellung von Chronologie, kümmer mich nicht darum, ob meine Zeit im Einklang ist mit dem Kalender der anderen (Biographie, 29-30).

[My time is capricious. Unpredictable and erratic. A short morning lasts for years, a long night passes by with the rhythm of a happy moment from a distant summer. Past time, passing time, dancing points before my eyes, peremptory moments, which force me into their tempo. I don't defend my notion of chronology any more, don't care whether my time is in harmony with the calendar of the others.]

Writing as resistance against time passing by rapidly is resistance against Death. The disappearing T4 cells and the dying friends are a constant reminder to the AIDS author that he is competing against Death. He tries to postpone Death by almost breathlessly piling up words and sentences one after the other. As an AIDS patient he would undoubtedly be mortal, but as an author he is able to relocate to another level.

Most AIDS authors seem to have internalised this waiting for Death whether they accept the inevitability of their AIDS death or not. If the AIDS author has not yet accepted the idea of dying, he tries to get used to it through writing about it. Writing about Death contains on the one hand an attempt to relocate Death from an abstract to a concrete level, whereby Dying is clearly enunciated in black and white, becoming real in the process. Simultaneously it is also a process through which the AIDS author tries to explain Death to himself in order to eventually come to terms with it. Death becomes a concrete fact, a reality, once it is written about. At this level the author's resistance is aimed at his own inability to combine the idea of Death with his own life. Wirz regrets his own inability to come to terms with Death in the following words:

Ich bin kein guter Schüler und vergesse alles, sobald ich wieder auftauche an der Oberfläche einer kleinen Normalität, die mich für eine Weile den Lebenden zurückgibt und ihrer Illusion, dass der Tod hauptsächlich andere betrifft. Ich simuliere Gedächtnisverlust und vergesse die lange Liste seiner Opfer aus meinem Freundes- und Bekanntenkreis. Wende mich ab von den vielen Gesichtern, die mir im eigenen Spiegelbild begegnen. Ich verleugne meinen Tod und den Tod der anderen mit allen Atemzügen, die mich seit sieben Jahren langsam auf mein Ende hinweisen (Biographie, 38).

[I am not a good student. I forget everything as soon as I re-emerge on the surface of a petty normalcy, which returns the living man to me for a while, along with its illusion, that death mainly affects others. I fake a loss of memory and forget the long list of Death's victims from among my circle of friends and acquaintances. I turn away from the many faces which I encounter in my own mirror image. I deny my death and the death of the others with each breath that has been hinting at my end since seven years.]

At the same time the AIDS author actively resists Death if he does not recognise Death as the culmination of his life. Death and the author find themselves in a rather SM relationship, in which there are two roles to choose from: the role of the master and that of the slave. With the outbreak of AIDS in the author's life Death appropriates the role of the master. Seyfarth meets an acquaintance in the hospital, who used to play the dominant role as a hardcore sadist in the SM bars, and helps him walk back to his room.

Der Herrenmensch war hilflos. Jetzt war das Virus der Meister. Er die Sklavensau. Der Meister hatte ihn gefesselt, so dass er kein Glied bewegen konnte. Er hatte ihm mit Chemotherapie alle Haare entfernt. Er hatte dem Sklaven einen Knebel in den Mund gesteckt. Was wohl jetzt unter der Glatze des Sklaven vorging? Genoss er es? Der Meister nahm darauf keine Rücksicht. Er schlug immer fester. Der Körper war schon ganz blau von Striemen. Der Meister ging immer weiter. Er ließ keine Ruhe, ließ sich auch vom Wimmern des Sklaven nicht abhalten, bis der Sklave leblos in der Ecke lag. Ob er es wohl genossen hatte? (Schweine, 224)



[The imperious man was helpless. The virus was now the master, and he was the slave. The master had tied him up so that he couldn't move his limbs. He had removed all his hair with chemotherapy. He had put a gag in the slave's mouth. What was going on at this point in the slave's bald head? Was he enjoying it? The master paid no attention to it. He hit harder and harder. The body was already quite covered in blue welts. The master went on further. He didn't leave him alone, didn't allow even the slave's whimpers to hold him back, until the slave lay lifeless in the corner. Had he enjoyed it?]

Death determines how long he will survive, the quality of his remaining life and his day to day routine. By accepting the slave role the AIDS author relinquishes all control over his own Being. Reduced to the status of a slave, he is totally dependent upon the whims of the master and compelled to follow his commands. At this level the author resists Death by attempting to reverse the roles. By writing about Death he subjects Death to his own interpretation and his own rules. He fights back against Death by writing about it, thereby gaining the upper hand in this struggle for supremacy and being reinstated in the master's role. Death looks at him and he faces Death not as a helpless victim but as an opponent. The act of writing becomes an act of resistance, insofar as it turns the passive limit-experience of Death into an active experiment with it. AIDS as a limit-experience endangers the life of the author and at the same time stimulates his writing as he is on the verge of death. He feels compelled to testify what it is to die, while Death takes over his writing. The AIDS author resists by capturing Death in his writing and imprisoning it in his text. Many AIDS authors express the belief that they will be spared as long as they continue writing, since Death cannot befall an author. Wirz explicitly expresses this conviction.

Meine Schreibmaschine, sicherer Ort, ich lebe, besessen vom Glauben an die Magie der Worte, von der andächtigen Irrationalität, dass mir nichts passieren kann, solange ich schreibe (Biographie, 40).

[My typewriter, a safe place. I live on, obsessed with my belief in the magic of words, obsessed with the solemn irrationality that nothing can happen to me as long as I write.]

Only patients are subjected to the rules of mortality. Writing enables the author to restrain and therefore to defeat Death. As a patient he would be subjected to the rules of Death. In the process of writing he however sets down his own rules, the rules of writing, which apply even to Death. He captures Death in his autobiographical writing and enslaves it, thereby becoming master over Death.

Some of the AIDS authors such as Seyfarth perceive Death not as a terrifying end but rather as a rebirth.<sup>15</sup> Death is simultaneously a release from the suffering inflicted by AIDS and the beginning of a new phase. Death releases the AIDS patient from physical and emotional pain. He stops being affected by AIDS in the exact moment of his death. Death as the end of his life so far is also a step into his new life, the immortal life of an author. To this extent the AIDS author is not afraid of Death, although Death is constantly present in his surroundings as well as in his thoughts. This fearlessness is also suggestive of another facet of his resistance. Some authors seem not to take Death too seriously. With their light-hearted, careless reflections on Death they deprive Death of its aura of seriousness and terror. Seyfarth for example compares death with an orgasm.<sup>16</sup> Wirz adopts an ironical tone when he talks about Death as a marketing strategy.

Mein Virus, meine Identität. Mein Virus, mein Thema. Mein Virus, meine Karriere. Ich bin ein erfolgreicher Sterblicher. Meine Todesangst ist ein Erfolg, der sich in Zahlen ausdrückt (Biographie, 25).

[My virus, my identity. My virus, my topic. My virus, my career. I am a successful mortal. My fear of death is a success which reveals itself in numbers.]

Elsewhere he is similarly sarcastic while writing about his own death as the basis of his fame and success as a writer.

Jetzt trage ich meine Haut zu Markte, verkaufe mein Fieber und meine Alpträume, meine Nächte und meine Gespenster, biete all das feil,

<sup>15</sup> See *Schweine* for Seyfarth's description of Reinhold's death, 255-262.

<sup>16</sup> See *Schweine*, 193.

was ich für meine Geschichte halte, mein kleines, chaotisches Leben. Jetzt schneide ich meinen großen, dunklen Tod in viele, bunte Einzelteile, auch das kleinste Stück hat seinen Preis, Honorar für jeden Zentimeter Sterblichkeit. Der Todesclown rudert beim Lesen wild mit Händen und Füßen, zappelt hin und her, stolpert routiniert über Bonmots und lässt zwischen betrüblichen Sätzen komische Anekdoten einleuchten..., der Tod ist ein guter Entertainer (Biographie, 24).

[I now carry my skin to the market, sell my fever and my nightmares, my nights and my ghosts, haggle over what I consider to be my story, my petty, chaotic life. I cut up my big, dark death into many colourful units. Even the smallest piece has a price, remuneration for each centimetre of mortality. The death-clown gestures wildly with his hands and feet while reading, fidgets here and there, routinely trips over puns and intersperses sad sentences with comical anecdotes..., Death is a good entertainer.]

The AIDS authors do not represent Death as a horrible, frightening eventuality in their works. Rather they appear to interpret their HIV infection as an opportunity to engage with the theme of Death, without however compromising on their sense of humour. Death is no more an abstract idea for them. It is rather a concrete reality of their lives with which they engage consciously or subconsciously in their writing and in their thoughts respectively. AIDS is a physical experience too. Death reveals itself in the dying T4 blood cells and in the loss of physical beauty. Even their sexuality is threatened by AIDS. Their own bodies, so far a source of sensual pleasure, become a potential source of infection. Helmut Zander writes about a changed relationship with his own body, with his physicality, after the AIDS test. Whereas earlier he had been absolutely comfortable with his body, he now begins hating his physical self. Such is the extent of this self-hatred that he is even unable to embrace his friends, although he knows that he does not expose them to the risk of infection with an embrace.<sup>17</sup> The AIDS author carries Death in his body, in his blood and other bodily fluids and is compelled to live each day with the knowledge that each coupling with

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<sup>17</sup> See *Regenbogen*, 85 and 91.

him is in reality also a coupling with Death. The sexual act becomes an act of Death. Sexuality is obliterated by the threat of Death.

Zander narrates an incident to illustrate this obliteration, which he witnesses in a gay bar. He sees two men meeting for the first time and one caresses the other's neck, not as an act of sensuality, but rather to confirm that the lymph glands are not swollen, a sure sign of AIDS.<sup>18</sup> Josef Gabriel also desires his friend Manuel, who is ill with an AIDS related cancer, but the latter has completely lost his sexuality. He imagines having sex with Manuel, since it is not possible any more in reality, and compares the beautiful image of Manuel's perfect body in his imagination with the bleak reality of Manuel's wasted body.<sup>19</sup>

Most AIDS authors write about their attempts to regain their lost sexuality in their works since sexual desire is also a sign of being alive, a sign of leading a normal human existence. Zander sees in his renewed appetite for porno films a proof of his renewed normalcy, proof that he has begun to have a more normal relationship with his own body. Later he is able to resume his sexual life with Peter, who is also HIV positive, and interprets their night together as a celebration of his return to a normal life. As a patient one is not supposed to have any sexual desires at all since, according to the principles of medicine, the sexual instinct is only imaginable within a context of health and normalcy. A person who is ill does not belong in normal society and is treated as an outcaste. As a patient one is not allowed to be a sexual Being. By trying to become sexually active again the AIDS authors resist against the loss of their dignity as human beings, which is brought about as much by the medical establishment as by AIDS. Although most of these attempts to reappropriate their sexuality turn out to be unsuccessful, it does not make their resistance any less meaningful.

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<sup>18</sup>See *Regenbogen*, 92.

<sup>19</sup>See *VM*, 87-88.

## FRENCH AIDS LITERATURE: HERVÉ GUIBERT'S AIDS-TRILOGY

With Guibert's trilogy AIDS writing entered the realm of autofiction, a combination of fiction and reality. Guibert employs the strategy of freely mixing multiple plots and subplots in his narratives. Real persons are depicted in his writing, either with fictional names as in a roman à clef, but with enough hints thrown in to pique the reader's curiosity, or they are clearly identified. The dying friend Muzil in *A l'ami, qui ne m'a pas sauvé la vie* is never explicitly named as the philosopher Michel Foucault, but there are more than enough clues in the text, which point towards his real identity. The same holds true of the figure of Marine, who is in reality the actress Isabelle Adjani. This is a strategy to decentralise the AIDS narrative by diverting the reader's attention to the unravelling of the mystery of these figures. By his clever intermingling of reality and fiction Guibert avoids falling into the trap of any fixed category. His writing is not strictly fictional, as in a novel for example. At the same time the reader does not have the feeling that he is reading something autobiographical. He is even surprised that the writer and the narrator bear the same name. This is what autofiction is all about.

Going by a thorough reading of his trilogy, it is obvious that Guibert has always been looking for ways not to write about AIDS. He has always been trying not to fall into the traps of convention in order to thwart the stereotyped conceptions of people about AIDS. One of the strategies he adopts is the development of numerous subplots, which eventually come to the forefront of the narrative and push the AIDS discourse into the background. Guibert operates at the junction of fiction and reality. In this sense he invests a blank and neutral space. In this space he is free to take shelter in the former as well as in the latter. A quick look at his work in the last phase of his writing career is enough to demonstrate that he has been exercising this freedom to choose by writing some fiction using a first person narrative, in other words fake fiction, as in *Paradis* (1991) and *Mon valet et moi* (1991), autofictional literature, as in the case of his AIDS-trilogy, which included *A l'ami, qui ne m'a pas sauvé la vie* (1990), *Le protocole compassionnel* (1991) and *L'homme aux chapeau rouge* (1992), as well as autobiographical

works in the form of diaries and journals like *Cytomégalo virus* (1992).

In stark contrast to Guibert most French and German AIDS writers were people whom AIDS turned into writers. In the case of Guibert however, his trilogy appeared as the culmination of his literary oeuvre, a mammoth work that by the time of publication had already stretched over a period of thirteen years since the publication of his first book, *La mort propagande* in 1977. Guibert was not trying to make a new start by writing his trilogy. Rather he was expanding the horizons of his work to include the new experience of AIDS, using however the same themes and the same characters, which he had introduced in his earlier writing. Steady characters from his literary works like his grand aunts Suzanne and Louise and his two lovers Vincent and Jules are carried over to his AIDS trilogy also. There is also a marked continuity at the thematic level: the theme of the body and the body seen as a field for experiments, experiments of pleasure or pain, as well as SM experiments, which reconcile both, appear in both his pre-and post-AIDS writing. In fact one of his earliest texts *La mort propagande* published in 1977, thirteen years before the publication of his trilogy commenced, anticipates a lot of the medical scenes described in detail later in his trilogy. In this book he imagines his own body being dissected by the scalpel of a doctor. Another theme in *La mort propagande* is the theme of medical examination seen as a source of pleasure, which acts as a premonition of the descriptions of medical examinations in *Le protocole compassionnel*. It is obvious that Guibert had been experimenting from the very beginning with the limits of his body as well as his writing. The third recurrent theme is the theme of Truth as opposed to lie, dissimulation or betrayal. A book like *Les Gangsters* written in 1988 for example narrates how Guibert's grand aunts are betrayed by a group of unknown men, who passed themselves off as well wishers and swindled them out of millions of francs. In a contradictory move Guibert was also writing his own diary *Le mausolée des amants* (2002) over a period of thirteen years, in which he repeatedly engages with an ethical issue and questions whether it is ethical for him to write everything happening around him, even the most obscure or the most disturbing details.

Two factors set apart Guibert's AIDS writing. Firstly Guibert picked up all these thematic elements, which represent continuity in his writing, and used them in a long AIDS narrative which is divided into three parts. Secondly Guibert, when he wrote his trilogy, was not presented with a preset genre, the AIDS narrative, unlike some of the writers who followed him. He had to invent a new kind of narrative to accommodate the new phenomenon of AIDS in his writing, akin in some way to the reinvention of the author's "I", when the AIDS author has to reinvent his life using elements from the past, but combined in a new way, as seen also in the German autobiographical AIDS literature.

Two external elements, completely beyond his control, also came into play in his writing and determined the flow of the narrative. The first external factor was the scientific progress in the field of medicine. Even as Guibert was writing his narrative new medicines were constantly being discovered and their trials were being held. Guibert's AIDS narrative therefore captures l'air du temps. "A l'ami..." is full of flashbacks and in a way not only encompasses the period of three months, when it was written and when Guibert thought he was going to be saved by a new wonder drug, but also a period of eight to nine years that preceded the writing of the narrative, during which the idea of AIDS pervaded societal consciousness and got more and more clearly defined. It is also these different stages of knowledge about AIDS which are encompassed by the narrative. In the beginning when he tells Muzil about the so-called gay cancer, Muzil laughs about it and finds the idea completely fantastic

Il se laissa tomber de son canapé, tordu par une quinte de fou rire: "Un cancer qui toucherait exclusivement les homosexuels, non, ce serait trop beau pour être vrai, c'est à mourir de rire".<sup>20</sup>

[He fell off the sofa in a paroxysm of laughter: "A cancer that would hit only homosexuals, no that's too good to be true, I could just die laughing".]<sup>21</sup>

<sup>20</sup> Guibert, Hervé: *À l'ami qui ne m'a pas sauvé la vie*. Paris: Gallimard, 1990, 21. Henceforth this book will be referred to as "AA".

<sup>21</sup> Guibert, Hervé: *To the friend who did not save my life*. Trans. Linda Coverdale. London: Quartet, 1996, 13. All English translations from 'À l'ami' in this paper have been taken from this edition, which will be denoted by the acronym "ALA".

Later, within a short span of time, Muzil is confronted by his own HIV positive diagnosis and eventually succumbs to an illness, which he had never even heard of until some time ago. The second external factor, which was likewise beyond Guibert's control, was the progression of his own disease, the fall of his T4 cell count, the transformation of his own body leading to his dependence on the medical establishment and leading eventually to the depiction of his new relationship with the world of medicine through detailed descriptions of his hospital visits in his writing. These aspects are included in Guibert's books, as they are supposed to be in an AIDS narrative, but they are not at the core of his work. They appear as subplots and mislead the reader. Each time the reader expects something from Guibert's AIDS narrative, he finds something else. Guibert employs this strategy of subterfuge in order to avoid conforming to the sentimental image of AIDS narrative as an AIDS-centric narrative of suffering.

This strategy of subterfuge, through which Guibert manages to get away from the stereotypical, chronological, patient-centric narrative of AIDS, has three components: the sub-plots, the obsessively recurrent themes and the decentering of the "subject", the topic as well as the writer.

#### MULTIPLE PLOTS OR SUBPLOTS

Guibert develops an intricate system of multiple plots or subplots in all three books in his trilogy, which come to the forefront in turns. The first subplot in *A l'ami...* is the death of Muzil, which is an anticipation of his own death. The second subplot revolves around the betrayal of Marine, who promised to act in a film for which Guibert would write the screenplay and later refused to talk to him or meet him any more. This betrayal anticipates in a way Bill's subsequent betrayal, which becomes the focus of the third subplot. Bill promises Guibert's inclusion in the trials of a new wonder drug, as well as his exclusion from the group of people, who would be a part of the double-blind procedure, who would not know whether they were getting the real drug or a placebo. This promise



gives Guibert the conviction that he would miraculously be saved in spite of his HIV infection. This belief is shattered by Bill's betrayal when he decides to bestow this favour on his new lover instead of Guibert.

It is easy to see that two out of these three subplots are not directly concerned with Guibert himself and his disease, but all of them say something about him and his disease without actually saying it. In his writing he is not concentrating on the disease itself but rather on the circumstances around the disease, the events that facilitate or hamper its cure.

In *Le protocole compassionnel* the first subplot deals with how Guibert got the medicine DDI from a dancer who died before he could take the prescribed dose. Therefore the narrative is filled with flashbacks in which Guibert imagines the last days of the dancer, gathering information about him. There is also another subplot about his trip to Casablanca to meet a magnetic healer. In *L'homme au chapeau rouge* Guibert's quest for paintings and how he acquires paintings through a woman called Lena, who lost her brother under mysterious circumstances, constitutes one of the plots. This plot leads him to develop other subplots elaborating his meetings with painters like Yannis, Francis Bacon and Balthus. As if these subplots were not enough, his obsession with travelling is also a recurrent theme. He travels to Italy, Elba island, Corfu, the US, Portugal, Mexico, Switzerland and Ouagadougou in the course of writing autobiographical as well as fictional books. There is no unity of space. The focus constantly moves from one character to another and from one place to another. Guibert's aim is to use this multiplicity to widen the horizon of a literary work, which would otherwise be egocentric and obsessed with sickness.

## THEMES

The main theme, also found in his other works apart from the AIDS-trilogy, is the theme of Truth. Guibert is clearly a champion of Truth who prefers to come-out all the time in all kinds of spheres. He appeared on French television on 16 March 1990 as one of the first

writers to publicly admit he had AIDS. Through his AIDS-trilogy as well as with a documentary film he made on himself (*La pudeur et l'impudeur*) Guibert continued his tradition of telling the truth, of revealing the Truth. Telling the truth constitutes for him an act of resistance. Guibert was shocked by the atmosphere of secrecy and lie surrounding Muzil's death, who he says "was robbed of the Truth of his own death" ("On lui vola la vérité de sa mort"), since the cause of his death was kept secret by his family, despite the fact that as a philosopher he had been a master of Truth all his life.<sup>22</sup> Guibert developed a strategy of Truth as opposed to this strategy of denial, along with its natural corollary, a strategy of lying. For him lying consists in delaying the moment of revealing the Truth about himself. Lying became for him a strategy involving an element of game, such as when he comes to know he has AIDS, he tells some people about it right away and waits with some others before sharing this news with them, to see how the relationship might change, how they might react.

Il y a ceux à qui je l'ai dit: Jules, puis David, puis Gustave, puis Berthe, j'avais voulu ne pas le dire à Edwige, mais j'ai senti des le premier déjeuner de silence et de mensonge que ça l'éloignait horriblement de moi et que si l'on ne prenait pas tout de suite le pli de la vérité ça deviendrait ensuite irrémédiablement trop tard, alors je le lui ai dit pour rester fidèle, j'ai du le dire à Bill, par la force des choses, et il m'a semblé que je perdais à cet instant toute liberté et tout contrôle sur ma maladie, et puis je l'ai dit à Suzanne, parce qu'elle est si vieille qu'elle n'a plus peur de rien, parce qu'elle n'a jamais aimé personne sauf un chien pour lequel elle a pleuré le jour où elle l'a envoyé à la fourrière, Suzanne qui a quatre vingt treize ans et dont j'égalisais notre potentiel de vie par cet aveu que sa mémoire pouvait aussi rendre irréel ou effacer d'un instant à l'autre, Suzanne qui était tout à fait prête à oublier sur le champ une chose aussi énorme. Je ne l'ai pas dit à Eugénie, je déjeune avec elle à la Closerie, est ce qu'elle le voit dans mes yeux ? Je m'ennuie de plus en plus avec elle. J'ai l'impression de n'avoir plus de rapports intéressants qu'avec les gens qui savent, tout est devenu nul et s'est effondré... (AA, 15-16)

<sup>22</sup> See Hervé Guibert: *Mauve le vierge*, 108.

[I did tell some people: Jules, then David, then Gustave, then Berthe, I would've preferred not to tell Edwige but I felt from the first time we lunched together in silence and falsehood that it was driving us horribly apart and that if we didn't cleave immediately to the truth it would soon be forever too late, so to remain true to her I told her, and as things turned out I had to tell Bill, sensing as I did so that I was losing all freedom, all control over my illness, and then I told Suzanne, because she's so old she isn't afraid of anything any more, because she's never loved anyone except a dog over which she shed tears the day she sent it off to be put to sleep, Suzanne who is ninety-three and whose life expectancy became the same as mine when I confessed my secret, which her memory might erase or turn into fantasy from one moment to the next, Suzanne who was completely prepared to forget such a shocking idea right then and there. I didn't tell Eugénie; I have lunch with her at La Closerie: does she see it in my eyes? I find her company increasingly boring. It seems to me that my relationships with people are no longer interesting unless they know the truth; everything else has collapsed...] (ALA, 7-8)

A second theme is the theme of the hospital and Guibert's relationship with the medical staff. Once again Guibert does not follow any stereotype. Whereas other works denounce the insensitivity of the medical system, Guibert exposes the ambivalence of his relationship with the medical system. With the passage of time his relationship with the medical establishment changes, undergoing four different phases in the process. In the first phase he anticipates the medicalisation of his own life through the account of Muzil's last days, when he shows Muzil becoming what he never wanted to be, a mere object in the hands of doctors, manipulated by them and at the end robbed of his own identity in the hospital

Muzil passa une matinée à l'hôpital pour faire des examens, il me raconta à quel point le corps, il l'avait oublié, lancé dans les circuits médicaux, perd toute identité, ne reste plus qu'un paquet de chair involontaire, brinquebalé par ci par là, à peine un matricule, un nom passé dans la moulinette administrative, exsangue de son histoire et de sa dignité (AA, 32).

[Muzil spent a morning in the hospital having tests done, and told me he'd forgotten how completely the body loses all identity once

it's delivered into medical hands, becoming just a package of helpless flesh. Trundled around here and there, hardly even a number on a slip of paper, a name put through the administrative mill, drained of all individuality and dignity.] (ALA, 23-24).

Muzil is not allowed to meet his friends, with whom he is on closer terms than with his family. A couple of days before his death Muzil receives the proofs of his two latest books in his hospital room, but a nurse takes them away, telling him he is not allowed to keep books in his room, that his room is not a library. The medical establishment permits only the body of the patient and the tools needed for its treatment on its premises.<sup>23</sup> In the second phase Guibert experiences the actual medicalisation of his life. He is compelled to go for blood tests all the time, needing to monitor his T4 cell count constantly. In the course of these experiences with the medical system he meets some insensitive doctors who don't understand anything about his disease. In the third phase, which is a phase of resistance, Guibert refuses all kinds of tests, refuses to take AZT. Through this non-cooperation he tries to regain his own freedom. In the fourth phase a new relationship with the medical establishment develops, after he manages to procure through his own channels a medicine, which his doctors were not able to provide. This is the medicine which a doctor had got for Guibert's lover, a dancer, who died before he could take it. He starts using this new medicine without informing any body. He also tries to get himself treated by a magnetic healer in Casablanca.<sup>24</sup> This episode is very significant on two accounts: firstly it derives from the AIDS plot and subverts it. Secondly it shows the emergence of a parallel system which gives the author more hope than the official system.

Following the confidence he gets by getting himself treated in this parallel system he decides to infiltrate the official system. He decides to use it, pervert it and derive his own gains out of it. In *Le protocole compassionel* he befriends his doctor, Dr. Chandi, and learns the medical jargon, so that he cannot be deceived any more.

<sup>23</sup> See AA, 108 for a detailed description of this scene.

<sup>24</sup> Guibert, Hervé: *Le protocole compassionel*. Paris: Gallimard, 1991. See 199-249 for an account of this encounter. This book will be denoted further in this paper by "PC".

In an interesting reflection on the role of this specialised jargon he compares a doctor using it before his patients, so that they don't understand anything, with the way parents use English to discuss their sex life with each other in front of their French-speaking children. Last but not the least he falls in love with a young doctor, Dr. Claudette Dumouchel. At times he narrates his meetings with this doctor like a game.

On joue au médecin (PC, 56)

[“We’re playing doctors”]<sup>25</sup> (PC, 37)

In other instances their encounters are depicted almost like a lovers’ rendezvous.

Maintenant elle prend mon gros orteil, et je dois dire si elle le positionne en arrière ou en avant, c’est à dire vers elle ou vers moi. J’ai les yeux fermés, elle bouge mon doigt de pied et moi je dis: “Vous. Moi. Vous. Vous. Moi. Vous. Vous. Vous. Vous. Moi”. Je lui dis moi-vous, moi et vous, jusqu’à bout de souffle, jusqu’à en perdre haleine (PC, 56-57).

[Now she is holding my big toe, and I have to tell her if she is bending it up or down, towards her or towards me. My eyes remain closed, she manipulates my big toe and I have to say: “You. Me. You. You. Me. Me. You. Me. You. You. Me”. I keep saying me-you, me and you, until I start panting, out of breath.] (LPC, 37).

These encounters are instrumental in overcoming the trauma of his initial encounters with the medical system and turning his rapport with medicine into a pleasurable rapport. Guibert doesn’t feel totally dependent on the medical system because he knows that he can decide about his own death. He carries around some poison all the time and knows he can have it whenever he feels it is not worth-

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<sup>25</sup> Guibert, Herve: *The Compassion Protocol*. Trans. James Kirkup. New York: George Braziller, 1994, 37. All subsequent translations from PC in this paper are also by Kirkup. The English version of PC will further be denoted by “LPC” in this paper.

while to continue.<sup>26</sup> Guibert didn't want to die in the hands of the medical system and therefore committed suicide after his last hospitalisation.

## DECENTRING THE SUBJECT

Guibert challenges his centrality as a writer, as narrator or author of his books and as a patient. In *A l'ami...* he emphasises that he is a part of a group of acquaintances, who are all affected by AIDS.

On va tous crever de cette maladie, moi, toi, Jules, tous ceux que nous aimons (AA, 123).

[We're all going to die of this disease, me, you, Jules, everyone we love.] (ALA, 104)

His experience as a patient is therefore not isolated and cannot be detached from the experiences of all these people. As an author he challenges his central position in two ways. In *A l'ami...* Guibert confesses that the book is getting written on its own, that the book is fighting against the disease or the exhaustion caused by the disease. In the second book of the trilogy *Le protocole compassionnel* he takes the medicine DDI which enables him to write again. It is now the medicine itself which is writing the book

C'est le DDI du danseur mort, avec le Prozac, qui écrit mon livre, à ma place (PC, 99).

[The DDI of the dead dancer, along with the prozac, writes my book instead of me.]

Later on he reflects upon the genesis of the book, adding that after the first book was over he didn't want to write any more, but the letters of his readers compelled him to continue writing.<sup>27</sup> Thereafter

<sup>26</sup> See PC, 14.

<sup>27</sup> See PC, 195.

his mode of writing also changed. His writing at this stage is not an extension of his own diary as it used to be earlier, rather it is addressed to some readers and he engages with them directly in the book.

J'aime que ça passe le plus directement possible entre ma pensée et la vôtre, que le style n'empêche pas la transfusion. Est-ce que vous supportez un récit avec tant de sang ? Est-ce que ça vous excite? (PC, 105)

[I like there to be a direct line between my thoughts and yours, so that the style does not get in the way of the transfusion. Can you stand a story with so much blood in it? Does it turn you on?] (LPC, 89)

Therefore it is in a way a book written by a medicine for some readers and the author as a subject is completely absent from the process. This is exactly the way Guibert wanted it to be.

Furthermore Guibert challenges his own image of himself. He detaches the image of himself as a patient or as a diseased body from his image of himself. *Le protocole compassionnel* begins with a self portrait in which Guibert employs the third person. He sees an image in the mirror and feels that the person is not going to live for very long.

Cette confrontation tous les matins avec ma nudité dans la glace était une expérience fondamentale, chaque jour renouvelée, je ne peux pas dire que sa perspective m'aidait à m'extraire de mon lit. Je ne peux pas dire non plus que j'avais de la pitié pour ce type, ça dépend des jours, parfois j'ai l'impression qu'il va s'en sortir puisque des gens sont bien revenus d'Auschwitz, d'autre fois il est clair qu'il est condamné, en route vers la tombe, inéluctablement (PC, 18-19).

[This confrontation every morning with my nudity in the mirror was a primal experience, lived through again every day, I can't say the prospect helped me to extricate myself from my bed. Nor can I claim I've felt pity for the fellow in the mirror, but it depends, some days I get the feeling he'll make it, because people did come back from Auschwitz, at other times it is obvious he is condemned.] (LPC, 7)

In another instance, Guibert likens his image to a well-known photograph by Eugene Smith.

J'avais l'impression d'être un enfant, j'avais l'impression d'être la photo d'Eugène Smith du vieillard irradié et décharné (PC, 13).

[I have the feeling I'm a little boy, I have the feeling I am the photo by Eugene Smith of that emaciated old man suffering from radiation sickness.] (LPC, 5)

Similarly at the end of the book, after meeting a magnetic healer, he looks at himself in the mirror and again describes his image in the third person.<sup>28</sup> In Guibert's AIDS writing his diseased body is always depicted as it is seen by another person. This description of the Self as seen through the eyes of another person is yet another strategy adopted by Guibert to decentralise himself as the writing subject. With this strategy the image of his emaciated, diseased body belongs to the others and not to himself. He describes his meeting with a girl in a bus, who told him that she found him very beautiful.<sup>29</sup> He writes about his boyfriend wanting to photograph him naked.<sup>30</sup> The painter Yannis paints him naked.<sup>31</sup> Guibert also shot a documentary film about himself, thereby entrusting the image of his diseased body to a lifeless, electronic device.<sup>32</sup> What he is trying to avoid in all these instances is a frontal confrontation with his own image, preferring instead to encounter the image of his AIDS ravaged body through a mediator.

#### THE LEGACY OF AIDS LITERATURE

The AIDS authors discussed in this paper not only described their struggle against AIDS but also came up with a philosophy of AIDS.

<sup>28</sup> For this description see PC, 231.

<sup>29</sup> See PC, 98.

<sup>30</sup> See PC, 30.

<sup>31</sup> See Guibert: *L'homme aux chapeau rouge*, 116-118.

<sup>32</sup> PC, 115.



This philosophy has different layers. A first layer could be the struggle of a diseased person against the disease. The second layer encompasses a struggle against the medical machinery, whereas the third layer contains a struggle against society. Simultaneously it is also a struggle against the various metaphors of Death, insofar as Death takes away the identity of a person and turns him into an object. The AIDS author writes in an attempt to reclaim his own Being from the clutches of Death. AIDS can thus be termed as a limit experience, which endangers the life of the writer and at the same time stimulates his writing. As the writer is on the verge of Death he needs to testify what it is to die. Therefore the writer writes Death, even as Death writes through the writer. The attempt of the AIDS writers, who seem to be marginalised, can be better understood when linked with the attempt of a “mainstream” and well-known writer like Maurice Blanchot. In both cases the writer is chiefly concerned with coming close to the limit experience of Death, surviving Death in order to write about it, and thus, to paraphrase Blanchot, “putting it in abeyance”.

What does it matter. All that remains is the feeling of lightness that is death itself or, to put it more precisely, the instant of my death henceforth always in abeyance.<sup>33</sup>

Secondly the AIDS writers have been experimenting with a new set of literary themes, among them the death of the friend/partner, which prefigures the writer's own death, morbid travelling in order to escape death or to look for a miraculous cure in an exotic land, the betrayal by friends, the delusion of a miraculous cure that somehow delays the moment of the writer's death, the struggle for dignity, the struggle to retain one's sexuality in spite of the decaying body, the depiction of a difficult relationship with the medical machinery, which prompts the writer to use medical language, which in turn makes it possible for him to write about himself as a diseased person in a non-emotional way, while at the same time denouncing

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<sup>33</sup> Blanchot, Maurice: *The instant of my death*. Trans. Elizabeth Rottenberg, Stanford University Press, 2000, 11.

the dehumanising aspect of this medical establishment, and finally the alienation of the writer, who is constantly tempted to stop writing.

All these different strategies, different themes, different approaches somehow converge at the same point. They are all attempts to integrate AIDS into Life. The advent of AIDS is not viewed as a breaking point in spite of the fact that it triggers a limit experience. Instead it is perceived as a turning point, posing new challenges for the individual and thus reaffirming his belonging to the community of the Living.

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## CHAPTER 12

# “THE LURE OF THE BODY”: RETHINKING BEAUTY, HEALTH AND SEX IN AN ERA OF ARVS AMONG THE SHONA, ZIMBABWE

*Pascah Mungwini\**

### INTRODUCTION

The enormity of the AIDS pandemic within the African continent cannot be overemphasized. While almost everyone on the continent is celebrating the partial solution that science has brought in the form antiretroviral treatment (ARVs) new challenges with an equally worrisome dimension are emerging. The very solution celebrated has become the source of a new problem. The revelation that some among those who have been literally “resurrected” by ARVs and now hiding under their reconfigured and revitalized bodies are establishing new relations in new areas with unsuspecting partners is a major cause for concern.

The success of ARVs within most traditional African societies in Africa calls into question the notions of health, physical appearance, beauty and sexuality. Body built or physical appearance has been throughout history the mark of a beautiful African woman playing a significant role in partner selection and sexual relationships. The age long association of ill health and visible bodily frailty has been undermined in a much more significant way by the massive ARV treatment rollout in most African communities posing a serious danger to sexually active individuals. The traditional conception of a beautiful woman which prizes bodily appearance such as stoutness while taking thinness or frailty as the only sure

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sign of sickness is in part to blame for the continued spread of HIV and AIDS in Africa hence the need to deconstruct it. On the basis of physical appearance, specifically body built a significant number of traditional men and women have refused to accept that specific persons they love or have lust for were infected.

The Shona have been selected as the reference group in this work for the simple reason that it is the group that the writer is most familiar with. The Shona who are the largest ethnic group in Zimbabwe constitute about three quarters of the country's population. While the name Shona is a colonial invention designating the various linguistic groups that speak variants of the language linguists call ChiShona, they do constitute a unique cultural cluster with shared social traditions, norms, beliefs and practices (Peek and Yankah 2004). Cultural foundations that inform the whole subject of beauty, health and sex among the Shona are in part to blame for the continued spread of the disease. Stories told about beauty, sex and the female body generate emotions that influence perception and sexual behavior. It is for this reason that a philosophical analysis of the language used by the Shona to conceptualize beauty particularly of the female body can provide important insights on why, despite widespread information, the pandemic keeps spreading in Africa.

Following below is a short narrative which informs much of the socio-ethical and philosophical reflections to follow in this work. It captures one salient but serious dilemma confronting most postcolonial African states particularly sub-Saharan Africa where AIDS continues to decimate humanity at all levels. At a point when everyone in Africa is looking up to antiretroviral treatment as the only available scientific answer to the pandemic, at least for now, one disturbing revelation is that this very source of life and hope has also become the new fatality. Individuals who have been literally "resurrected" or snatched from the throes of death through the introduction of antiretroviral treatment have become a new cause for concern.

After putting a number of people infected by the HIV virus on antiretroviral treatment in a shanty town in one mining area in Zimbabwe and literally "resurrecting" or snatching them from the jaws of death through a well coordinated program of ARV therapy run

by one prominent Faith Based Organization I was surprised to be asked by some of the people I had been working with and assisting for almost a year to stop visiting them. While some were bold enough to tell me to cut my visits others simply disappeared from the places where they were staying relocating to other far away places within the same town or outside without bothering to inform me about their new addresses. This is a worrying trend I have observed. After responding positively to treatment and other nutritional supplements the individuals in question now requested that they be left alone and would want to sever ties with the volunteer workers who had been working with them.

Having recovered and no longer showing any visible signs of illness the individuals in question were now ashamed to be seen associating with known HIV and AIDS volunteer workers like me. They were now ashamed and afraid that more and more people in the town would come to know their status thereby jeopardizing their chances of living a "normal" life. The shocking revelation is that some of these people have gone back to their old habits of commercial sex work while others have gone on to establish new marital unions with unsuspecting spouses who know nothing about their status and previous history. Equally disturbing is a new trend of unemployed and uneducated poor widows assisted into recovery who are enrolling into commercial sex work, as the only way to ensure the survival of their children.<sup>1</sup>

It is because of their reconfigured and reconstituted bodies which appear to ooze with vitality giving them an attractive appearance that make most of these people referred to above able to attract new suitors and in some cases be able to establish new relationships or families with unsuspecting individuals. It is also because of the reinvigorated body that women are capable of enticing men and hence find it easier to embark into prostitution without anyone sus-

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<sup>1</sup> This is an eyewitness account from a senior worker with a well known Faith Based Organization that has been involved with community care and people living with HIV and AIDS in Zimbabwe. The account captures some of the contradictions of ARV treatment from a practitioner perspective. Having worked with this organization for some time this fellow captured what I see as one of the serious ethical dilemmas of the massive ARV treatment rollout in Africa which constitutes an important source of academic reflection.

pecting that they could be infected by the disease. This is the other side, the potentially fatal side to ARV treatment today.

## THEORETICAL FRAMEWORK

Reflecting on what appears to be the irrationalities of our contemporary society constitute an important part of philosophizing. Contemporary society is confronted by a disease that not only threatens the life of those who have already contracted it but all those who have a potential of getting into a relationship or being lured into one with an individual who is already infected. While the advent of ARVs has brought hope to most people it has also brought in a new form of challenge to be confronted by society. The possibility that more and more can be infected remains one of the major challenges. This is the reason why ARVs may be taken as a double edged sword.

While truly saving life on one hand they also pose a serious problem on the lives of others. This work is a philosophical reflection on the dilemmas arising from the roll out of ARV treatment across communities and the challenges it raises. This work which is a philosophical reflection on the challenges arising from ARV treatment in Africa is situated within the discourse of philosophy of culture and draws from the method of ordinary language philosophy to demonstrate the extent to which culture and specifically language can constitute a serious hindrance to the fight against the AIDS pandemic in Africa.

A philosophical analysis of ordinary language as it is used by the Shona people to express beauty and the female body can provide important insights on why the pandemic keeps spreading in Africa. Ordinary language philosophy can enable us to look inwardly in order to appreciate and explore the specific context in which thought, utterance or expression and action take place. This, in philosophy is called contextualism. The understanding is that language when subjected to description and analysis can yield coherent, unique and novel philosophical ideas and ideals. Ordinary language philosophy is here simply taken as the exploration of language to understand the epistemological, metaphysical, ethical, social and



political beliefs and worldviews of a particular society (Fasiku, 2008).

The work attempts to draw from the ubiquity of metaphors and figurative language relating to female beauty among the Shona to argue for the need to revisit aspects of this language that have not only endangered men but their entire families by refusing to accept that beautiful women can be infected. Since it is located within the philosophy of culture the work also tries to bring out how cultural foundations of the whole subject of beauty, health and sex play a significant part in the spread of the disease. Language generates and shapes emotions and hence it shapes the way we perceive and react to the people and the environment around us. The power of emotions and their cultural context cannot be underestimated in life. The consideration or understanding of emotions or feelings is therefore central in any attempt to make sense of how social relations mediate the ways in which lives are lived and societies made and the changing sense of whom and what we are. As highlighted by Boellstorff and Lindquist (2004) feelings are not substances to be discovered in our blood but social practices organized by the stories that we both enact and tell. It is for this reason that if the Shona are to fight the spread of the disease they need to change the stories they tell about sex, beauty, health and sickness in relation to the female body. The perception of women and the whole gamut of linguistic expressions that shape the conception of health, beauty and sex among the Shona needs to be challenged.

#### BODY AND BEAUTY INSCRIPTION AMONG THE SHONA

Much has been written about the traditional African conception of beauty and the beautiful woman (Gelfand 1973; Onyewuenyi 2003; Oluruntoba-Oju 2007; Kudzai and Mapara 2009). In traditional Africa women beauty was linked to morality, being beautiful therefore had a normative layer of meaning. It was not enough to have physical beauty, but the good physical appearance needed to be complemented by accepted virtues of character. For women this came down to upholding the norms and standards of behavior as expect-

ed by society and exhibiting a host of virtues of character. As tradition wanes this understanding of beauty has been shift over the years.

The potential to enjoy sex without having ever to make serious commitments has been on the increase in most post traditional African societies marking a significant departure from the traditional set up where strict rules about engaging in sex were strongly enforced through such practices as virginity testing and various other taboos and myths. The ability to enjoy sex outside marriage and without making serious and life long commitments has led to a reconceptualisation of beauty altogether with most people emphasizing physical appearance with little or no regard for character. It is only when one is looking for a woman to marry that one goes beyond the physical characteristics of a woman to consider her moral standing as well. Even women have become preoccupied by other qualities like success and potential of success in a man than moral uprightness. This preoccupation with appearance or physical beauty without moral beauty explains in part the rise in divorce figures among most of the young couples today. In sexual relationships purely driven by lust and relationships that are not meant to last long, men tend to glorify physical appearance.

The traditional conception of physical beauty has become the sole determinant of the good woman in most casual relationships. In traditional Shona society while the face was an important measure of a beautiful woman, body structure was considered more significant. A fulsome bosom and a jutting backside represented the ideal body structure. Traditional Shona courtship poetry bears testimony to the importance that was attached to such body parts as the big breast and jutting backside with such phrases as *ane chipfuva chinozadza dengu* (the one who has a breast that fills the basket) *ane kufamba kunenge kukavira nyimo* (the one whose gait is rhythmic) often used to describe the rhythmic movement of the jutting backside (Fortune 1971). Female physical beauty therefore expressed itself in the plumpness or roundness of the body with a jutting backside. While tastes may indeed differ from one individual to the other, to a large extend these features still rule supreme in defining the beauty of a woman even in contemporary Shona soci-

ety. Although many other aspects of the Shona culture have suffered erosion from western culture it has not been easy to change the cultural image of a beautiful woman.

Beauty contests in the country have been riddled with controversy since independence with most people voicing their concern about the criteria being used to judge beauty in the country. Most have highlighted their discontent, dismissing the criteria as more western than African. The so called beauty pageants were not beautiful in accordance with African standards; they were too slim and lacking in the all important backside. Rounded buttocks and good drumstick legs, curves and a jutting backside are at the centre in constituting the image of a beautiful woman.

When the body is attractive then a woman is beautiful. There is no shortage of vocabulary and figurative language to describe the rounded buttocks and the sexy way these beautiful buttocks move when the woman walks. Men are known to look with lust at this female shape and women are equally aware of it. The female body is objectified, romanticized and eroticized in terms of its movement and rhythm, particularly the walk, the bounce and the sway (Mans 2004).

Shona language is replete with metaphors and expressions that capture the centrality of the body features in aesthetic appreciation. These linguistic expressions highlight the extend to which physical built constitutes an important aspect of the whole equation of beauty and sexual attractiveness. Following below are a few expressions selected for analysis in this work.

- *Mai vane zvinhu zvavo ava!*-that woman has good asserts (meaning a jutting backside)
- *Mai vakabatana ava!*-that woman is well built (referring to the plumpness of the body)
- *Mai vane gumbo ava!*-that woman has a good waist that is, rounded buttocks and big thighs.
- *Mai vane garo ava!*- that woman has good buttocks, implying their size and roundness.
- *Pane kudya apa!*- that woman has big sexually appetizing buttocks.

These expressions are the popular vocabulary of appreciation and approval used by men to highlight the beauty of a woman. An analysis of these expressions brings out the extent to which beauty and sexual attractiveness revolve specifically around such body parts as the waist which is technically regarded as the “housing” to the female reproductive organ. The depictions above capture the lust with which the female body is viewed by men. This is the language that mediates sex and sexual emotions. Even popular drawings in newspapers by cartoonists continue to depict this culturally acclaimed picture of a beautiful woman in their cartoons by presenting pictures of a woman with a fulsome bosom and a jutting backside. Not only cartoonists but those who are also into sculpture have showcased this kind of female body in their carvings which are found across many galleries in the country and at every place where they showcase their wares. Such drawings or artifacts capture what may be literally described as the conventional conception of a beautiful woman among the Shona if not in much of Southern Africa.

The dislocation of sexual relationships from the traditional field of marriage has meant that the traditional African conception of beauty which links beauty to morality has been marginalized making people to rely more on looks or appearance in defining beauty. This is sexual beauty which is strongly influenced by sexual lust and not the desire to start a stable family. The introduction of western fashion and dress codes in the form of tight fitting jeans and mini skirts among others particularly in urban areas has made the aesthetic appreciation of the woman body much more accessible adding to the burgeoning of sayings in the Shona language in appreciation of the female body. Such expressions as *wakazadza* meaning she fills up the entire jean have become common adding to the age long desire and appreciation of a large backside. These linguistic expressions not only serve to describe what the eyes see but to endorse a specific body image. The expressions in themselves constitute a cultural seal of approval of that body image serving to connect physical appearance and sexual appetite. It has remained difficult to change the mind frame of most men that a woman with all those qualities of a rounded body and jutting backside could be infected by the HIV virus. Even high ranking politicians who are supposed to be

more knowledgeable than most common men have been reported to have failed to resist the lure of a woman with such features even when they new for sure the woman was HIV positive hence the popular story of a high ranking politician of “sex and the shower” that gripped Southern Africa a few years ago. It is for this reason that for me (Rasmussen 2008) appears to have got it right when he argues that to fight AIDS in Southern Africa much of the war must be directed at changing men’s conceptions of sex rather than concentrate only on women as they have overallly less power in making significant decisions about sex in their relationships. Arguing for a shift of attention to involve men in the fight against the spread of AIDS in Africa Rasmussen (2008:1) had this say:

In recent years, targeting men in HIV/AIDS prevention has been promoted as promising solution for preventing the spread of HIV. The reasons for targeting men revolve around how the sexual behavior and attitudes of men are key drivers of the epidemic, and that empowering women is not sufficient to change men’s behaviors and attitudes. Constructing men as both the problem of and the solution to AIDS seems to suggest that in order to significantly address problematic sexual practices men have to use their power differently.

Commercial workers tell of stories of men who refuse to wear condoms preferring to pay a risk allowance instead; a naïve commodification of life for both parties. The woman’s physical appearance in this case gives rise to that foolhardy seal of approval; fit for consumption. It is precisely for this reason that fighting AIDS has remained difficult among many societies in Southern Africa because of this strong nexus between plumpness of body, beauty and health.

#### ARVS AND THE FATAL DISGUISE

As a disease, AIDS has been traditionally associated with physical deterioration, significant loss of body weight and loss of control over many natural functions of one’s body. When one is said to be suffering from AIDS people expect these kinds of symptoms. The

individual must be seen to be visibly thin and frail. It is for this reason that various names depicting significant weight loss have been used to refer to the disease in most parts of Africa. To describe the physical symptom of weight loss Shona speakers use such terms as “*mudonzvo*” (walking stick) or “*rutanda*” (stick) to talk about those suffering from the disease.

The metaphor of thinness or weight loss is not unique to Shona speakers. In Zambia, the ChiChewa speaking people call AIDS *matenda akaliondeonde* “the disease of losing weight”, in East Africa the term *slimu* a corruption of the English term slim has been popularized while in Lesotho the term *o otile* is used to refer to the same AIDS related condition of weight loss (Mashiri, Mawomo and Tom 2002; Kamanzi, 2008). This nomenclature has become part of the important and common lexicon adopted by many communities to talk about the disease while avoiding mentioning it by its real name; a morally accepted practice that is associated with politeness.

The introduction of ARV therapy has challenged in a much more significant way the connection between AIDS and growing thin. ARV therapy has redefined illness with specific reference to the configurations of the body. Kamanzi, A. (2008) capture this well in the title to their article: “When in the body, it makes you look fat and HIV negative: the constitution of antiretroviral therapy in local discourse among the youth in Kahe, Tanzania”. The use of ARV therapy has been associated with significant weight gain and a gradual smoothening of the skin as much of the skin rush symbolic of the disease disappears. Smoothness of the skin is another important element in aesthetic consideration particularly with reference to female beauty. It adds to the attractiveness of the woman. Smoothness of the skin is traditionally associated with such positive qualities of the body as good health, fertility and good living in general. The quality of smoothness is ordinarily associated also with the quality of being new in many objects and when this relates to human beings it denotes youthfulness, an important attribute that most men look for in women.

Within the Shona culture it is expected that men should be older than their spouses and the ability to get a youthful lover is some-

thing to brag about particularly for most men engaging in extra-marital relationships. Thus the smoothness of the skin is generally accepted as an indicator of youthfulness, good health and general vitality of the body. The use of ARV therapy has provided those infected with an opportunity to revitalize their bodies from a significant state of rapid aging and deterioration. The treatment rejuvenates the body and its vitality giving the users an attractive appearance once more. ARV users who eventually don't show any visible signs of HIV infection any more and deciding to act without responsibility pose a significant danger to the unsuspecting community.

Besides the smoothness of the skin, significant weight gain plays a crucial role as a tool for seduction particularly for women who decide to embark on prostitution. In the scenario captured above most women are said to embark on prostitution after they have been resurrected by ARV intake. Capitalizing on their new looks these women patronize drinking places such as beer halls where not only their bodies give them a decent marketability from the smoothness and jutting backside, but they can also make use of these bodies to maximize the seduction through dance. Highlighting the effectiveness of dance in African culture, Mans (2004) argues that in dance the body communicates, invites and challenges the onlookers and a good dancer is able to transcend the execution of steps to a level where she can "play" not only herself but also the onlookers. Knowing the correct movements, modalities, sounds and possible variations as well as the rules and meaning of the performance, female bodies can be transformed into effective tools of seduction. Since Shona men are known to appreciate the backside, a little sway of the jutting backside adds to the attractiveness of the woman triggering an avalanche of suitors. It is for this reason that the significant weight gain, vitality and the urge to irk out a survival through prostitution, all made possible by ARV intake forms an important dilemma for many in Africa.

ARVs are redefining AIDS sickness in a way that has not yet been accepted by many in Africa particularly those whose levels of education are low. The complexity of the symptoms of AIDS has made it difficult for society to pin down with certainty when one is afflicted with AIDS and not other diseases. Because of this com-

plexity society has not been very sure of how AIDS manifests itself in patients other than frailty, significant weight loss and failure to control the discharge of bodily wastes. Because the cause of disease among the Shona and many traditional African communities ranges from witchcraft, sorcery, spiritual curse and other natural causes, all that may share similar symptoms with those of AIDS there has always been room for people living with HIV to scapegoat and point at witchcraft hoodwinking many. Peek and Yankah (2004) acknowledges that the belief in magic, witchcraft and sorcery continues to play an important role in the lives of the Shona, despite rigorous efforts to eradicate and outlaw it by Christians and the government. Because of this it is not uncommon to attribute rejuvenation in the form of weight gain and smoothness of skin and general vitality of the body to a successful exorcism of goblins that were sucking the person's blood (*chikwambo chinsovetu ropa*) causing weight loss. Since status disclosure is not mandatory a host of people privately enroll for ARV therapy but continue to claim that their illness is caused by evil spirits prompting relatives to visit traditional healers who naturally connect much illness to the spiritual realm.

To most outsiders and unsuspecting relatives the rejuvenation in health is attributed to a traditional breakthrough in dealing with whatever was sucking the blood of the sick individual when in actual fact the individual is taking ARVs secretly. Because of the diversity and varied manifestations of opportunistic infections associated with AIDS, the belief in witchcraft and sorcery has remained one fertile area behind which most people conceal their HIV status and in the process hoodwinking many. It is for this reason that women are known to turn to commercial sex work with much ease after gaining weight. There is a general myth that if a woman has a good body then she is free from the HIV virus because if she had the virus it would have eaten her off significantly. Body attractiveness which is the traditional mark of a healthy woman is still adhered to even when it comes to HIV hence the difficulty of convincing traditional men that a good attractive body could be carrying the disease. Troubled by how to deal with appearance and reality on this issue a Swaziland politician moved a motion in the august house



for the not only unthinkable but poignant compulsory buttocks branding for all people living with HIV to protect unsuspecting partners and clients (The Times May 27, 2009).

#### THE DILEMMAS AND THE DIFFICULT CHOICES

While prolonging and protecting life is indeed one of the universal values, the idea of prolonging a life that has a potential to go down with many more other lives is a serious test on human values and ethics. In wrong hands and malicious fellows ARVs have given rise to a new form of “witchcraft” or “sexual terrorism” where individuals who have been assisted to recover are deliberately infecting other unsuspecting partners and clients. ARVs are a double edged sword. In a continent that has lost its moral compass and where poverty is rife this new dimension to the problem poses a serious threat to humanity with no immediate end in sight. With the possibility of preventing mother to child infection by testing pregnant women for that very purpose, infected men who are spurred by the patriarchal social context to contribute to the family lineage are realizing the opportunity that they can still father children who are HIV negative by impregnating unsuspecting and healthy women.

The idea that one marries a stranger, a person that one has no strong moral obligation to protect, makes the whole problem much more complex. Many who feel the urge to leave behind children can easily impregnate unsuspecting women outside marriage and have children with them and then turning to reclaim custody of the child. In a patriarchally influenced legacy the possibility of HIV positive men having affairs with several women just to improve their chances of having a healthy baby are real. As a result of the strong patriarchal values and the desire to fulfill reproductive roles many unsuspecting women are likely to be sacrificed by inconsiderate males for the sake of an offspring to perpetuate the family lineage.

Language generates and shapes emotions and hence it affects the way people perceive and react to others and the environment around them. Since language mediate emotions, including of cause

sexual emotions, the language that the Shona men use to capture the body configurations manifested by what are culturally defined as beautiful women need to be reexamined. Boellstorff and Lindquist (2004) note that feelings are not substances to be discovered in our blood, but social practices organized by the stories that we both enact and tell. It is for this reason that if the Shona are to fight the spread of the disease they need to change the stories they tell about sex, beauty, health and illness particularly in relation to the much adored female body. The cultural tendency to associate a good looking female body with fertility and sexual enjoyment (*pane kudya apa*) needs serious rethinking. The war against AIDS requires many fronts. The fact that there are people who are inconsiderate and who go around using their reconfigured and rejuvenated bodies to spread the HIV virus requires the development of language that remind people of the age old wisdom from our elders that *guyu kutsvuka kunze mukati muzere nemasvosve* (the fruit from the fig tree appears attractive from the outside but inside it has a lot of moths). Popularizing this old saying when talking of beautiful women could play a significant role in reminding society to make the distinction between appearance and reality.

With the advent of ARV therapy a new definition of beauty that necessarily transcends body appearance is required in contemporary societies overall. While body features such as the face and well built physical body are indeed important a new and essential attribute that must immediately count for real beauty ought to be the HIV status. Since ARVs constitute a double edged sword society has to negotiate new ways of dealing and understanding beauty and the female body without forsaking their traditions by making HIV status an important part in the whole process of defining beauty. Relying on one's eye as the ultimate judge of beauty needs to be revisited in view of the pandemic.

The human eye alone cannot continue to occupy that unquestionable position in aesthetic judgment, the appreciation of beauty and the choice of sexual partners. The age old philosophical controversy between appearance and reality ought to constitute an important part of the cultural teachings regarding beauty and the establishment of sexual relationships. This is what the traditional

Shona society sought to achieve by considering morality and other virtues of character in defining beauty. However in the contemporary scheme of themes where getting to know a person's character may be difficult, the seal of approval rendered by an HIV test may constitute an important marker of virtue and hence of a beautiful woman.

## CONCLUSION

This work argues for the need to revisit the traditionally acclaimed nexus between bodily beauty, features and sexual attractiveness among the Shona and other African societies in general. The massive roll out of ARV treatment while representing a significant step in the fight against AIDS in Africa, has given rise to new challenges in society where those rejuvenated by the treatment can become new drivers in the spread of the disease. The work has highlighted how the traditional conceptions of health, disease, beauty and the language used therein can be significant incubators for the spread of the pandemic by driving sexual lust. The traditional marker of beauty in the form of virtues of character that Shona society emphasized in defining a beautiful person could still be brought back but in a slightly different mode in the form of an HIV test to define a beautiful woman. The practice of blindly celebrating plumpness, a fulsome bosom and a jutting backside in an age of massive ARV rollout in Africa may be fatal lure.

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