AIDS-TRAUMA AND POLITICS

AMERICAN LITERATURE AND THE SEARCH FOR A WITNESS

AIMEE POZORSKI

AIDS-Trauma and Politics

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AIDS-Trauma and Politics

American Literature and the Search for a Witness

Aimee Pozorski

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For those with chronic illness, may your stories always be heard.

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Preface

And the Band Played On in the 1980s

TESTIMONY, SIGNIFICATION, AND THE EPIDEMIC'S TRAUMATIC BEGINNINGS

I was thirteen years old in the spring of 1987. An eighth grader at a Catholic middle school in northeastern Wisconsin, I had a penchant for writing and not much imagination when it came to the annual science fair. The previous year, I had written a book of poetry and bound it with cardboard and glue, proclaiming that some science, surely, went into its construction. When it came time to prepare for the upcoming fair, my well-meaning eighth-grade science teacher, Miss Gerritts, suggested I continue to write, but, this year, to write about a contemporary problem in science: the "new disease" known as AIDS that had the scientific community wondering about conspiracies surrounding it that were whispered as if in back alleys.

Notre Dame Middle School required religion class first period, every year for three years. It was in those religion classes where I learned that there was a hole in, or, for some more forgivable cases, a black mark on, my soul for every sinful thought. I learned that you can get pregnant from sitting on a boy's lap wearing a short skirt.

We learned the Creation story in religion and also forgiveness from the Gospels. But, the science of sex seemed never to come up. As a thirteen-year-old girl who attended Catholic school since the age of six, I knew nothing about sex, or even drugs. Looking back now, the teacher's suggestion to write a report on AIDS at a school where brochures from the CDC were slow in coming and the Christian right pursued their own biased angle, seems woefully under-considered.

Predating the Web by a decade, information from basic searches—searches that must have taken place through snail-mail and phone calls—seems now, a blur. I have tried to find the original report I filed for the science fair, with little success. The dominant images lodged in my brain from so many years ago involve monkeys, Africa, the phrase "lacerations in the anal passage," my immature conflations of SIDS and AIDS, and other problematic confusions of a Catholic school girl who was not formally taught about sex nor about homosexuality, except through vague references to sin and punishment.

I am sure some of the science stuck. Or, maybe some of the science writing. Of course, I was never to know. No one ever spoke with me afterward about the report. I received no feedback, although I think I earned an A because I was a good writer. I was not, however, crafty. The cover of my report was made of card stock, stickers, holes punched with a paper puncher, and string. I tried retracing my steps recently, locating only posters from a half-hearted CDC attempt at educating children as early as 1980 that proclaim: "You won't get AIDS from a bug bite" and "You want to be risk-free from AIDS: don't have sex." The NIH clears up some of this fogginess, explaining currently on their website: "The Centers for Disease Control established one of the first government services to respond to the public's questions about HIV/AIDS with the National AIDS Hotline in 1983, but the CDC did not establish a comprehensive educational campaign until 1989, due in part to the halting response of the Reagan administration to the AIDS epidemic."

Two years separated my search for information in 1987 and the availability of that information, finally, in 1989. Sometimes, at my most cynical, I think it was a cruel trick for a Catholic schoolteacher to send a wide-eyed creative girl down into a rabbit hole of misinformation or no information at all on such an important topic as HIV/AIDS, especially when she could tell me nothing about it herself. My more generous self does not blame the teacher, who perhaps really was concerned, but rather the culture at large that seemed to have missed every opportunity to devise a comprehensive plan to a public health crisis affecting everyone, but most lethally, gay men on both coasts and intravenous drug users.

So when I think about AIDS, perhaps it is inevitable I would think about trauma as a theoretical model to try to articulate what happened during those early days. Trauma theory not only describes the effects of an unimaginable event that descends without warning, but more compellingly for the purposes of this book, the absolute centrality of the role of the witness and his or her testimony to an impossible survival. It is with that latter sense in mind that I have come to see my early research into an epidemic radically unanticipated as exemplifying the ways in which it has become impossible to separate AIDS victims from the "general" public, the "not-self" from the "self" to use

Paula Treichler's language (69). We all occupy a relationship to testimony from that era, either as the survivor him- or herself, or as the ethical witness, who struggles and inevitably fails to possess this lost story of the epidemic, or even with the person who refuses to witness at all.

The problem with—and beauty of—testimony is that it often draws on lyrical figures, rhetorical tropes, and all the other conscious and unconscious inventiveness of language. One opportunity to try to overcome or master the disordered event arrived with Rock Hudson's death from AIDS complications in 1985 (Shilts xxi), when medical professionals and social critics wanted, rather than disorder, a neat historical timeline that could provide a cause and effect explanation for the HIV crisis. Such a model came in the form of Randy Shilts's *And the Band Played On* (1987).

An exemplary case in the struggle to establish an historical truth about the emergence of AIDS, Shilts's book was recognized as problematic very early on for its emphasis on "Patient Zero" as the nearly sole causal factor in transmitting the disease from the west coast to the east coast (see Crimp, "Randy Shilts" and Doss). In what remains of this preface, I will juxtapose Shilts's treatment of Patient Zero, and its surrounding controversy, with the predominant thought in trauma theory that seeks not mastery of a traumatic event, but rather a far more uncomfortable proposition: paying closer attention to "literature of testimony," such as those literatures about the AIDS epidemic that I take up in this book.

I am sure I would not have had access to Shilts's groundbreaking book in 1987. Subtitled "Politics, People, and the AIDS Epidemic," it is a comprehensive tome that considers the inter-relationships among federal agencies, the medical community, political activists, AIDS patients and their doctors. Had I seen the book's title, I might have thought about a literal band continuing to play—the Revolution behind Prince; the E Street band behind Bruce Springsteen, even my middle school symphonic band rehearsing for the spring concert. It would have been a stretch even to consider the metonymical slippage to recall the band on the Titanic that continued to play as the ship went down, much more the sense that Shilts was going for, the deliberate masking or downplaying of an impending calamity by authorities. As Shilts makes clear in his prologue:

> This was a time in which the United States boasted the world's most sophisticated medicine and the world's most extensive public health system, geared to eliminate such pestilence from our national life. When the virus appeared, the world's richest nation housed the most lavishly financed scientific research establishments—both inside the vast governmental health bureaucracy and in other institutions—to investigate new diseases and quickly bring them under control. (xxii)

It is perhaps Shilts's understandable disbelief at such a collective failure of these institutions to bring AIDS under control that his own prose over-corrects and seeks to impose order and explain causal effect at a time when it seems rhetorically unwise. As a result of a desire for mastery, to locate the cause of the virus in one easy to explain figure, Shilts spends a great deal of time following the history of Patient Zero, an unwitting figure for the early history of HIV. One can see why a subsequent HBO adaptation of *And the Band Played On* could be imagined, written as it is with good guys and bad guys, with Patient Zero portrayed as the ultimate bad guy in the AIDS narrative.

Listed in Shilts's Dramatis Personae—signaling the story's connections with a theater from the outset—Gaetan Dugas is described as "a French-Canadian airline steward for Air Canada, one of the first North Americans diagnosed with AIDS" (xiii). His name will appear at least 35 times more throughout the expansive history, seven of those times linked with his new moniker, "Patient Zero." Chapter 13, "Patient Zero," for example, is as much about the CDC's work to determine the way the virus is spread as it is about Dugas himself. In one telling moment, we learn that "Gaetan Dugas seemed quite pleased with himself as he rattled off his sexual exploits to Bill Darrow," according to a sociologist and epidemiologist who worked on tracking the AIDS virus from the Centers for Disease Control (136). Already, this is a problematic recollection, if only because it perpetuates an unflattering stereotype of gay men that had from the start been used to justify the country's failure to commit to the treatment of AIDS.

But the treatment of Dugas in the text both precedes and follows that central chapter 13. Very early on in the text, Shilts treats him more as a motif than man, reporting: "Later, when the researchers started referring to Gaetan Dugas simply as Patient Zero, they would retrace the airline steward's travels during that summer, fingering through his fabric-covered address book to try to fathom the bizarre coincidences and the unique role the handsome young steward performed in the coming epidemic" (23). In this way, the search to determine the ways the disease gets transmitted becomes a search for Dugas himself, following his sexual adventures through travel logs and his address book to begin to identify possible sex partners.

By November 1982, Dugas had been advised by Selma Dritz, assistant director of the Bureau of Communicable Disease Control at the San Francisco Department of Public Health, to discontinue his bathhouse visits, to which he apparently responded: "'I've got it. . . . They can get it too'" (200). Shilts describes Dritz's response thus: "The situation was intolerable . . . and she had no doubt as to what she would like to do. There was only the question of whether it would stand up in court. These people should be locked up, particularly Gaetan. Dritz starting talking to city attorneys to see what laws existed to empower such action" (200).

Criminalizing Dugas in this way, the text continues to perpetuate the myth that the exemplary AIDS patient was someone like this version of Dugas: a handsome, self-entitled, self-righteous jet setter who saw no problem in sharing his sexually transmitted, and—already at the time—notoriously lethal disease. By 1984, a study published in the *Journal of American Medicine* featured diagrams "with all the arrows and circles centered on one person—the now-famous Patient Zero" (438).

In the end, Shilts acknowledges, it is impossible to determine whether Dugas was the single person responsible for the spread of AIDS to and within North America. He writes, at the end of his book, which ends with reflections upon the final days of Dugas's life:

> Whether Gaetan Dugas actually was the person who brought AIDS to North America remains a question of debate and is ultimately unanswerable. The fact that the first cases in both New York City and Los Angeles could be linked to Gaetan, who himself was one of the first half-dozen or so patients on the continent, gives weight to that theory. . . . In any event, there's no doubt that Gaetan played a key role in spreading the new virus from one end of the United States to the other. (439)

Shilts's text becomes ambivalent here: On the one hand, like every good journalist, Shilts is prepared to acknowledge the limits of his theory; on the other hand, it appears that the need for an answer, the comfort offered through closure, outweighs the more philosophical consideration of assigning a single cause to a complex series of events, especially regarding sex and the human body.

Sara Scott Armengot, among others, has questioned the validity of Shilts's "Patient Zero" theory, suggesting that "the media invested the story of Patient Zero with a sensational explanatory power: frequently portrayed as a vain serial killer and a monstrous criminal who knowingly spread AIDS from coast to coast, Patient Zero became recognizable as a symbol of gay narcissism, irresponsibility, and culpability" (68). Indeed, as Timothy Murphy suggests in *Ethics in an Epidemic*, "the description of a figure who 'spreads' AIDS" requires us to think about what it "reveals about the way responsibility is understood and assigned in the AIDS epidemic, about the way we think of epidemic as catastrophe, and about what remedies it requires" (12). One of these requirements, it seems, would be to embrace a more open-ended approach to responsibility. Armengot is interested particularly in two movies produced in response to Shilts's work: Roger Spottiswoode's 1993 film of the same name—a film that perpetuates the same assumptions about Patient Zero as Shilts, and, by contrast, John Greyson's 1993 film, *Zero Patience*, a musical comedy that "creates a space of negotiation on screen" (Armengot 77).

Armengot's essay privileging the open-ended, negotiating independent film, *Zero Patience* above a mainstream film from the same year that "appeals to viewers' preconditioned fears of 'monstrous' bodies" speaks directly to Paula Treichler's essay considering AIDS signification more broadly. In "An Epidemic of Signification," Treichler acknowledges AIDS as a health epidemic, but goes further to signal a second epidemic, one about signification itself, in an argument about how difficult it is to refer to trauma and how meanings get attached to the indescribable in the absence of a literal truth. For Treichler, "In multiple, fragmentary, and often contradictory ways we struggle to achieve some sort of understanding of AIDS, a reality that is frightening, widely publicized, and yet finally neither directly nor fully knowable" (31).

In reading scientific discourse as attempting to find mastery over the disease through language with little nuance, Treichler notices a power imbalance that privileges scientific language for its power to name a disease and therefore attempt to contain it—not only physically, but also linguistically as well. For Treichler: "Scientific and medical discourses have traditions through which the semantic epidemic as well as the biological one is controlled, and these may disguise contradiction and irrationality" (37). Rather than trust the medical field solely for our definitions—and therefore, understanding—of a vast and inscrutable disease, Treichler advises that: "we understand AIDS as both a material and a linguistic reality—a duality inherent in all linguistic entities but extraordinarily exaggerated and potentially deadly in the case of AIDS" (40). An answer to this "epidemic of signification," Treichler's proposal of an "epidemiology of signification" allows for what she describes as a "comprehensive mapping and analysis of these multiple meanings—to form the basis for an official definition that will in turn constitute the policies, regulations, rules, and practices that will govern our behavior for some time" (68).

While I would support the notion of approaching the texts that I address here, texts ranging from drama to poetry to memoir to novel, with an eye toward their multiple meanings in the same way I would advocate for reading the story of Dugas in multiple ways, or even the CDC and its history with the epidemic, I do not think (as a result) there can be a single, uncomplicated "official definition." Treichler uses the phrase "construction of official definitions" two times in the final pages of her essay, but I would argue that the desire to locate something "official" is what leads us, ultimately, astray (68).

Instead, perhaps we approach the present and past representations of AIDS as an "open question," to borrow from Shoshana Felman, in order to reflect on the "textual and theoretical encounter" between medical literature and literary representation. Perhaps we are more successful at coming to terms with this health crisis, and others, if we consider these representational encounters not "as an answer, but as a question, questioning at once its possibilities and its limits" ("To Open the Question" 10). Such an approach seems to inspire Greyson's *Zero Patience*, the alternative adaptation of Shilts's "comprehensive" AIDS history. As Armengot describes it: "Rather than an uncritical acceptance and continuation of the overly determined Patient Zero story, *Zero Patience* creates a space of negotiation on screen" (77).

Armengot's phrase, "space of negotiation" appeals to me in the sense that, like Felman, it advocates for leaving open the question of interpretation rather than trying to pin down a cause for AIDS or even a stable referent. If we privilege that sense of literariness in our search for meaning, we may feel less comfortable, but also we leave room for more possibilities. Felman and Laub find this space in literary testimony in the documentation of the Holocaust they explore in their pivotal work, *Testimony* from 1992. Somewhat uncannily, in that collection, Felman interprets Camus's *The Plague*—which has since been proposed as a signifier for AIDS—as an exemplar of literary testimony to the Holocaust. Felman asserts that "the specific task of literary testimony is . . . to open up in that belated witness, which the reader now historically becomes, the imaginative capability of perceiving history—what is happening to others—*in one's own body*, with the power of sight (of insight) usually afforded only by one's own immediate physical involvement" ("The Plague" 108). The testimony invites a witness, albeit belatedly, to perceive history from another vantage point, but in such a way as it makes a claim on her.

Felman says that *The Plague* ushers in "an Age of Testimony," characterized as "an age whose writing task (and reading task) is to confront the horror of its own destructiveness, to attest to the unthinkable disaster of culture's breakdown, and to attempt to assimilate the massive trauma, and the cataclysmic shift in being that resulted, within some reworked frame of culture or within some revolutionized order of consciousness" ("The Plague" 114). Using such language as "horror," "destructiveness," "unthinkable disaster," "culture's breakdown," "massive trauma," and "cataclysmic shift," Felman has given us language to look, if even belatedly, at another Age of Testimony: the AIDS crisis of the 1980s and 1990s in the United States. I would assert that the Age of Testimony continues to this day, and, as such, that we approach AIDS literature as testimony that attests to the subsequent cultural breakdowns in this country and attempts to assimilate the trauma of illness that goes ignored or defined in hostile or limiting terms.

What is most valuable to me about this model lies in its understanding that testimony, as opposed to the language of medicine or bureaucracy or journalism, opens the site of responsibility to include us all. I have carried the incomplete story of AIDS with me for well over half of my life, seeking out new ways to understand an epidemic—both of the body and of language—that had no suitable story thirty years ago. Since then, the CDC has admittedly stepped up, but so too have the more literary minded to tell a broader, more lyrical, more demanding, challenging, and inclusive story. Authors who see their work as "an art of urgency," who "bear witness in order to affirm one's survival" ("The Plague" 114, 117) demand a closer reading, not simply for what their art says about the biology of the disease, but equally as compelling, for what it says about the philosophy, psychology, economics, and politics of the disease as well.

While there may be limits to applying what Felman says about *The Plague* as testimony to the Holocaust to this conversation about AIDS writing and testimony, I do think that her model predicts the way we would begin to think about the AIDS crisis as a plague itself. Somewhat uncannily, Felman reflects at the end of her 1992 essay, "Perhaps the most profound feature of Camus' testimony is that, in the very midst of its monumental effort to take the victims' side from the perspective of the healer, it acknowledges this residue, this failure of the healer's testimonial stance to encompass all of Plague, to 'speak for all,' to say all" ("The Plague" 118).

This book is an attempt to make good on a promise I made in 1987, to acknowledge "this residue, this failure of the healer's testimonial stance to encompass all of Plague"; it is an attempt to adequately address the "new disease" (now, thirty years later, not so new at all) in part because, decades ago, there was so little information to help me understand it. And there should have been. Now, in 2019, I am better equipped to see the places where science fails, where politics has failed, even where healers have failed, despite their best attempts. I read, therefore, with an eye toward "the residue," the "space of negotiation," seeking not to fit things into categories or boxes or causes, but rather for what does not fit exactly—for in those moments we see the signification of AIDS most poignantly at work.

Introduction

AIDS-Trauma and Politics

AMERICAN LITERATURE AND THE SEARCH FOR A WITNESS

When Nancy Reagan died in March 2016, Hillary Clinton, the Democratic candidate for President of the United States, offered some words of respect, claiming that "because of both President and Mrs. Reagan . . . we started a national conversation, when before nobody would talk about it. Nobody wanted anything to do with it" (qtd. in Chozick). In so doing, Clinton mistakenly championed the Reagans for leading conversations about HIV/AIDS when it began ravaging gay communities in the 1980s. The problem with Clinton's remarks to MSNBC's Andrea Mitchell, however, is that it was the Reagans themselves who did not want "anything to do with it" (Chozick). Beholden to the Christian right for political and financial support, the Reagans ignored the crisis, or worse, while tens of thousands died from the disease.

Although the Centers for Disease Control and Prevention identified the disease in 1981, President Reagan did not give a speech about it until six years later, in 1987. By that time, 40,000 people had died of the disease and another 36,000 had been diagnosed (Chozick). Of course, facing significant criticism, Clinton apologized immediately, after having alienated much of her base. "While the Reagans were strong advocates for stem cell research and finding a cure for Alzheimer's disease, I misspoke about their record on H.I.V. and AIDS," she said two hours later. "For that, I'm sorry" (Chozick).

The moment, especially for the gay community, felt like a double wounding: an inability to acknowledge the Reagans' inability to acknowledge a burgeoning health crisis costing thousands of lives—that even thirty years later, it was more important to center and lift up the Reagans than those who died, who lost loved ones, and who struggled to force America to recognize and fight against the disease. It also emphasized the ways in which a cultural wounding or trauma can perpetually appear if it is not adequately addressed in the first place. The ethical failure of the Reagans, for example, while criticized sharply by the left, remains unexamined to this day by even our Democratic presidential candidates. Hillary Clinton's gaffe, easily seen as a sign of forgetfulness, can just as easily be recognized as the sign of the cultural and national unconscious speaking through her, reminding us that we still have work to do in acknowledging the nation's sick.

Frequently when trauma theorists speak about trauma and narrative, there's a rhetoric of an original forgetting—something that was "missed" at the time speaks insistently through pain. What is somewhat remarkable, however, is that activists, journalists, and creative writers had begun to speak out about the HIV/AIDS crisis almost as soon as it appeared on their radar. The problem, in this case, was not lack of knowledge by those affected most directly. It was a lack of empathy and a lack of willing listeners to the plight of the sick that led to an overwhelming silence surrounding AIDS. It is hard to believe, further, that such a fundamental text as Randy Shilts's *And the Band Played On: Politics, People and the AIDS Epidemic* (1987) is now thirty years old, yet still carries as much of a shock as it did in the 1980s, in part because of its force in reminding American readers of the moral and ethical failure of our leaders a generation ago. Despite Shilts's treatment of the so-called "Patient Zero," which is rhetorically problematic, the book remains a testament to a generally under-recognized moment in our nation's past. As Shilts explains in the book's prologue, "The bitter truth was that AIDS did not just happen to America—it was allowed to happen by an array of institutions, all of which failed to perform their appropriate tasks to safeguard the public health. This failure of the system leaves a legacy of unnecessary suffering that will haunt the Western world for decades to come" (xxii). The significant phrase here is "allowed to happen," as any number of American institutions could have come forward to try to stop the spread of the disease and the social anomie that settled into gay communities on the east and west coasts. Shilts repeats the word "failure" here to underscore that point: the media, the government, religious leaders, to name only a few of the institutions Americans would say they trust (or ought to be able to trust) turned their backs in such a way that we are still, thirty years later, reeling from the effects.

In the void left by this failure, I would propose, it is no accident that twenty and thirty years after the AIDS crisis, such films as *Angels in America* (2003) and *The Normal Heart* (2014) would find large audiences and critical acclaim—giving rise to conversations about the ravaging effects of AIDS among a new generation of Americans. I know very well that these were plays, originally published in 1993 and 1985, respectively. The adaptations, however, register quite differently in the twenty-first century, in our own political moment and cultural ambivalence about the 1980s. Further, Larry Kramer's *The American People, Volume I (Search for My Heart)* (2015) kept the conversation going through Kramer's book tour of 2016, a tour Kramer withstood despite his own health struggles.

Also in 2016, leading critics named David France's *How to Survive a Plague* as one of the best books of the year. Subtitled "The Inside Story of How Citizens and Science Tamed AIDS," preparing the reader for an academic accounting of politics and science, France's book is actually an incredibly literary and emotionally evocative account of the history of the disease, much like its inspiration from nearly twenty years earlier: Paul Monette's *Borrowed Time* (1988). With an epigraph heralding Monette—"Grief is a sword, or it is nothing"—France's book kept social activism and scientific discovery relating to AIDS in the spotlight for a renewed cultural reckoning.

Both France and Shilts before him focus their attention on science, grassroots politics, and citizens—three cultural forces that worked together in order to compensate for the silence of broader institutions such as the United States government. As Shilts would argue, "Because of their efforts, the story of politics, people, and the AIDS epidemic is, ultimately, a tale of courage as well as cowardice, compassion as well as bigotry, inspiration as well as venality, and redemption as well as despair" (xxiii). Beyond the contributions of political and scientific discourse, however, *AIDS-Trauma and Politics* adds to this conversation the important contributions of literary writing in the 1980s and 1990s, considering specifically the ability of AIDS representation in American literature to advance human rights discourse when few political leaders, religious leaders, social leaders, or even leaders in the medical profession seemed to willing to do so.

As Cindy Patton reveals in her groundbreaking *Inventing AIDS* (1990), when she first saw the stark poster with the lettering Silence=Death, which appeared in 1986, she originally read it as Science=Death (127). The easy elision, she argues, is no accident, as "Silence/science has dogged our very existence—once in the closet, now media blackouts; once psychiatry, now internal medicine. The twin threats are oblivion and diagnosis" (127). She goes on further to reinforce the connection between science and silence when she writes, "Science, or rather, the governance of the political by scientific discourse, equals death for people living with HIV. Silence, or rather, educators' failure to speak for fear of inciting the body to acts of pleasure that are now defined as 'risks,' prevents specific classes of people from obtaining information—about safe sex and needle hygiene—that will save their lives. And this can only be described as death by disinformation" (131). Much has been written about the social deaths of marginalized groups, following the lead of Orlando Patterson, but Patton, and other AIDS activists, have made compelling arguments to show how social death inevitably leads to literal death, and it is as troubling when these deaths are the result of passivity as when there are active attempts on marginalized groups' lives.

In the gaps left by scientific, political, religious, and social discourses, the literature of illness—in the form of drama, memoir, poetry, novels, and short stories—refuses passivity in the face of silence. These literatures make a special claim of the reader precisely because they privilege stories of human suffering and insist on an empathic and ethical response. Literary language creates a face for a victim, a face from which one cannot turn away. Without acknowledging the contributions of literary writers—writers who were also citizens and activists—we have a one-sided view of the fight to establish cultural awareness of the AIDS crisis. With a focus on literature's unique ability to provoke an emotional and ethical response in the face of one's suffering, *AIDS-Trauma and Politics* brings together the method of close reading with the theoretical discourses of trauma studies and narrative medicine in order to make four primary claims:

1. In addition to grass-roots activists and scientists who led the way in prioritizing AIDS as a health crisis, such contemporary American authors as Paul Monette, Tony Kushner, Michael Cunningham, Larry Kramer, Susan Sontag, Mark Doty, and many others contributed to important national debates about the emergence of AIDS in America.
2. It is precisely because of the power of literary language in particular that these authors had such an effect. Responding to the people's inability to bear witness to such a devastating disease, these cultural artifacts (plays, novels, poems, memoirs) moved people to empathy in ways that other modes otherwise fail.
3. The authors in this study, in searching for ways to provide witness, contribute significantly to conversations about the relevance of trauma studies. While most critics consider trauma or PTSD to be an effect of witnessing a single unexpected event, I use this literature to recast trauma as an event or series of events without a witness—while redefining "event" as taking place over several years or even decades.
4. In linking the language of trauma with the language of illness narratives, I argue that this new field for approaching literary texts generally referred to as narrative medicine is indebted to trauma studies, particularly in their shared values of ethics, witness, and empathy in the face of another person's suffering.

In its interest in the relationship between psychoanalytic studies and AIDS literature, this monograph is most closely aligned with Monica B. Pearl's *AIDS Literature and Gay Identity: The Literature of Loss* (2013). Pearl's monograph uses Freud's psychoanalytic theories of mourning and melancholia to interpret AIDS narratives published between 1988 and 2012, while taking as a secondary focus the way literature reflects gay identity. As Pearl asserts, “While I claim that the literature of AIDS is a response to grief, that is, it is part of the work of mourning itself, I also pursue the ways that the literature charts changes in the identities and identifications of those who are writing and those who are reading this literature” (1). Drawing heavily on the way Freud’s *Interpretation of Dreams*, *Beyond the Pleasure Principle*, and *Moses and Monotheism* have been read as foundational texts for trauma studies, I am more interested in how psychoanalysis and narrative medicine theorize history and ethics than in how it highlights the ways in which the Freudian concepts of mourning and melancholia contribute to a sense of identity for generations of gay men.[1]

Narrative medicine and trauma theory meet at the intersection of acknowledging the humanity of those who suffer, which is one way to say they are both deeply invested in the idea of an ethical relation. In her 2006 book, *Narrative Medicine: Honoring Stories of Illness*, Rita Charon suggests that physicians need to approach patients with narrative awareness. In a significant section entitled, “Ethicality,” Charon writes, “Both bioethicists and literary scholars write about narrative ethics, scaling the disciplinary boundaries between health care and literary studies to contemplate the obligations incurred in narrative acts, the ethical vision afforded by stories, and the ethicality of the very acts of writing and of reading” (55). She takes her cues from the author and scholar Adam Zachary Newton, whose 1995 work *Narrative Ethics* argues that “a narrative *is* ethics in the sense of the mediating and authorial role each takes up toward another’s story” (48). For Newton and Charon after him, “ethical” is not simply a modifier to describe a certain kind of text, but rather is an ideal unto itself; further, narrative should not be seen as either ethical or not ethical, but as the very definition of ethics, given its investment in a relationship between and among others.

Particularly useful for considering the importance of AIDS writing in the 1980s, Charon’s sense of narrative ethics, as reflected through Newton, “exposes the fundamentally moral undertaking of selecting words to represent what before the words were chosen was formless and therefore invisible and unbearable” (Charon 56). This, for me, is where the significance of literary writing becomes central to the story of AIDS: the language offered by memoirists, dramatists, and poets in the early 1980s gave American readers a way to grasp the otherwise unspeakable effects of AIDS. While some critics would lament Monette’s use of war and moon imagery, intertexts, and self-referential humor to depict the experience of watching his lover die, it is through these very literary devices that a seemingly out of touch reader can find her way into the story.

Further, these authors are interested, fundamentally, in relationships: in relationships between characters, but also in the unique relationship between writer and reader, which functions much as the relationship between one individual and another. Acknowledging her debt to Cathy Caruth, a preeminent trauma theorist, Charon reminds us that "the trauma studies scholar Cathy Caruth observes that 'the shock of traumatic sight reveals at the heart of human subjectivity not so much an epistemological, but rather what can be defined as an ethical relation'" (qtd. in Charon 57). The authors that I take up here use language to reenact "the shock of traumatic sight"—a shock that binds us, text to reader, reader to reader, citizen to citizen, healthy to sick.

Rather than direct her message to physicians and other healthcare workers in arguing for a deeper sense of empathy, Ann Jurecic speaks directly to literary critics themselves. In *Illness as Narrative* (2012), Jurecic suggests that contemporary critics do not do well in interpreting illness narratives and calls upon us all to do better. The goal of her book is to "explore how writers and readers use narratives of illness to make meaning of the experiences of living *at risk*, *in prognosis*, and *in pain*" (4). Further, she seeks to "consider how narratives of illness invite reflection about the purpose and future of literature, the arts, and literary criticism" (4). The impetus for Jurecic's book seems to be a similar impetus for mine, which is an understanding that, in the 1980s and 1990s, "the quantity of writing about HIV/AIDS [seemed to] exceed that of any previous disease" (2). While she is primarily interested in the ways that AIDS memoirs gave way to illness and disability narratives as established literary genres, this book pauses at the output of AIDS writing in particular, especially as it demands an ethical witness. Taking her lead, then, I am focusing on a specific kind of writer—one who makes self-conscious demands on the reader to witness—and I am focusing on a specific kind of illness.

Such critics as Caruth (*Unclaimed Experience; Trauma: Explorations in Memory*), Shoshana Felman and Dori Laub (*Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*), Dominick LaCapra (*Writing History, Writing Trauma*)—and, more recently, Jeffrey C. Alexander (*Trauma: A Social Theory*) and Robert Kurtz (*Trauma and Literature*)—have considered extensively the significance of the ethical witness in trauma narratives of the twentieth and twenty-first centuries. Both Charon's *Narrative Medicine* and Jurecic's *Illness as Narrative* use the same language as trauma studies and privilege an ethical relationship between speaker and listener, as indicated by such common concepts as "witness," "ethics," and "listening," and do important work to begin to draw connections between the fields.

A closer reading of Caruth's 1991 interview with such AIDS activists as Gregg Bordowitz, Douglas Crimp, and Laura Pinsky—an interview reprinted in Caruth's edited collection, *Trauma: Explorations in Memory* (1996)—further reveals the extent to which narrative medicine has emerged from trauma studies of the early to mid-1990s. The interview, entitled "The AIDS Crisis is Not Over," is singular in the *Trauma* collection in the sense that it begins to redefine trauma not as the effect of a single historical event, but as the effect of a social disregard for those who are ill. Laura Pinsky establishes the stakes of their work early on when she says, "People who are ill often want a chance to talk about it: about going to the hospital, sitting in the doctor's waiting room, about what their symptoms are, what their bodies feel like, what medications they are taking. It is often hard to find someone who is willing to listen to this" (Caruth 257).

Significantly, Pinksy's description allows Caruth to recast a prior definition of trauma, thus: "So part of the traumatic experience itself is the relation to other people, others who are actively aggressive or simply don't want to listen?" (257). The trauma, in other words, is linked to a relation, or, more precisely, lack of relation with another—and that failed relationship has to do with a failure, simply, to listen to what the ill have to say. Douglas Crimp expands this notion when he says, "Apart from the corporeal reality of the disease, we could say that, if there's trauma associated with it, it's a socially produced trauma. In that sense, it's not like a catastrophe that just happens; it is of course itself catastrophic, a catastrophic illness, but at the same time the negative effects—the extremities—that most of us experience are social" (257).

While not specifically referring to AIDS testimony, Caruth introduces her entire collection using this same language—language of trauma, of address, of listening, of event—words and ideas or ideals that have been incorporated into the work of Jurecic and Charon as well. As Caruth explained as early as 1995, "the history of a trauma, in its inherent belatedness, can only take place through the listening of another. The meaning of the trauma's address beyond itself concerns, indeed, not only individual isolation but a wider historical isolation that, in our time, is communicated on the level of our cultures" (11).

For me, the silence and isolation surrounding the AIDS crisis in the early 1980s undermines individuals with a chronic illness on multiple levels. If we think, especially, about the relationship between politics and representation, we must acknowledge how literature works doubly to represent: First, it uses literary language to represent the otherwise inexplicable: the effects of disease for which those who suffer often have no words; second, it serves to represent tens of thousands of people when their political representatives had remained silent. I am thinking of AIDS-Trauma as a hyphenated noun in the sense that the type of trauma these authors describe is interconnected with AIDS, and I have linked it with Politics because the lack of political recognition—indeed, the failures of our national politics—contributed primarily to the traumatic effects of the disease.

To put it slightly differently, *AIDS-Trauma and Politics* considers American literary representations of the social and political silence surrounding the AIDS crisis in the United States in the 1980s. Although the silence was ongoing, costing thousands of lives, I am calling the national failure traumatic in the sense that the AIDS crisis was born largely without a witness—a refusal to acknowledge this nation's sick—which had not only political and medical consequences, but also social consequences as well. As a literary critic, I see ways in which the arts, exemplified in this book by close readings of literature and film, call to light social problems that might otherwise be overlooked in such discourses as politics, the law, and journalism. I also look to trauma studies to ground my work, and in using the AIDS crisis of the 1980s as an exemplary case, I propose to redefine trauma not simply as an "event that happened too soon," but rather as an ongoing series of oversights that refuse to acknowledge or witness the humanity of those who suffer. In this way, I too believe that the future of literature and literary criticism depends upon our ability to showcase its relevance, even if that awareness is thirty years too late, as in the case of exemplary AIDS narratives.

On the one hand, I am aware that the kind of move I am making here is paradoxical in its consideration of American literary representations of silence surrounding the AIDS crisis. How do you represent and even interpret silence? The question leads me back to psychoanalytic theory, and to such thinkers as Simon Watney, who in the preface to the second edition of *Policing Desire* (1996) argues that a psychoanalytic perspective helps interrogate not only fantasies about people with HIV/AIDS but also addresses "the nature of the belated responses to AIDS from mainstream criticism, sociology, historiography, and so on" (ix). As a literary critic, I see ways in which the language of film and literature provides access to knowledge unavailable to more traditional forms of writing in order to call to light social problems that might otherwise be deliberately or inadvertently overlooked.

But even more significantly still, I am struck by the fact that AIDS is surrounded by not one silence—the silence of political and religious leaders in the 1980s—but a second as well: A specific kind of *critical* silence that has yet fully to acknowledge the impact of these important literary texts. Despite American literature's devotion to representing AIDS, it, too, has been largely silenced in academia via lack of critical awareness—a silence much like the silence of political discourse surrounding the emergence of AIDS itself.

On the one hand, many gay critics—exemplary among them are Douglas Crimp, Tim Dean, and Christopher Lane—have written articles and published collections considering representations of HIV/AIDS and its aftermath, works that, for the most part, were published in the 1990s and early 2000s. When I can, I engage these critics and theorists directly in the chapters of this book. However, it does appear to me that straight critics have been happy to let the gay community do the heavy lifting on this topic; we have relied upon them to make significant inroads, and then the conversation seemed to go static.[2] For example, continued searches for recent scholarly articles published on depictions of the growing AIDS crisis in the 1980s produce just over a dozen essays, written by such authors as Laura Beadling, William Haver, Jason Tougaw, Sarah Brophy, and Lisa Diedrich that have been published in a range of journals and collections on topics such as trauma, illness, autobiography, and disability.[3] Notable monographs include Pearl's *AIDS Literature and Gay Identity* and Sarah Brophy's *Witnessing AIDS*, which is already nearly fifteen years old. Further, these two works are more interested in the distinction between mourning and melancholia within psychoanalysis than the more deconstruction-inflected theory of trauma that insists upon a witness in the wake of an unspeakable horror.

Another possible silence includes the oversight of the role AIDS narratives, particularly memoirs, played in evolving theoretical lenses that account for illness and witness. As I argue here, the worries about ethics, or ethicality, representation, and silence, are not new to the discourse or new theoretical field of narrative medicine, but rather dependent upon conversations begun in the 1980s. In other words, since the writing of the by now established canon of criticism on HIV representation, there have been major theoretical developments in such areas as trauma theory and narrative medicine that may shed light on previous conversations; at the same time, I believe these theoretical models should be a little more aware of the massive traumatic illness that dominated the 1980s and after.

This clarification is significant for the purposes of the book: Like Shilts, as we have seen, Crimp understands the trauma to be "socially produced"; the trauma happens not like an unexpected historical moment such as the dropping of the atom bomb, for example, or watching a soldier get killed during Vietnam, two further examples of trauma that Caruth's collection takes up. Rather, the trauma occurs in relation to another human being, and even, in this case, institutions, at precisely the moment—or years—when he or she is unwilling to witness the truth of the illness.

Thomas Keenan picks up on the effects of this social unwillingness to bring home the unique category that I am calling AIDS-Trauma, by explaining how "there's a double trauma here. On the one hand, there's a cataclysmic event, which produces symptoms and calls for testimony. And then it happens again, when the value of the witness in the testimony is denied, and there's no one to hear the account, no one to attend or respond—not simply to the event, but to its witness as well" (258). The second trauma takes place in the denial of testimony—in the turning away. What is so remarkable about the literary texts I take up in this monograph is that they refuse this second trauma; they refuse to let the reader-as-witness turn away. They draw on the power of literary language to demand an ethical relationship in the place where politics, religion, and even the social contract have failed. The authors, as exemplified by Monette, write their testimony, and for Keenan "the testimony is an address, which means that it's a provocation to a response. And that's what they don't want to give. They don't want to respond to the person who has called—for responsibility" (258). The American authors in this book who search for a witness also insist upon a response, and, further still, require readers to take responsibility, even all of these decades on.

With such emphasis on the theoretical discourses that bring us the language of witness, testimony, and ethics, I worry that this book will perhaps initially seem too theoretical. Guided by Treichler, I, too find myself asking about *How to Have a Theory in an Epidemic*—the title of her groundbreaking 1999 work. Like Treichler, this project is an investigation of language ultimately, a close reading of canonical and non-canonical texts that represent AIDS. This kind of investigation, argues Treichler, raises significant questions with very high stakes: "What should be the role of theory in an epidemic?" (2). According to Treichler, theory helps us to understand the relationship between language and reality. I would extend that here to consider how a theoretical approach can help us understand the relationship between language and ethics, or, more broadly speaking, how a theory of literary language helps us to be more aware of our relationships with other people—a discussion I take up in the beginning by looking at the way medicine, poetry, and activism come together in the writing of Rafael Campo, Abraham Verghese, and Bobbi Campbell.

This early discussion of medicine via literary language will lead me to a discussion of literary language via experiences with medicine in Paul Monette's *Borrowed Time* (1988). Although it is by now considered a foundational text in the tradition of AIDS literature, I propose here that it warrants a fresh look, not simply for its representation of what Monette refers to as "living on the moon" in the early days of the AIDS crisis, but rather for its embodiment of the pivot in theoretical approaches for reading literatures of illness around the same time. In particular, reading the work in 2019 reveals how it also testifies beyond itself, to signal a "wider historical isolation" that seems exceedingly relevant even today. Further, using *Borrowed Time* as an illustration, we might be able to see the ways in which narrative medicine is indebted to trauma studies—and that the two are indebted to AIDS narratives—in their plea to bear witness to the testimony of a suffering subject. In this way, we must keep in mind the definition to trauma that denotes not simply an "event that happened too soon," but rather an ongoing series of oversights that refuse to acknowledge or witness the humanity of those who suffer.

Monette addresses these oversights when he writes, about a third of the way through *Borrowed Time*:

> And if the government was stone-deaf, the press was mute. The media are convinced in 1987 that they're doing a great job reporting the AIDS story, and

> there's no denying they've grasped the horror. But for four years they let the bureaucracies get away with passive genocide, dismissing a no-win problem perceived as affecting only an underclass or two. (110)

Monette goes on in this passage to juxtapose boy scouts with gay men to further emphasize how the Reagan administration valued some lives over others. Further, Monette engages the language of war here—he often compares living with AIDS to living "in the trenches"—to escalate the immediacy of the crisis: such diction as "stone-deaf," "mute," "horror," "passive genocide" and "nuclear war," conveys a sense that we are not talking simply about illness anymore, but about an illness ravaging a generation while political leaders refused to acknowledge what they were seeing and hearing. No one was bearing witness, Monette says here: To be both "stone deaf" and "mute" is to be beyond silent on the subject—it is to be willfully so, given the powers to speak that the federal government otherwise possesses. For him, even while the press thought they were witnessing the emergence of a deadly virus—and congratulating themselves for their few stories that came too late—they were simultaneously missing the larger story, which is the cultural and political silence of the time. They were, in other words, missing the story of how the entire nation seemed to be missing the story, the crisis.

Monette continues this direct criticism of the Reagan administration when he says: "The rumors were appalling. It was said that everyone appointed by the Reagan administration in a major public health capacity was either a Mormon or a fundamentalist. . . . 'God's punishment' was the major level of public debate in 1985: hate, it appeared, was the only public health tool available" (166). In this poignant moment, Monette highlights the irony of the role religion played in Reagan's administration—the idea that "the AIDS issue" never "darkened" the Oval Office, in other words, never made it to Reagan's desk or discussion of policy or the future of the nation, because of the hypocrisy of the likes of Pat Buchanan and Jerry Falwell, both who had Reagan's ear at the time. Further, the media seemed to follow suit, slavishly reporting the hatemongers, and staying silent on the possibilities that treatment offered. Where we would expect an ethical witness in light of thousands dying, there remains only hate coming from the religious and silence coming from the press.

So, in its capacity to describe the horrific effects of AIDS, on the one hand, and the utter disregard for those suffering, on the other hand, I suggest here that Monette's work is an important precursor for an emergent field of theoretical inquiry called narrative medicine, which centers precisely on the importance of acknowledging the humanity of those who suffer.

We can also see this growing concern in Monette's unpublished journals archived at UCLA's Charles E. Young Research Library. Going even farther back, to Monette's unpublished writing in 1982, as I will suggest in chapter two, reveals that it took a vocal artistic community to communicate the unfolding of AIDS: an unfolding that today reads like a dystopic horror story. Tracing Monette's journal entries allows readers access to the buried history of the early days of the AIDS crisis. Writing for the first time in 1982, Monette asks, "How does one live . . . in the AIDS world?" (Paul Monette Papers).

This question about survival in the "AIDS world," as Caruth's interview with Crimp reveals, resonates with the emergence of trauma theory, founded on the notion of the ethical witness. Generally, when literary critics take up trauma theory as a method, they consider the representation of an event as traumatic, borrowing from a key definition of trauma as "a response, sometimes delayed, to an overwhelming event or events, which takes the form of repeated, intrusive hallucinations, dreams, thoughts or behavors stemming from the event" (Caruth 4). However, an often-overlooked aspect of trauma theory has to do with ethics, with the ethical act of bearing witness to suffering. Trauma theory was never supposed to only be about the horror, but also to provide a vocabulary for thinking about witness, survival, and the ethical dimension of these.

As Monette's memoir and journals make clear, the birth of the AIDS world had no witness—no one to validate the story of a generation of young people dying from complications of the virus. Inspired by trauma's insistence on the figure of the ethical witness, scholars in the field of narrative medicine and the medical humanities voice this concern as they argue for the centrality of ethics in the medical setting; as I argue here, *Borrowed Time* and Monette's journals help us not only to see the emergence of what Monette calls "the AIDS world," but also how the language of trauma pervades the demands for an ethical witness in the field of narrative medicine as well.

In addition to Monette, Shilts's *And the Band Played On* makes clear the ways in which the media preferred to turn a blind eye to a burgeoning crisis the creative writers could not ignore. As Shilts writes, "I would not have been able to write this book if I had not been a reporter at the *San Francisco Chronicle*, the only daily newspaper in the United States that did not need a movie star to come down with AIDS before it considered the epidemic a legitimate news story deserving thorough coverage" (xi). He goes on to say in a powerful statement that defines a crisis in witnessing:

> People died and nobody paid attention because the mass media did not like covering stories about homosexuals and was especially skittish about stories that involved gay sexuality. Newspapers and television largely avoided discussion of the disease until the death toll was too high to ignore and casualties were no longer just outcasts. Without the media to fulfill its role as public guardian, everyone else was left to deal—and not deal—with AIDS as they saw fit. (xxiii)

Even as late as the 1990s, such writers as Michael Cunningham began to raise awareness in their creative writing, perhaps as a response to the silence of newspapers and television. Published in the wake of the Reagan administration's refusal to acknowledge the American AIDS crisis of the 1980s, Michael Cunningham's 1994 short story "Ignorant Armies" considers the significance of the ethical witness to a dying man's suffering, which I read later in this book alongside David Leavitt's 1990 story, "A Place I've Never Been." A story built upon keen awareness of how AIDS destroyed the young gay population, Cunningham's story—like the U.S. government—does not name the syndrome directly. Instead, Cunningham's narrator describes the bodily horror of the disease through realistic depictions of lesions, needles, and fluids. Ending in the death of the narrator's lifelong friend, the story is book-ended with a recitation of Matthew Arnold's lines from the poem, "Dover Beach," drawing on the allusion to accuse America in the 1980s of accomplishing their political goal of marginalizing the gay community by allowing the institutions that should have protected them to kill them with silence instead. Rather than providing poetic justice, the story provides poetic *ethics*: a literary awareness of empathy in the face of a man's suffering when others turned a blind eye.

More than twenty years after these early writers began documenting those dying in their midst, it seems that, in a kind of belated temporality, writers, filmmakers, and now, finally, journalists, have turned their attention to health crises of underrepresented minorities. In fact, we might say that AIDS representation seems to have experienced a resurgence, especially in film, with such award-winning adaptations as Larry Kramer's *A Normal Heart* and Tony Kushner's *Angels in America*, which returned in the winter of 2017 to London—a place where it originally opened to rave reviews despite the worries that such an "American" play would not translate well in the UK.

And yet, at times it appears as though we have made a complete circle, socially and politically, since 1981; rather than progressing to the point where the effects of the AIDS crisis might diminish exponentially, the fall of 2016 saw the rise of Mike Pence as our nation's Vice President, the leader from Indiana whose religious-driven healthcare policies banning needle exchange programs led to an HIV outbreak. Further, the spring of 2017 saw new outrage as the Trump administration proposed deep cuts to medical research and treatment programs ordinarily covered by the national budget.

As a 2017 article in the *New York Times* points out in relation to the national budget proposal: "At least one million people will die in sub-Saharan Africa and elsewhere, researchers and advocates said on Tuesday, if funding cuts proposed by the Trump administration to global public health programs are enacted" (Harris). Further, in a widespread Republican attempt to undo the Affordable Care Act, the proposed American Healthcare Act would result in 23 million more Americans uninsured over the course of the next ten years, with patients in under-represented minority groups in the lower classes targeted the most.

During the same week of May 2017, the *Times* published a story on Larry Kramer, who led the charge in the fight against AIDS three decades ago. The article entitled, “Twilight of a Difficult Man,” seemed also to mark a twilight of the Bush and Obama administrations that took a comparatively aggressive approach to AIDS treatment. The article is a part of the “Lions of New York” series in the Sunday Metropolitan section, a section that seeks to profile “New Yorkers who, in response to the crises of the 1970s and 1980s, helped shape the city’s renaissance.” In helping to shape the renaissance of New York, Kramer also defined the aggressive—and often literary—approach needed to get an administration to listen. But, I would argue, even the idea of a “renaissance,” is problematic, as it endorses the gentrification—which I take up later through the work of Sarah Schulman—that marginalizes the gay subculture most stricken by AIDS. And yet, or, maybe, as such, there is a way in which we do seem to be in the same place as a generation before. As Kramer says at the end of the article: “‘I don’t think that things are better generally. . . . We have people running this government who hate us, and have said they hate us. The fight’s never over’” (Leland 6).

In some small way, I hope this book can continue the fight—at least in terms of its dual focus on an ethical approach to the ill and the power of literature in the face of silence. In the twenty-first century, with so much medical knowledge in our grasp, to refuse to take advantage of it would not only be unethical, but would also further result in socially produced trauma that seems doomed to repeat into the next century if we remain unwilling to listen to the silenced voices in our past.

NOTES

1. I am significantly indebted to Sarah Brophy’s *Writing, Testimony, and the Work of Mourning*, which complicates our assumption that AIDS testimonial writing is unique to gay men and draws on the language of trauma and memory. While not psychoanalytic, Peter F. Cohen’s *Love and Anger: Essays on AIDS, Activism, and Politics* takes up many of the primary works I consider here and situates them in relation to political activism. Marita Sturken’s *Tangled Memories* understands AIDS in relation to the Vietnam War through what she terms a “politics of remembering.”

2. Such edited collections as Pastore’s *Confronting AIDS through Literature* gives us an excellent place to start. But this collection was published in 1993, around the time as many collections appeared, with very few new collaborations appearing in the twenty-first century.

3. Lisa Diedrich’s work has been increasingly invested in the role of activism. Her 2016 monograph, *Indirect Action* considers the role of representation alongside illness and activism. Other useful writers in this regard include Biggs, Bordowitz, Lerman et al., and Verghese.

Chapter One

Empathic Medicine

Honoring the Stories of Love

The subtitle of Charon's 2006 book *Narrative Medicine: Honoring the Stories of Illness* has been exceedingly important to me as I grappled these many years with her important work. Professor of Clinical Medicine and Director of the Program in Narrative Medicine at Columbia University, Charon comes to the conversation as a medical doctor first, one who perceives the centrality of the humanities even in the medical arena. In her preface, Charon writes, "I invite readers to look with my colleagues and me at this form of clinical practice we have come to call narrative medicine, defined as medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness" (vii). It seems, at first glance, that she is using the language of literary studies to argue for close attention to narrative details in particularly poignant stories. And while her book speaks to medical practitioners first and foremost, it is for good reason—particularly because she has much to show literary scholars about the value of their own work—that she has found a place in the liberal arts seminars of the academy.

Based on the strength of Charon's discussions of close reading, bearing witness, and the movements of narrative generally, I have not fully examined my desire to teach her work as a way of reading literary fiction, leading me to elide, for better and probably sometimes for worse, the differences between narratives of actual sick people and fictional accounts of illness. A few weeks ago, at the end of a second graduate seminar on narrative medicine, ethics, and contemporary American literature (which often draws students with significant experience with illness)—and, significantly, at the end of revising this book—a very sophisticated graduate student wondered out loud to the class: What is the benefit of borrowing a physician's approach to treating patients for the "treatment" of literature itself? Behind that well-taken query, I understand now, was her own experience nursing her terminally ill mother until her death, a death so real to her that a study of representations of the ill seemed at best inadequate and at worst an insult to the memory of her mother and all others who die painful deaths in the real world.

It took me a long time to answer that question, much longer than the remaining weeks in the semester. But through a reading of the powerful work of Rafael Campo—himself a trained physician as well as practicing poet—I have an improved understanding of how narrative medicine helps us articulate the power of a work of art.[1] It is not simply, as Charon has it, about honoring stories of illness, although it is about that. It is also a way simultaneously to honor, from the points of view of the physician, caretaker, loved one, and survivor, stories of love, and to acknowledge the necessary response of empathy as it overcomes the social isolation that Douglas Crimp has famously called social trauma.

However, as I will discuss at the end of this chapter, thinking about the call for empathy, for love, from within the medical profession also underlines the places where even medicine fails. It becomes interesting to note that, at times when medical practitioners seem the most vocal about the needs of their patients, the institution itself will radically fail them. If we read, in literary studies, particularly literary studies considered from the point of view of trauma, for places where a text fails to represent something, we can see in that moment a kind of radical and surprising success in revealing to us a true crisis point. The same, I would argue, could be said for medicine, or even the medical humanities, where a call for empathy might in fact underline what is at stake when this call goes unheeded.

Campo's 1997 collection of essays *The Desire to Heal*, previously published as *The Poetry of Healing: A Doctor's Education in Empathy, Identity, and Desire*, theorizes, nearly ten years before Charon's groundbreaking work, the relationship between doctor and patient through an understanding of the power of literature. In telling the story of an early patient, Aurora, a transsexual person dying of AIDS, Campo discusses the ways in which the genre of the medical file and case history have failed adequately to tell her story. Campo writes, "Science failed to understand her, though it altered her body. Medicine did not love her, though it penetrated her with needles and X rays. Only the act of writing can find her now, because it is the same journey she has made, from the imagined to the actual, from the transitory to the persistent" (33). Privileging narrative and the act of writing over science and medicine, Campo sees the lasting effects of poetry that allow figures like Aurora to live interminably. For Campo, "Her friendship and her love of life return to the world in these words, in the poems I write that I hope might ascend to reach her in whatever realm she may now exist. Instead of giving me AIDS as I had so irrationally feared, she gave me hope" (32).

Significantly, Campo addresses the pervasive fear among medical professionals in the 1980s and 1990s that, in caring for a patient with AIDS, they might become infected themselves. It is a fear we will see in the work of Abraham Verghese and Bobbi Campbell, whom I take up later for their related projects joining the science of medicine with the art of language to honor stories of love. In these two moments (the time of Campo, Verghese, and Campbell, on the one hand, and our own moment, on the other) rife with fear mongering, hysteria, and homophobia, I am struck by the ways in which these caretakers find hope and love in writing the stories of their patients, an empathic approach to narrative, and to medicine, that Charon would later theorize in the twenty-first century. The focus on language over—or alongside—science, in other words, becomes as useful to, and clarifying for, medical professionals as it does for scholars of literature who seek to find meaning in literary representations of AIDS.

Campo reinforces this consideration in a later chapter of *The Desire to Heal* entitled, "AIDS and the Poetry of Healing," where he discusses his decision to complete his education in medicine rather than in English because he wanted in particular to help AIDS patients (159). Here, he writes about how his identity as a gay man and physician binds him to his patients with AIDS, asserting: "No matter how much I fortify . . . AIDS seems to demand that I suffer too. It claims me" (161). He values poetry not only as a writer but as a reader, revealing: "I am grateful for the poetry that is written about AIDS, in that it has helped me so generously to locate myself in a world irrevocably altered by the presence of the virus. In contrast, the place where I went first for guidance—my medical education—at times steered me away from dealing with AIDS, even from working with AIDS patients" (162).

"In this spirit of connectedness," Campo thinks about teaching a poetry writing workshop, but, he goes on to say, his patients have in fact taught him to write: "to tell me the story of their lives, it strikes me painfully as I jot down my medical histories, is for them to become authors of their very destinies" (164–65). I appreciate the awed juxtaposition here between the doctor's story of the patient through the case study and the patient's story of his or her illness, through poetry, which carries with it its own potential to tell the truth. "Indeed," Campo writes, "they have taught me that when I write about AIDS, or about myself in relation to the virus, or about any patients' experiences, I am reinventing the medical history I am obliged to take" (165).

In referring to the "creative power of words" and with the insight that "poetry might also be therapeutic," Campo in this early work seems to begin a conversation Charon continues, although I find myself wishing that Charon would acknowledge this important debt (167). Campo concludes this powerful essay by explaining that, "When I began writing about AIDS myself, I felt I was returning some of those words to the world. So much is unspoken—AIDS is not just a forbidden subject in most circles, it is absolutely unthinkable" (169). This idea of returning words to the world is notably how Campo refers to his writing about Aurora. But it is this idea of finding a way to represent the unspoken, the unthinkable, where is seems the language of poetry may necessarily complement, or even compensate for, the medical case study.

In *What the Body Told* (1996), an earlier collection and winner of the 1996 Lambda Literary Award for Gay Men's Poetry, Campo includes a section entitled, "Cancion De Las Mujeres," dedicated to Eve Kosofsky Sedgwick, an important mentor acknowledged for her pioneering work in queer theory. This section is composed of sixteen sonnets, containing sixteen lines each, with the added two lines appearing to reach for a world beyond the sonnet form itself. Poem V entitled, "Her Final Show" depicts the performance of dying, a performance of an entertainer who speaks in a voice that recalls Campo's description of Aurora in his prose. Campo writes: "She said they gave her hope. / Together, heavy as a gallow's rope, / The gifts of drag queens dead of AIDS. / 'Those girls, / They gave me so much strength,' she whispered as / I turned the morphine up" (25). The words "hope" and "rope" work in tension, both conveying the positive outlook that a simple rhyme produces, but also points up impending death in their juxtaposition, with the "gallow's rope" referring to a violent end. Turning "the morphine up," is a way to facilitate the end. No longer a perfect rhyme, "up" when read alongside "rope" and "hope" signals a refusal for perfection, in form as in life, and a physician's attempt to help the patient retreat into the comfort of death.

Another brief poem in that section, poem VIII titled "F.P.," seems to suggest the collection is haunted by AIDS patients. Just a few poems on, the persona writes of: "Another AIDS admission" (68). He is strapped down when admitted because "he threw / His own infected shit at them—" (68). "This one's great," the first line announces (68). The opening phrase, "Another AIDS admission," refers literally to another patient in a catalogue of patients admitted with AIDS, but the word "admission" here also conveys a sense that we need to admit to certain truths, among them that AIDS patients keep entering the ward and are not walking out. The next sentence, on the same line, "This one's great," seems to be read in an ironic sense, but also there is a kind of appreciation for the anger and righteousness of the patient strapped down. The enjambment of the line, "threw /shit" followed by the em-dash after "them" signals the radical nature of this outburst. While the fear of contamination seems real here, so too does the shared sense of frustration that the patient has been reduced to this state at all.

The question toward the end, "How long / Before you get down here?" sounds as though it is spoken by another tired internist, maybe a family member—someone who is looking for a witness to share the burden. And by the poem's end, the conflation of physician and loved one become conflated even further, with the member of the medical community answer for tests and blood cultures while sounding like a member of the family: "Of course we got / Blood cultures . . . yeah, a gas—OK, I'll stick / Him one more time. The things you do for love" (68). On the one hand, the phrase "yeah, a gas" refers at once to the literal test but also self referentially points to a kind of sarcastic or even sardonic humor, a way of coping with such intense situations. But ultimately, the reader is struck by the line "The things you do for love," things a physician may do out of love and compassion, while appearing on the surface to be cold and indifferent.

The blurring of patient and physician, of member of the medical community and member of the family, becomes further intensified in the pivotal AIDS poem of the collection: "The 10,000th AIDS Death in San Francisco," dated January 1993. The poem begins and ends with the experience of eating at an expensive Cuban restaurant, but then the experience is flooded with the vision of a man the persona's age admitted to the AIDS ward. He imagines the man's face as he tries to focus on the everyday act of eating dully in a restaurant. I wanted him to "tell me stories," the person recounts, stories "about the days before the epidemic killed / So many thousand people" (57).

Again, Campo here privileges stories over case studies, memories from a time before the epidemic that now seems unimaginable. The persona tells us, further, that he would "really like to know / Was how it felt to know that after lunch / In some expensive restaurant, / your friends / would be alive. Your friends would be alive – / To know no friend would die like that, / Of cryptococcal meningitis, or / Another kind of meningitis, or / A lung infection so severe it makes / A kiss impossible because the need / To breathe is even greater" (57). It is in the turn of the pronoun "your" that the patient in the hospital becomes the physician at lunch, as he tries to imagine his friends would be alive. The repetition of "your friends / would be alive. Your friends would be alive," seems at first to be a failure, an oversight, but in fact works as a point of emphasis, as repetition with a difference, in the second sense that the capitalized "Your" refers starkly to the physician himself. The poem ends as it begins, although here, in the end, the physician determines he needs to leave: "I pay the bill, because I need to breathe," and a woman hurries past (57).

Campo's 2002 collection, *Landscape with Human Figure*, while less self-consciously aimed at AIDS representation, indicates a consistent persona in the form of a physician who is still being addressed by patients. For example, it includes a five-part sequence entitled "Phone Messages on Call," which opens with "*Pls call soon. Diarrhea x 2d. PS I have SIDA (AIDS).*" "*Pls call soon*," the first of the five parts, disorients the reader, especially the reader who is not accustomed to the shorthand of physicians, in its apparently sterile reference to serious illness as "Diarrhea, x 2d." As with the other four parts, this poem is told in the form of ten half-rhymed couplets, reinforcing a kind of circular experience that nevertheless never reaches a satisfying end. In the poem she speaks of the reality of her illness, of her medication, but also, of her home: “No fever, weight loss, bloody stools—she has / been back to Guatemala though. She sighs” (51). The lines ending “she has” and “She sighs” point to a kind of incommensurate experience, in terms of body, mind, and also place in the world. Reading this couplet with the next two suggests a kind of radical displacement, one that the doctor may share, if even he does not admit it to her. The persona recalls, of the telephone conversation: She has “been back to Guatemala, though. She sighs, // as if remembering a better place, / and tells me she felt stronger there, at peace” (51). When the patient asks the doctor, in the following couplet, if he speaks Spanish, he denies her, “pretending I’d not recognize her face,” offering advice without the comfort of connection. In this way, the poem is as much about the AIDS patient as it is about the physician who refuses to accept their common Hispanic ancestry, not to mention their common humanity. It is a rare moment of disconnect between patient and doctor for Campo, a glimpse of the poet’s own frustrations in the years intervening since his earlier work.

The significance of connecting with another, of taking on, if not acknowledging, the identity of the sick is also seen in the early work of Abraham Verghese, a contemporary of Campo. Verghese is also a creative writer and physician who finds himself, early in his career, specializing in infectious diseases in a small town in the Smoky Mountains. His memoir, *My Own Country: A Doctor’s Story* (1994), plays continuously with the idea of perspective, of a country of origin: Ultimately, the memoir clearly reveals that his country is not simply Ethiopia, where he was born to parents from Kerala, but also, now, the country town of Johnson City, Tennessee, where he takes on the burden of his patients’ stories as a young physician there. The story begins in 1985, where news of the epidemic is spreading in such major cities as Los Angeles and New York City, but also in such small towns as Johnson City. His first chapter closes with reflection on the first AIDS case in the town: “When I heard the story, the shock waves in the hospital had already subsided. Everyone thought it had been a freak accident, a one-time thing in Johnson City. This was a small town in the country, a town of clean-living, good country people. AIDS was clearly a big city problem. It was something that happened in other kinds of lives” (13).

Like Paul Monette, as we shall see, Verghese reflects on coming to terms with the disease in real time—first, the sense of challenge and mystery surrounding HIV, a challenge he was confident they would overcome, and then the sense of impending doom as people died, untreated. He writes, early in the memoir, “AIDS seemed so far away, so bizarre. New York and San Francisco were its epicenters. We were seeing in our lifetime, so we told ourselves, yet another new disease. And surely, just like Legionnaire’s, Lyme disease, toxic shock—all new diseases—we felt this new disease, this mysterious immune deficiency, would soon be understood and conquered" (24).

For his dual commitment as a physician and author, as a creative empath much like Campo, Verghese received the 2015 National Humanities Medal from President Barack Obama, citing Verghese's insistence that "the patient is the center of the medical enterprise. His range of proficiency embodies the diversity of the humanities—from his efforts to emphasize empathy in medicine, to his imaginative renderings of the human drama" (whitehouse.gov). This combination of empathy and scientific method is exemplified late in the text with his representation of a weekend spent making a map, tracing the comings and goings of all of the patients his office had seen with HIV (393–403). He refers to this phenomenon as "circuitous migration" (396), reflecting: "my patients, trickling in over the past several years in ones and twos, had revealed a pattern to me. Their collective story spoke of an elaborate migration. Did this paradigm hold true for rural Iowa or rural Texas just as it did for rural Tennessee?" (395–96).

Ultimately, Verghese found a home for this research with the *Journal of Infectious Diseases*, whose editor for the AIDS section, Dr. Merle Sande, requested anecdotes to further develop the case beyond facts and figures (402). This small moment, the request for case studies, for narrative, as rendered within a larger narrative, Verghese's *My Country*, speaks to the power of literary language in building empathy for the ill among us. Verghese ends this section by explaining, "No matter how long I practice medicine, no matter what happens with this retrovirus, I will not be able to forget these young men, the little towns they come from, and the cruel, cruel irony of what awaited them in the big city" (403). The goal for leaving, for this circular migration, we might imagine, is to find tolerance and community in more urban areas, and yet, as we will soon see, even in such metropolitan centers as New York and San Francisco, especially in the 1980s and 1990s, things were not much better. Verghese, Campo, and other voices represented in this book serve as a small minority calling for empathy through literature, sometimes from within the medical community, but often, also, from without.

One lesser-known diarist and political activist writing from within the medical community, Bobbi Campbell, referred to himself as the "AIDS Poster Boy," not only because he was an outspoken advocate for People With AIDS (PWAs) but also because he literally fought for a presence at medical conferences through poster presentations educating the medical establishment about AIDS. A public health nurse, Campbell was the sixteenth person in San Francisco to be diagnosed in September 1981 with Kaposi's sarcoma. His diary and photos are archived at University of California, San Francisco as a part of the influential AIDS History Project. Significant for my purposes here is to juxtapose Campbell's writing about his own experiences with those of Campo and Verghese; all three are medical professionals who call attention to the realities of AIDS. However, as a person with AIDS himself, Campbell regarded the medical profession with significant skepticism, indicating that to be a medical professional is not necessarily to practice with empathy.

On October 6, 1983, for example, Campbell writes about a September 22 story in the *San Francisco Chronicle* that flew under the radar of many AIDS activists. According to Campbell:

> On September 22, a story appeared in the *SF Chronicle* about a Task Force on AIDS from UCSF/SFGH which, for reasons of infection control, recommended that every AIDS pt in the hospital have nearby either a resuscitation bag or a plastic disposable device, citing the possibility of AIDS transmission through bloody saliva. Further, they said that in the absence of such devices, a healthcare worker could properly refuse to perform mouth to mouth.
>
> A first time ever for medical history. I became enraged and started raising hell. It turned out that many people on the task force objected to the recommendation, but the chairman, Merle Sande pushed it thru at a poorly attended meeting and then presented it to Silverman's advisory cte as *fait accompli* published in the *NEJM*.
>
> I spent the weekend phoning people, most of whom knew nothing about it. ("Bobbi Campbell Diary," MS 96–33)

What captures Campbell's attention and, later, rage, is the reality of a medical professional being able to "properly refuse" to perform mouth to mouth resuscitation due to "the possibility" of AIDS transmission. More stunning still, however, is Campbell's recollection that the professional who pushed through the policy is the same Dr. Merle Sande whom Verghese corresponds with to print his research on rural Tennessee in the pages of the *Journal of Infectious Diseases*, where Sande edited the AIDS section. This is a powerful reminder—which in 2019 even we still seem to need—how empathy is often circumscribed by privilege and authority.

Campbell is further critical of the way the medical establishment excluded People With AIDS from their conferences, often on the topic of HIV/AIDS itself. Writes Campbell on the same day, October 6:

> NIH Nursing conference on AIDS had no PWA participation.
>
> I threatened to have a PWA demonstration at the dedication of UCSF's New Long Hospital. . . .
>
> The NIH bowed to political pressure and agreed to let PWA participate—not in the plenary session, but in a lunch-hour "poster session," an acceptable compromise. (MS 96–33)

On the one hand, the poster session seems condescending while being simultaneously conciliatory, however Campbell used it as a platform to educate the community on more contentious issues such as activism and discrimination. While not written for publication, Campbell's diary exhibits a self-conscious style of deliberate and untempered outrage at the hypocrisies of the medical establishment. Using a kind of self-deprecating gallows humor to refer to himself a poster boy, in other words, is to acknowledge the fact the he was among the first citizens of San Francisco to be diagnosed with HIV and to be outspoken about it; but it is also to acknowledge the rage behind his struggle to be heard at all, ultimately through these information sessions during the lunch hour of conferences, and, later, by taking up the megaphone and leading protests in Washington, D.C.

On October 9, Campbell continues with this motif, lamenting: "To say that the NIH was uptight and defensive would be to say the very least. They knew who we were (for one thing, we were the only overtly gay presence at a conference on AIDS!)" (MS 96–33). Here, Campbell describes his poster session more in depth, revealing:

> I had threatened to disrupt the conference and denounce NIH if PWAs were not included, so Artie and I got to do a "poster session" off in the separate room. We had two posters. . . . One had photos of PWAs and one had literature that we had developed. Interestingly, the nurses protected themselves professionally from feelings by glancing at the photos and flocking to the printed word. Many people didn't look twice, much less speak, to the real people. Dressing for the part, I was in white pants, white shoes, and a clinical lab coat. (MS 96–33)

So, while reading Charon, and Campo and Verghese before her, we would like to think that such important institutions as medicine ultimately stepped in where the government failed, but Campbell's work, even describing one of the most progressive cities in the union, shows otherwise. Above, in referencing the ways conference participants failed to look fully at the photos of sick people nor even to speak to "real people," he registers a lack of empathic response by nurses in particular.

He recalls how "the infection control nurse said that at NIH, in order to promote 'maximum awareness' among the staff, PWAs were put on 'AIDS precautions,' essentially blood precautions, signs to that effect went on their doors, fluorescent green tags went on everything else, like blood tubes and computer generated lists updated weekly, were sent to every department. Creepy" (MS 96–33). The complaint here is not simply the fact of "awareness," but also of identity profiling and scapegoating, making public the confidential health status of a patient in a way that would lead practitioners to refuse care, much less empathy, to those on the AIDS ward.

Unlike the work of Campo and Verghese, Campbell's diary ends on a dire note, on the fact of his desire to leave the field and, ultimately, succumbing to his disease in the last six months of his life, as Ronald Reagan simultaneously announces he is running for a second term for the office of the Presidency. Campbell reflects on Thursday, December 8, 1983:

> I'm getting bummed about school—not just this quarter but the whole process. I dread going back for that one final clinical year, facing the homophobia of the NP faculty. The Task Force on AIDS . . . recommended that PWAs either a) not give direct patient care or b) be evaluated on a case-by-case basis. Now I'm feeling like following my original dream: a Master's in psychology. (MS 96–33)

His giving up is not in response to frustration with the workload or even working with the compounding effects of HIV, but rather with the homophobia he faces as a healthcare worker who also has HIV. The task force recommending that PWAs not give direct care would ultimately lead Campbell to consider an advanced degree in Psychology; whereas Campo embraces the medical field in order to treat HIV, Campbell seeks Psychology in order to find a place as a professional with AIDS.

Campbell died on August 15, 1984, after gaining national recognition for his advocacy and activism on the August 8, 1983, cover of *Newsweek* (MS 96–33). *AIDS-Trauma and Politics* begins with this focus on activism and the medical profession, but ultimately closely reads the language of literature to fill in the gaps where medicine and politics have failed.

In so doing, I would like to call upon Campo as the unifying figure of this project, a figure who understood for so long what we are now just beginning to grasp: the essential nature of literature in connecting us to one another, in medical settings and beyond, and in raising awareness of life-and-death situations that might otherwise go unnoticed. Campo has long argued in defense of asking medical students to confront the elusive nature of literature, in defense of bridging the gap between medicine and poetry:

> No matter how wide the rift between the discourses of science and the humanities and no matter what new technologies may deliver unto us in terms of more precise tests and life-prolonging therapies, the work of doctors will always necessarily take place at the intersection of science and art. Physicians who lack a passion for language or who fail to see beauty will be at a loss to translate these wonders in the most meaningful terms for their lay patients and into the larger society around us. (Campo, "Why Should Medical Students?" 254)

Like Charon, Campo sees a need for doctors to seek out literary practices. But I would like to address literary critics here, too, to point up the value that we have, not only in the humanities, but also in medicine, in science, in politics, in our neighborhoods, towns, cities, and states.

Ultimately, then, my argument is an ethical one, and a universal one, even though it grows out of a very specific reading of trauma theory alongside representations of AIDS. As Campo says in *The Desire to Heal*, when he reads Paul Monette, among others, “I am learning this unthinkable but fiercely inhabited voice. A voice that wishes not simply to reclaim the body but to celebrate it. A voice that desires fearlessly without risks. A voice that heals. A voice from behind the respirator” (170). The authors here, Monette’s among them, struggle to give a voice to the previously unheard and unacknowledged patients and citizens with HIV/AIDS. It is a voice that celebrates, desires, heals, loves; it is a voice, as Campo says, that speaks from behind the respirator. But it nevertheless speaks for all of us, struggling (with or without our illnesses) to be heard.

NOTE

1. Fewer scholarly articles than one would expect take up the power and authority of Campo’s poetic works. Among the strongest examples are Henderson, Rendell, and Diedrich’s “AIDS and Its Treatments,” which compares Campo to Verghese along the lines of otherness, as I do here.

Chapter Two

The Poetics of AIDS

Theory, Angels, and (Anti) Reparation

When Tim Dean argues that, "a psychoanalytic perspective on AIDS must begin by acknowledging that each of us is living with AIDS," he suggests that we have all been a part of a national system that has refused to "admit a signifier for AIDS" ("The Psychoanalysis of AIDS," 84). We encounter AIDS, he argues, "not only as the discourse of the Other" but also "in the real," a psychoanalytic concept for a palpable gap—in this case, a gap left where the U.S. government and society should have properly defined and acknowledged the crisis. For Dean, this is a burden we all share, materially, culturally, and psychically. The psychic costs alone are many, but for the purposes of this chapter, I would like to consider the tension between the wish to find consolation (or "closure") in the wake of the AIDS crisis, on the one hand, and, on the other hand, our self-lacerating tendencies to punish ourselves and others for such a failure in granting AIDS the status it demanded decades ago. This tension, I propose, is illustrated most powerfully in contemporary AIDS poetics, via three poets—Mark Doty, Dennis Ciscel, and Michael Broder—whose poems enact what our culture still feels: a desire to move on from the crisis in the present which, at least for some, features life-extending protease inhibitors; and yet an equally powerful desire to remind ourselves, perpetually, of a cultural failure in the face of the sick, as well as the irreparable loss of so many lives.

Dean's criticism of the "national system," as he immediately points up, is couched in "a psychoanalytic perspective," a perspective that foregrounds the roles and realities of the unconscious and, in so doing, acknowledges the vexed relationship between external cultural forces and internal psychic ones—forces that contribute to my sense of AIDS-Trauma as defined in this book's introduction. I would like to unpack this concept, of the inside at odds with the outside, via AIDS poetry's use of the figure of the angel—an angel, in Broder's formulation, who is "blamed," and "guilty," and "loved."

The psychoanalytic perspective on this tension between healing and wounding, between innocence and guilt, between love and hate, can be traced back to Sigmund Freud's essay on mourning and melancholia, two apparently opposing psychic forces that have been useful for contemporary critics' understanding of poetry—Jahan Ramazani is a model here—as well as contemporary theorists' understanding of the AIDS crisis, modeled by Douglas Crimp. Beginning with Dean, this chapter will delineate further the psychoanalytic perspective on AIDS-Trauma, then use this reformulation of Freud's tensions between mourning and melancholia to re-read Ramazani and Crimp on poetics and cultural analysis. Finally, I will closely read key moments from the poetry of Doty, Ciscel, and Broder in light of this tension, drawing on their angel imagery in particular as a way to show the psychic pull between comfort and self-punishment.

Dean begins his essay by asking: "What can psychoanalysis, which works on the human subject in his or her particularity, say or do in the face of such epidemic dimensions?" (83). He asked this question in the summer of 1991, when 110,000 people died as a consequence of AIDS and one million had become infected with HIV (Dean 83). The numbers today—at least through 2015, which provides the most accurate count, according to the CDC—remain astounding. The CDC reports that, "At the end of 2015, there were 973,846 persons living with diagnosed HIV infection in the United States." And while the number of deaths seems to be on the decline, it is worth paying attention to the number of new HIV diagnoses. According to the CDC:

> From 1987 (the first year HIV was listed as a cause of death on death certificates) through 2015, 507,351 people died from HIV disease. In 2015, 6,465 people died from HIV disease. In 2016, the number of new HIV diagnoses in the United States was 39,782. There were 32,131 diagnoses among adult and adolescent males (13 years or older), 7,529 among adult and adolescent females, and 122 among children younger than 13 years. ("Statistics Overview")

Currently, then, I would argue, we must still acknowledge "epidemic dimensions," social and physical realities that are nevertheless still influenced by unconscious forces. For Dean, the inside and outside meet at the problem of language, which is why poetry is such a compelling vehicle for understanding these larger tensions. Dean argues that because "psychoanalysis introduces itself to the subject of speech, it recognizes that every body, including the sick body, is caught in a network of signifiers" (83). Explaining that, "AIDS represents a crisis in medical knowledge," it necessarily, then, simultaneously represents a crisis in signification—one that a poetics of AIDS both addresses and complicates.

Understanding the relationship between the psyche and language—the fact that the psyche is structured by language as Jacques Lacan would argue—Dean allows: "since my grounding assumption is that neither the political nor the social can be considered independently of psychic processes, psychoanalysis of AIDS thus entails the widest scope of investigation and the broadest range of implication" (84). Such a highly theoretical approach, an approach that understands political, social, and psychic processes as interdependent in other words, may actually lead to the most concrete possibilities—and those possibilities have to do with language, the way that language can define, speak (or not speak), and structure our perceived realities surrounding illness and treatment.

With its defamiliarizing effects and linguistic experimentation, it seems as though poetry—somewhat paradoxically—may be the most practical form of signification to address the realities of AIDS, realities that hinge on the tension between finding reparation and invoking guilt. If we think about AIDS as originally a linguistic crisis in addition to a medical crisis, then I would like to introduce AIDS poetics as a possible response to this crisis, a linguistic mode that addresses prior failures. It is in the figure of the angel that this possible solution emerges, a figure that at least acknowledges the limits of reparation and forgetting.

As Dean reminds us elsewhere, angel is a slang term for gay man ("Strange Paradise"). The term, or figure, as used in the poetry of Doty, Ciscel, and Broder recuperates the image of the gay man as diseased and morally corrupt and, in turn, repositions him as a beatific, complex embodiment of the dueling tensions between mourning and melancholia. The "AIDS epidemic has been from its very beginning a source of linguistic crisis: the rapid transformation of nomination, the proliferation of acronyms, euphemisms, and metaphors, plus the birth of whole new social and scientific discourses, together with the development of strategies and discursive censorship, attest to a characteristically postmodern linguistic formation in which language itself, let alone sex, seems 'unsafe'" (92). In conversation with such texts as Brian Bouldrey's edited collection, *Wrestling with the Angel* (1995), I argue here that the figure of the angel is able to find a way out of this "postmodern linguistic formation," in which language acknowledges a fundamental tension in our political moment, one that seeks simultaneously to forget the crisis of the 1980s as well as to perpetually hold us responsible for significant failures to address it. As such, this chapter celebrates the singular register offered by poetry in order to emphasize the stakes in demanding an ethical witness—a register Jahan Ramazani articulated in 1994 without going as far as describing it as "ethical." Although he does not refer specifically to AIDS poetry, Ramazani writes in his preface that, at a time "when AIDS, suicide, and violent death touch the lives of many young people, perhaps we should listen more carefully to the tongues of our major poets" (ix).

Our current poets, Ramazani will go on to say, have updated our vocabulary to address the realities of the day. And since some of the poetry I take up here was published after 1994, it is worth recognizing the ways in which these linguistic updates remain true—into the twenty-first century as well. For Ramazani, "Over the course of the twentieth century, poets have drawn upon and transformed an age-old language of mourning, alloying the profound insights of the past with the exigencies of the present. Out of this fusion, they have forged a resonant yet credible vocabulary of grief in our time—elegies that erupt with all the violence and irresolution, all the guilt and ambivalence of modern mourning" (ix). AIDS poetics functions in much the same way, "erupting" with violence, irresolution, and guilt where you might expect to find comfort in the wake of pain and loss. As a result of this sense of poetic irresolution, Ramazani proposes we read with an understanding of "the psychology of melancholia or melancholic mourning," and he argues that, "the modern elegist tends not to achieve but to resist consolation, not to override but to sustain anger, not to heal but to reopen wounds of loss" (xi).

Clearly, then, Ramazani's work is influenced directly by Freud's "Mourning and Melancholia," an essay in which Freud works to determine differences between patients who seem to be able to recover from the loss of a loved one and those who seem to be stuck, who seek "not to override but to sustain anger, not to heal but to reopen wounds of loss," to borrow from Ramazani's formulation. As Freud argues: "Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction, which has taken the place of one, such as one's country, liberty, an ideal, and so on. In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition" (Freud 243). The one thing that distinguishes mourning from melancholia is the way the person in mourning views him or herself: "the disturbance of self regard is absent in mourning" (244). The melancholic, in other words, unproductively assigns blame: "In mourning it is the world which has become poor and empty; in melancholia it is the ego itself" (246).

A melancholic, as we see in contemporary poetry as well, has trouble turning the blame outward and directs it inward instead: "If one listens patiently to a melancholic's many and various self-accusations, one cannot in the end avoid the impression that often the most violent of them are hardly at all applicable to the patient himself, but that with insignificant modifications they do fit someone else, someone whom the patient loves or has loved or should love" (Freud 248). I am interested in how this works at the level of national politics or U.S. society as well. What would it mean for a poet to turn anger and frustration at his or her country inward, into a poetry that is self-lacerating and anti-reparative, rather than mourning him or her self or the loved ones who have died as a result of national blindness?

In a 1989 essay entitled “Mourning and Militancy,” Douglas Crimp picks up on this model in order to read mourning in relation to conflicts the AIDS community was facing, particularly the activists, noting that: “Seldom has a society so savaged people during their hour of loss” (8). Crimp changes the terms of Freud’s original formulation from mourning and melancholia to mourning and militancy to suggest ways in which the self-punishing tendencies of melancholia may be turned outward and be productive in a practical sense for the activist. He is more interested in social activism than in paralyzing self-doubt (9). In this essay, Crimp wants to reverse Freud’s sense that mourning and activism are incompatible and to argue instead that activism may grow out of the process of mourning itself (10).

Crimp is on to something here. Such activists as Ciscel and Broder after him write poetry of mourning in a register that both acknowledges psychic conflict, on the one hand, but then finds a way out of this conflict, on the other hand—sometimes through the figure of the angel, and sometimes through activism itself. Of course, as Crimp acknowledges, this conflict can lean both ways. He says that “[u]nconscious conflict can mean that we may make decisions—or fail to make them—whose results may be deadly too” (18). Ultimately, however, the poetry is a productive response to “the violence of silence and omission,” a response that commemorates the dead and acknowledges the work of the living.

Crimp acknowledges here the many forms violence takes—the violence of silence and omission alongside overt hatred—that lead to a desire to vindicate victims (9). Activism accomplishes this vindication, but so too does poetry, poetry that, in the words of Crimp, allows us to acknowledge ambivalence, such as when the self-shattering form of violence turns inward (17). As such, Crimp’s theory leaves more room for a force invested in Freud’s theory of the life drive, in its ability to acknowledge the humanity of those who suffer and to propel them forward by listening to stories of suffering and survival.

Mark Doty is among the best known AIDS poets working in the fields of suffering and survival. His collection, *My Alexandria* (1993) was selected for the 1992 National Poetry Series by Philip Levine and also went on to win the 1993 Lost Angeles Times Book Award and was a National Book Award finalist in the same year.[1] Structured around encounters with others and otherness—a boy reading at an estate sale, asters and cows on a brilliant fall day, an exhibition of the AIDS quilt, plant life in a September garden, another sale where the persona buys a lovely chair and a 1798 edition of *A Literal, Critical and Systematic Description of Objects*, students in a classroom who do not understand the course’s focus on mortality—the unifying motif of the poem is wings, angels' wings, as in the form of snowshoes slung on the back of the reading boy at the estate sale, a boy who has "moved / back into the world of things / to be accomplished: an angel / to carry home the narrative of our storied,/ scattering things" (40).

Significantly, angels in Doty become bound up with stories, with the "narrative of our storied / . . . things," as with the angels in "the German film . . . / love most of all human stories" (42). The German film referenced is Wim Wenders's *Wings of Desire*, in many ways a story about stories, which is what makes Doty's reference so complex in its understanding that human stories reveal "the way we tell ourselves / what we dread or wish" (42). It is such a small reference it may be overlooked, but it is no accident that "dread or wish," on the one hand, are on opposite ends of a spectrum; on the other hand, they provocatively could be read as synonyms. As the persona pivots to the image of the library, we are reminded of his status, an educated man who finds safety in books and in knowledge.

In another section, the persona finds himself in the garden, another place of ambivalence, "this ordered enactment of desire," where, he says, "I'm making an angel" (46). With all the references to vegetation, it is difficult to understand what the persona is making an angel from, but then he offers a simile, it is "like those Arcimboldos where the human profile / is all berry and leaf, // the specific character of bloom / assembled into an overriding form" (46). The reference to "Arcimboldo" gives us a clue, however, as Giuseppe Arcimboldo was a sixteenth-century painter who is known for his "composite heads": faces rendered out of other living forms such as fruits, vegetables, flowers, and fish (National Gallery of Art). Embodiments of the tensions and often contradictions between humanity and vegetation, these paintings compare to the persona's work in the garden as he makes angels out of perennials, a juxtaposition between two artists, Doty on the one hand, and Arcimboldo, on the other, to underscore similarities and differences not only between sixteenth-century painting and twentieth-century verse, but also between nature and fantasy. Both juxtapositions, in fact, call attention to our fantasies—including fantasies of wildness—to order the natural world.

The persona, however, ultimately becomes grounded again in the reality of the garden, where he thinks of "lily-flowered" blooms, "the ones / that might as well be flames, // just two slight wings that will / blaze into the future; // I have to think they have a will" (47). The enjambment following the word "will" here calls attention to the fact that the poem uses it both as a verb, "will blaze" as well as a noun, "they have a will," which suggests these blazing flowers with wings have will to live, to become reborn, like the phoenix rising from the ashes.

Toward the end of the poem, the persona refers to students who do not understand why they are reading a poet insistent upon mortality. The angel image returns to help the persona order meaning: "I want to tell them / how I make the angel, that form / between us and the unthinkable, / that face we give the empty ringing" (49). For the persona, the angel connects humanity and trauma; it provides a face where emptiness, an empty signifier, a hollow response would otherwise be. Dean argues that the angel occupies a liminal space, which is both spiritual and also linguistic. While the angel cannot fully articulate or convey "the unthinkable," the image seems to be a buffer nevertheless.

Given the privileged place of the angel figure, it would seem that reparation will be in store—that this holy being can offer comfort, as in a traditional elegy. However, it seems only to be a distraction from something not articulated outright until now, that a loved one is dying or has died, that loss is imminent and all around us. It is also explicitly *made*—not an intercession from the outside. Doty writes of the angel: "I let him bend over my desk and speak / in a voice so assured you wouldn't know/ that anyone was dying" (50). With the line break separating "wouldn't know" from "that anyone was dying" there seems to be a traumatic turn in the poem, an unexpected revelation that what the persona is commemorating is not simply trips to flea markets nor museums, but palpable loss. The assured voice of the speaker gives way to the impending death at the end of the line. When we learn that the angel has been tasked with looking over the lovers' bed, we soon become aware that the angel's purpose is not to watch over any ordinary morning or evening, but to watch over someone who is "harmed" or sick, but should not be. Doty writes: "I make the angel lean over our bed // in the next room, where you're sleeping / the sturdy, uncompromised sleep / of someone going to work early tomorrow. / I am willing around you, hard, // the encompassing wings of the one called unharmed" (51). The half rhyme of "hard" and "unharmed" emphasize the strength of the persona's will, and the use of the second person pronoun "you" now becomes very personal, very specific. The poem is not simply addressed to the reader, but also to the lover sleeping in the next room; the repetition of the soft /s/ sound in such words as "next," "sleeping," "sturdy," "sleep," "someone," and "encompassing," reinforce the hissing sound of impending doom where we would otherwise hope for comfort.

Tim Dean considers the angel imagery in an essay entitled, "Strange Paradise," where he suggests that the angel is a dominant image of *My Alexandria* and goes on to underscore the line from the poem in which an angel is described as "that form // between us and the unthinkable" (qtd. in "Strange Paradise"). According to Dean, "The angel is a spiritual mediator, a being on the border between this world and the next. As a liminal creature, the angel is a figure for the geographical and social margins" ("Strange Paradise"). I would also say the angel exists on the border between comfort and harm; between consolation and anti-reparation; between sense and meaning. There is an impending sense that, although the angel has been employed, things may not end up all right in the end.

As we have seen above, the first motif, the angel motif, introduces the poem's second, which is the importance of stories and storytelling in commemorating the lives of the suffering and dead. The central image of the final stanza of the poem is "your story," which has been shaped even as it threatens to disappear (51). It is as if the poem itself bears witness to Wally's death to come, as surely it is on the mind of the poet. With an understanding of the centrality of stories, then, the most compelling section for me is set in Exhibition Hall, a section composed of nine unrhymed tercets in free verse that use enjambment to move the narrative forward, a narrative that insists, like the story of the boy referenced in the beginning and the end of the poem, on witness.

It is an ekphrastic section in the sense that it describes a pictorial work of art—in this case, the NAMES Project that I take up later in this book—a work that is "unfurled" like a flag in the hall. It seems to be the single section in the entire poem where there are no angels, maybe not even a liminal space, but only the concrete remainder of a loved one lost: his clothes, empty, but nevertheless a very present reminder of the person who filled out, who occupied, the fabric. The section comes before the section where the angel is made to lean over the lovers' bed, so when going back to re-read it, one begins to wonder if the lover's name is one of the unthinkable read aloud in Exhibition Hall. Doty writes: "They're reading / the unthinkable catalogue of names, // so many they blur, become / a single music pronounced with difficulty / over the microphone, become a pronoun, // become You" (44–45). Again, the shock, upon rereading, of the end of that enjambed sentence, "become You," with the "Y," capitalized, suggests that the lover's name has already been read or will be read in the coming months. The fact that the catalogue is "unthinkable," and is "pronounced with difficulty," suggests that it is unimaginably, and needlessly, long. Ordinarily, we think of unfamiliar names as perhaps being difficult to pronounce; but here it is the sheer length of the catalogue that gives difficulty.

The most striking aspect of this moment is not the reading of names, however, but rather how the empty clothing, once filled, becomes "mortality's severest evidence" (45). In reflecting how "someone knew exactly / how the stitches pressed against skin / that can't be generalized but was, / irretrievably, you, or yours," the moment is no longer generalizable in the sense that the clothing could be, or in fact is, the clothing of a deceased lover—either in the literal sense of death and mortality, or in the metaphorical or metaphysical senses, that which comes with an HIV positive diagnosis in the late 1980s or early 1990s (45). Even though this is one of the few sections in the poem without any reference to angels, there is a bit of comfort here in the recognition of memorialization, if even it comes in the wake of harm.

Around the same time, in the early 1990s, poet Dennis Ciscel published a collection entitled *Tiny Stories* (1991) that documents what it means to care for, to take care—in all of its connotations—and to respond to an address. I am interested in the work of Ciscel and Broder, discussed later in this chapter, as they seem in many ways to be counterpoints to Doty, who spends much of the time with books in his library. By contrast, the work of Ciscel and Broder share a more direct engagement with activism, hospice care, and politics. As such, the "tiny" stories in Ciscel's collection are, in retrospect, not at all tiny, but they are the stories of individuals who do not have institutional power or clout. They are stories collected from the disenfranchised and unaccounted-for whose lives intersected with Ciscel, who worked for much of his professional life as a counselor in the area of Austin, Texas, as well as in the field of HIV/AIDS education. By 1993, he numbered the amount of people he accompanied as they were dying to be several hundred (Ciscel 43).

In his preface to the collection, Ric Williams has written his own prose poem, a true dedication to the work of Ciscel, both in the sense of his poetry as well as in his community work. Williams writes: "I envision Dennis Ciscel in the harsh light of an emergency room. Blood and shit and sterile alcohol. . . . Faces seeing his face as the last face they will ever see, the last face till the angels, till the demons blank the eyes that knew such mystery—no matter their station in life, no matter their color or race or sexual orientation, beyond the politics of anger and shame" (7). The repetition of the word faces, a word used four times, points up the centrality of address in Ciscel's work and almost functions as a prosopopeia in the sense that it uses literary words to render humanity concrete. And here, too, are the angels, at first reading appearing in a reparative manner, as they will arrive as the dying see Ciscel's face and then the angels. But as soon as the angels appear, so too do the demons. "Are they even that different?," we may wonder—raising questions about whether the universality of this moment has to do with mortality, simply, or the need for empathy on one's deathbed. Is that which lies "beyond the politics of anger and shame," death itself, or the need for a witness?

In the next paragraph, which is actually a stand-alone line, Williams again invokes the angels, writing: "Till the angels bear the lovers away" (Williams 7). The line highlights the significance of angels in Ciscel's collection, too, although Ciscel's angel imagery is more subtle, and paradoxically, more human. In fact, it is sometimes the voice of the poet, as indicated in Williams's line, "He is a dragon of angels urging us to a greater humanity" (Williams 7). The focus, here, is on the human element, like Kushner's Prior, who asks what humans can do in the face of the AIDS crisis. The collection's humanity is grounded in the stand-alone line: "Why do we treat our dying so shabbily?," which is a question Ciscel returns to throughout (Williams 7).

Ultimately, one way to better treat the dying lies in telling their stories, to bearing witness, as Ciscel's collection accomplishes. "AIDS, the loneliness of our dying culture," Williams writes, "Such lovely, loving and gentle stories he tells" (Williams 7).

Reading Ciscel's poem, "Introduction," the first in the collection, almost forty years after the first reported cases of what were later defined as AIDS-related illness, reinforces not only the repetition of seeing the "morning come in," but also the steady passage of time while we are forced to wait for increased research spending into the illness and, hopefully, a long-demanded cure. "Forty times, and forty times forty times" Ciscel, and advocates like him, have demanded an ethical witness to this health crisis (11). As such, forty years seems sometimes at risk of turning into forty years times forty years, especially as we watched, on Worlds AIDS Day 2017, as the U.S. Senate voted for a tax bill that would greatly reduce access to healthcare for the most vulnerable among us.

In the introduction to this chapbook on the experience of witnessing those living with AIDS, of what it means to watch mo(u)rning come in, Ciscel writes: "I have watched morning and felt morning come in/but never before has it begun singing so clearly / outside of my window" (11). What makes this opening sequence so powerful in retrospect is that it seems to work in terms of metonymic slippages: with each new morning comes new news of someone sick, news that is so close to us, morning news that comes in closer and closer, news that exists outside our windows, or, closer still, inside our windows, inside our homes.

The closeness comes from the many stories of others, rendered here in a catalogue reinforced by the anaphoric phrase, "I get": "from younger friends I get / no stories of love's concerts. I get / no tales of stolen hearts. // I get progress notes on how their immune systems / are collapsing. I get outlines of the latest rashes / and how much weight has been recently lost / or re-gained. I get speculation on how long ago they / became infected and who might have brought it / to them" (12). In the poetic sequencing, the phrase "I get" finds itself situated at the end of a line until ultimately it is placed in the middle of the line, so that that poet bearing witness is central to the story itself.

Throughout the collection, the poet chronicles citizens affected by AIDS, whether they want to recognize the crisis or not. It is always the poet himself who bears the burden of recognition, of facing the physical, social, cultural, and economic realities of AIDS. The most compelling poem in the collection, in my mind, is called "Late in the Autumn," a seasonal poem that invokes the idea of fall, of loss, of the impending cold to come. It begins with a self-referential moment—the poet writing a poem about writing a poem—but gives way then to shocking and terrible news. After, again, cataloguing specific instances of being "surrounded by people who are / dying of AIDS and sick with AIDS and still / working to save the others from getting AIDS," the poet says his brother calls and they talk about AIDS for nearly an hour, and the persona, then, asks to change the subject. The persona and his brother seem only to converse about aging and their mother until they turn their attention back to AIDS when we learn that the persona's "brother mentioned / that our uncle apparently has AIDS" (37).

What begins as a poem listing the realities of others then pivots to be a memory poem in which the persona recalls an intimate and confusing sexual relationship with his uncle, a relationship built upon touch, with memories so strong and ambivalent that they result in the computer on which the poet is writing to go blank. Ciscel writes, "And I began to / think back on what it was like to have my / uncle take off my clothes when I was a / boy and touch me the way no one else would / touch me and look at me with a magic / in his eyes that one else would have when / they would look at me, and the computer / screen went blank" (38). The length of the poetic line reinforces the length of the memory, details strung together with the repeated conjunction "and"—a conjunction that links thoughts but also the boy, now man, and his uncle. The repetition of "touch" in the phrase "touch me the way no one else would / touch me" – with "touch" beginning a line that ends with "magic," introduces the poem's central focus, which is the physical contact between human beings. The slippage from the action of the uncle's eyes, which blink, to the blinking, blanking computer screen reveals that the traumatic news of the uncle's illness gives way to a traumatic childhood memory as well.

In fact, the weight of the news of the uncle's diagnosis seems crushing in the context of the news that the persona carries of other people close to him who have AIDS. Ciscel reminds us of this weight when he writes, "This many years later, and / surrounded by people who are dying / and sick and working to save others and / constantly talking about ex-lovers / and classmates and coworkers with AIDS, and / the poor computer couldn't stand it and / just went blank" (38). Again, the conjunction "and" is repeated six times in this single sentence in order to reinforce the immensity of the crisis and the work at the heart of the recovery process. The emphasis on the fricative hard /c/ sound reinforces the harshness of the current reality as well as the past: such words as "sick," "working," "constantly," "classmates," "coworkers," "computer," "couldn't" and "blank" have a sickening, violent effect on the reader—a violence also done to the community in Texas with AIDS as well as the violence done to the boy at the hands of the uncle. Yet at the same time, we hear this sound in "magic," which is a feature of the uncle's eyes. When the computer screen goes blank, we know, too, that the poet's memory is blank, or that he has no words, his mind shutting down as projected by his computer's mechanical failings.

The metonymic shift from human memory to computer memory—from the gaze to the screen—returns in the following stanza, where Ciscel writes:

"Inside, the memories were / still in place, but the face had gone blank and / no one on the outside could see or have / access to all the stuff inside. All the / spinning memories of other times and / places scratched upon a disk with light, blank. // And I wished that I could have gone blank too. // I wished I could have just switched off" (38). The repetition of the word "memories" here reveals that the poem is about trauma, after all, the current traumatic news returning the persona back to a previous trauma from childhood. Such diction as "memories," "stuff inside," "spinning memories," "disk," "blank," and "switch" address both the language of computing as well as the language of memory. To go blank as a poet, however, is entails a metaphysical component as well, both a forgetting of feeling and knowledge.

It is the blank screen, however, that allows the persona to remember touch, moving from a memory of the touch of his uncle to the touch of loved ones, many who have perished from AIDS: "And I / sat looking at the blank screen (with no tears / and no wash of emotions) thinking of / all the gentle hands that have touched me down / through the years, and how many of them have / gone away in cars or planes or even / on some trains, wondering why I would miss / these sets of hands so much that go away /with AIDS. I came up with no good answer" (38). Here, the image of the blank screen returns, a blankness that reflects a hollowing of feeling, but the idea of the human touch remains to compensate for the sense of blankness. The figure of the hands stands in for the entire human body, for the human person that now "go[es] away / with AIDS." The half rhyme of "down" and "how" uses sound and sense to reinforce the mourning quality of the poem, a kind of howl in the face of grief, or as a response to it. The refusal of closure here—"I came up with no good answer"—is matched by the repeated sibilant sounds, sounds that seem unending such as the /s/ in "sat," "screen," "miss," "sets," and "so," which sets the tone for the stanza to come, one that hinges on another /s/ word: "skin."

And so it is with this idea of loss and touch invoked that the angels appear, the idea that angels both give comfort but also that they have no access to touch, trading skin for wings. In response to the question for which there is no good answer, a question about missing all of the hands that go away with AIDS, Ciscel writes,

> Perhaps it has to do with knowing that
> we'll never touch again. Even when we
> meet on the other side, having progressed
> into pure spiritual beings that
> glow in the light and communicate with
> prayer and stirrings of the air, we still won't
> get to touch. Angels in the heavens in
> the company of God wrap each other
> up in wings and lay inside the light, but

> they just don't have skin. In missing all the
> ones who have gone on, I miss the skin. I
> miss the simple touch. And even though the
> angels are among my favorite beings,
> no angel's wings can feel the same as skin. (39)

The word touch is invoked three times here, as if to emphasize that which will be missed. And although the angels are represented with the potential to offer comfort, those who guide in the transformative process of "progress[ing] / into pure spiritual beings that / glow in the light and communicate with / prayer," there is no compensation for the fact of lost touch. The persona here emphasizes the loss through emphasizing the word "miss"—here given three times—concluding that wings cannot replace skin, cannot replace the dead.

It is as though that final conclusion paradoxically awakens the awareness of blankness, of having "gone blank as well" (39). Otherwise, the persona tells us, "I would have / been screaming or raging or unable / to get up in the morning to go to / work working to save others and talking / about AIDS" (39). The blankness, in this sense, allows the persona to function also as a counselor and educator, to continue on with his work with the dying. I am moved by the fact that this poem ends not there, with the focus on work, but rather with a plea for understanding, two emphatic questions about loss, both in the past and the present: "Do you have an idea / what it's like to hear the uncle who had / caressed you when you were a child has AIDS? / Or, at the opposite extreme, do you / have any idea what it's like to / have the pretty young man you've been dating, / who is delicate and gentle and nice / to look upon, have AIDS? Pray not to learn / if you want, but you will learn anyway" (39).

The questioning seems, in part, like scolding: "do you have any idea," invokes the tone of a disappointed parent trying to have their child understand the feelings of others. As with Doty, the poem turns the point of view back on the reader, invoking him or her with the second pronoun "you," ending with the haunting and uncanny observation that, no matter how one tries, she will be confronted with AIDS anyway, will ultimately "have an idea" about what it's like to "look upon AIDS." Once again, the celestial language of angels returns in the penultimate line, "pray," and yet that will not be enough. The angels, as we learn through Doty as well, are not enough in the age of AIDS.

Michael Broder's 2016 collection also invoking angels is both more and less reparative. Reflecting a twenty-first-century moment in which protease inhibitors have improved for many people the sexual landscape in the age of AIDS, Broder's collection has a title that boasts of a poet who is *Disease and Drug Free* (2016). Even the dedication material is more positive than that of Ciscel. As Jameson Fitzpatrick writes in the forward, "In reverse chronological order, Broder documents the life of an HIV-positive man who survived the worst years of 'purple lesions, thinning hair' and has found an abiding love in a serodiscordant relationship" (vii). Ultimately, it is this abiding love relationship that changes perspectives; whereas in Doty and Ciscel, writing in the 1990s, reflect on immeasurable losses in the wake of AIDS, Broder reflects hope offered by social change, but also, importantly, medical advances. Fitzpatrick emphasizes this point when he writes: "*Drug and Disease Free* makes an important intervention in the canon of contemporary gay poetry, in which so much writing about HIV/AIDS has remained in the realm of elegy. Even as many of these poems find Broder grieving, he is not confined by his status or the pains he has suffered. . . . The example of Broder's poetry proves that even in the face of inconceivable loss, we are free to conceive of a world in which we can keep loving, writing and remembering" (ix).

While I agree with Fitzpatrick that the collection is about reparative love and freedom, it also invokes angel imagery to do the unexpected work of conveying ambivalence, the ambivalence between overcoming loss and reinforcing it that we see in the work of Freud, Ramazani, and Crimp. As in the poetry of Doty and Ciscel, Broder also uses the second person pronoun "you" in order to show how his poetry does double duty, on the one hand, to address a loved one off the page, and, on the other hand, to address the reader reading the page. In so doing, he holds the reader accountable for carrying on his story as well as the history of AIDS.

Broder founded the *HIV Here + Now Project*, which considers the impact of HIV in the modern world, regardless of identity category. He started it in 2015, when he noticed a shift in HIV/AIDS representation, which had evolved beyond encounters with death to become encounters with life and survival. It is a project about living with AIDS rather than dying from AIDS, and marks a very important turn in twenty-first-century responses to illness. As he explains of the project in an interview with Aiden Forster, assistant editor for *The Adroit Journal*, "This is we, the poets who didn't die, the poets who lived," underscoring the kinds of questions the project implicitly answers: "how about that? What's that like?"

Broder's poem, "Atonement" is exemplary both in its response to the question, "what's that like" as well as in showing the two-sided nature of forgiveness. Immediately, the poem's title seems to carry doubly the desire to find reparation and simultaneously to remind one that wrongdoing persists, as do its effects. Considering its theological connotations, "atonement" seems to emphasize reparation, and yet—as traditional definitions tell us—atonement not simply refers to being at one with an other, but, crucially, to seek restoration after discord or strife. Brilliantly, Broder's poem both is and is not about atonement. While we want to find peace within its lines, the lingering sense of guilt and blame remain at its core. In the very first poem of the very first section of the collection, Broder writes, “Because it is about blame, and I blame you— / for missing the subway, getting there late, having a bad time. / I blame you because I have to blame someone: / I mean, how could I live in a world where bad things just happen” (13). Since the collection begins with the word, “because,” the reader originally thinks she skipped a page—that the poem is providing a reason for a previously unexplained query. It turns out that the poem does respond to a query, but it is not provided in the text itself. One must interpret the question in the context of the poem’s response. The first section entitled, “Mad About a Boy,” suggests, at first glance that this is a love poem addressed to the boy of the subtitle. Literally, it seems the boy or man or lover has missed the subway, arrived too late. However, because of the positioning and disorienting beginning of the first line—“because it is about blame, and I blame you,” the reader also feels implicated, addressed, in an unspoken failure for which she is guilty. The word “because,” appears in the third line as well as the first, as in “I blame you because I have to blame someone,” which suggests that the blame being placed far exceeds the quotidian mistakes of a single person. The question, “how could I live in a world where bad things just happen,” seems to be about more than missing the subway. It is about trying to pin down the source of a larger, more frightening concern.

As in the first stanza, the fifth and sixth stanzas repeat the phrase “I blame you,” first in a very personal way, but then, increasingly, the source of the blame becomes more ephemeral, increasingly global. Broder writes: “I blame you— / for every mother I ever disappointed, / every boyfriend who ever died, / every crackhead who robbed my apartment, / every disease anyone ever contracted anywhere in this world” (13). Again, in a poem entitled “Atonement” one wonders if the forgiveness will come. Understanding, through Fitzgerald, that the poems also reckon with “inconceivable loss,” the reader must bear some responsibility, maybe not for disappointed mothers, but certainly for failing as a public to slow the spread of disease around the world.

Broder recognizes in his interview with Forster the continued prevalence of HIV in the United States; I will quote at length for its ability both to update and underscore Dean’s concerns from the 1990s:

> I was already well aware that HIV was not only a major ongoing catastrophe in the developing world, but a persistent public health crisis right here in the United States. . . . But what I did not realize was the extent to which HIV stigma remains a problem here in the U.S. How much shame and secrecy remains about having HIV or AIDS. How many people face discrimination at work, at school, in the community, because of their HIV status. And the lack of awareness among the general public about just how much of a social and public health issue HIV and AIDS still are in 2015.

Broder's comments point up that, although we have made some advancement medically with regard to treatment and prevention of HIV, socially, we still seem to remain in the 1990s, when Dean was writing, along with Ciscel and Doty. His points about discrimination and lack of awareness among the general public reveal a failure to witness and address those who still have stories to tell.

So, when we turn to the last five lines of "Atonement," it becomes clear that the poet is no longer speaking to a lover, but to all of us. The "you" becomes plural with a very tricky turn of phrase: "Yes, of course, of course it had nothing to do with you— / you weren't even born yet half the time. / And yet, what has that to do with anything? / I blame you, and you are blamed, and there you lie, / sleeping like an angel, guilty as the devil, and I love you and I am free" (14). The line, "Yes, of course, of course it had nothing to do with you," reads as if out of a Robert Browning dramatic monologue, which has a similar result of undercutting the speaker in the same way as a Browning poem. The repetition of the phrase "of course," seems conversational, almost placating. The "yes" is in response to words uttered off the page by someone (maybe ourselves) we have yet to identify. The next line, "you weren't even born yet half the time," could possibly refer to more than one lover, but also could refer to the American public to which he refers in his interview, as if to say: In half of the cases of denial or discrimination, the reader was not alive—or at least not in the 1980s when the crisis first emerged.

Significantly, asks Broder, "what has that to do with anything?," as if to say, as Dean says, we all live under the signifier of AIDS. We are all People with AIDS in the sense that we live in a nation, a world, that has failed to account. The line break emphasizing "lie," as in, "there you lie," at once looks back to Doty's angel looking over the lover lying in bed in the next room, as well as straight to the reader, who has lied to herself or the public about the status of HIV in the United States. Even by the penultimate and final lines, the atonement has yet to come; at least there is no atonement for the addressee, who lies "sleeping like an angel, guilty as the devil." Again, the angel imagery underlines the deep ambivalence in the poem, caught between forgiveness and guilt, reparation and self-laceration. But remarkably, in this twenty-first-century poem, the addressee and the speaker seem both to be recipients of love. By ending with "I love you and I am free," there seems to be a sense of closure and rest despite the sins, large and small.

Broder's "I love you," functions as an act of forgiveness and also as a touching personal note, perhaps, to a lover. In this way, the first poem anticipates for the reader the rest of the poems in the collection, poems that, like Doty's and Ciscel's, are proud anthems to gay sexuality. For me, they recall Leo Bersani's argument about the need for every gay man to destroy "his own perhaps otherwise uncontrollable identification with a murderous judgment against him" (222). Angel imagery in HIV/AIDS writing seems to function in this way, murdering one's perverse identification with the murderous judgment. And at the same time, something a bit more sinister lies beneath—an ability to prevent the greatest harm, against oneself or another.

While Dean disagrees with Bersani's approach to destroy the fantasy of murderous judgment ("The Psychoanalysis of AIDS," 114), I imagine he would empathize with the impulse to find atonement in the vexed sense that Broder represents. In their repeated references to "you" and ambivalent angel imagery, Broder, along with Ciscel and Doty recognize that "we are all PWAs," and ask, as does Dean, "Is there a cure for this, if not yet a cure for AIDS?" (Dean 116). The cure Dean calls for is a linguistic cure, a cure to atone for the failure to signify AIDS, to hear the stories of AIDS survivors, to prevent the stigmatization of people with HIV, to address the fact that so many died without an adequate witness. Theoretically speaking, I would argue, psychoanalysis can account for these failures, and the poetry itself comes one step closer to a cure.

NOTE

1. For the most incisive readings of Doty's poetry, see Landau, Macari, Rendell, and Wunderlich. Doty is the most well-known poet I will address in this chapter. The other two poets, Dennis Ciscel and Michael Broder, have not received adequate critical attention to date.

Chapter Three

Metaphor, Militancy, and AIDS in Susan Sontag and Paul Monette

Confronting Susan Sontag's infamous plea to retire military metaphors in relation to AIDS, Douglas Crimp not only insisted on the continued use of properly militant language in addressing the virus, but also understands it as a tool for proper mourning, naming militant language as one way to empower those living with the syndrome. Connotations of the word "militancy" bear this out—not only understanding the word in terms of literal battle, we might think about militancy in its relationship to politics and social discourse. If the sick cannot physically do battle, then at least, with the use of militant metaphors, their poetry and prose can give a voice to the otherwise voiceless in their pursuit of political and social ends.

This chapter opens with Sontag's argument against military metaphors, in conversation with such critics as Douglas Crimp and D. A. Miller, who view such language as empowering and indeed arguably unavoidable: after all, both Crimp and Miller cite Sontag's own use of military language as evidence that one truly cannot entirely escape rhetorical tropes when trying to describe the unspeakable condition of living with a chronic disease. This conversation becomes the context for closely reading Paul Monette's use of battle imagery in *Borrowed Time*, a memoir chronicling the AIDS diagnosis and ultimate death of his longtime partner, Roger Horwitz. In so doing, I argue, battle imagery serves not to demean the ill, but rather to sustain them, both psychically and politically. In Monette's particular case, an exemplar in the efficacy of military metaphors, the militancy comes not from medical discourse as much as classical literature: from an ideal of manhood adopted from classical Greece, a major influence on Monette and his writing.

Susan Sontag's work in the field of illness narrative emerges out of her own experiences with illness. Her first treatise on the subject, *Illness as*

Metaphor (1978), was informed by her diagnosis of acute myelogenous leukemia. According to Margalit Fox (2004), Sontag "had been ill with cancer intermittently for the last 30 years" of her life. When doctors originally diagnosed Sontag's breast cancer, they gave her a ten percent chance of surviving the next two years. And while one may ordinarily hesitate to reduce her work to biography, Fox suggests that "out of her experience came *Illness as Metaphor*, which examined the cultural mythologizing of disease."

What makes *Illness as Metaphor* such a groundbreaking work is its understanding that using metaphors in everyday life, especially when referring to terminal illness, has a tangible effect on the lives of those carrying the weight of the diagnosis: metaphors, Sontag reminds us, change the way we see things, and, in turn, change the way we act. For her, "The most striking similarity between the myths of TB and of cancer is that both are, or were, understood as diseases of passion" (20). She goes on to say, "With the modern diseases (once TB, now cancer), the romantic idea that the disease expresses the character is invariably extended to assert that the character causes the disease—because it has not expressed itself. Passion moves inward, striking and blighting the deepest cellular recesses" (46). According to Sontag, in our discourse about illness, the disease inscribes a patient's character on her body in a horrifically intimate return of the repressed.

In what is perhaps her most scathing critique of understanding illness through metaphor, Sontag writes that, "Illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust" (72). Such a linkage between illness in a person and societal illness harkens back to antisemitic rhetoric positing that Jews must be exterminated and removed from an ailing society. Her response to this tradition is perhaps the most radical possible, as she seeks not to reclaim illness as (social) metaphor but to banish it altogether—a banishment that seems even more crucial as she pivots from a consideration of illness generally to a consideration of AIDS particularly in the face of the HIV crisis in America.

In *AIDS and Its Metaphors*, Sontag now understands that not only do our social metaphors about illness inscribe themselves on the body, but also that they do so to publicly tarnish the stricken body. She writes: "Twelve years ago, when I became a cancer patient, what particularly enraged me—and distracted me from my own terror and despair at my doctors' gloomy prognosis—was seeing how much the very reputation of this illness added to the suffering of those who have it" (100). In closely reading language associating AIDS with "invasion" and "pollution" (105); "guilt" and social "pariahs" (112), and ultimately, the "plague" (132), Sontag deconstructs the responses of the medical community and the political parties equally, especially when arguing that

> AIDS seems to foster ominous fantasies about a disease that is a marker of both individual and social vulnerabilities. The virus invades the body, the disease (or, in the newer version, the fear of the disease) is described as invading the whole society. In late 1986, President Reagan pronounced AIDS to be spreading—"insidiously" of course—"through the length and breadth of our society." (153–54)

Sontag's project is eye-opening but also slightly threatening to literary writers, who frequently celebrate metaphorical flourishes as key to the aesthetic endeavour. What would it mean not to have literary language at our disposal to write about such a traumatic moment in history, a trauma dealt to our physical and social bodies?

Leon Wieseltier reminds us what is at stake in the project of writing about illness when he argues: "The theme that runs through Susan's writing is this lifelong struggle to arrive at the proper balance between the moral and the aesthetic" (qtd. in Fox). Cynthia J. Davis is perhaps a bit more direct in her analysis of Sontag's project when she argues in the introduction to the 2002 special issue of *American Literary History* on "Contagion and Culture" that: "Facing a grim cancer diagnosis some 25 years ago, Susan Sontag wrote *Illness as Metaphor* (1978) in an effort to get us to get illness literally" (828). Medical humanities theorists have since become invested in the Sontag case, finding in the argument against military metaphors a telling ambivalence. As Rita Charon put it:

> What is enacted in these medical offices is the divide between the sick and the well, or, in Susan Sontag's words, the realization that 'illness is the nightside of life, a more onerous citizenship.' Unlike other divides—gender, race, class, place, age, time—that separate one human being from another, the divide between the sick and the well is capricious, unpredictable, sometimes reversible, but in the end irrevocable. (Charon 21)

Revealing importantly that "nightside of life" is, in fact, a metaphor, Charon empathizes with the simultaneous desire to—and impossibility of—describing the experience of living with a chronic diagnosis. The question becomes: does the use of literary language, especially the military metaphor, do more or less to reinforce the sense of divide between the sick and the well?

Sontag is no more direct in anticipating that question when she writes: "Military metaphors contribute to the stigmatizing of certain illnesses and, by extension, of those who are ill" (99). She goes on to reinforce this point when arguing that: "Not all metaphors applied to illness and their treatment are equally unsavory and distorting. The ones I am most eager to see retired—more than ever since the emergence of AIDS—is the military metaphor" (182). The military metaphor, in this sense, is composed of a set of images that connote battle and war—images that, when employed, seem to equate the "battle against" an illness as a battle against the person who is actually ill.

Despite her provocative and direct proposal to retire the military metaphor, Sontag also seems to understand the emergence and subsequent appearance of AIDS in the medical and political landscape as a special case. Sontag writes,

> AIDS marks a turning point in current attitudes toward illness and medicine, as well as toward sexuality and toward catastrophe. . . . The emergence of a new epidemic disease, when for several decades it had been confidently assumed that such calamities belonged to the past, has inevitably changed the status of medicine. The advent of AIDS has made it clear that the infectious diseases are far from conquered and their roster far from closed. (160)

While Sontag seems to be arguing here that referring to AIDS as a battle to be won is ineffective at best, allowing that infectious diseases seem unlikely to be "conquered," the "battle" to quell them far from "won," she also allows that "AIDS marks a turning point in current attitudes" "toward catastrophe," and—as such, I would argue—such a turning point needs to be addressed via language, and, in particular, literary language with the power to engage people in an important dialogue.

On the one hand, as Sontag argues, military imagery potentially "overmobilizes, it overdescribes, and it powerfully contributes to the excommunicating and stigmatizing of the ill" (182). But Sontag's argument centers the perspective of the healthy: *from the point of view of the healthy*, such metaphors might stigmatize the ill; however, as Monette's powerful memoir has shown, *from the point of view of the ill themselves*, the language can be humanizing and can give them a way to write about the significance of *fighting back*. My argument throughout this project is that we should focus first on the language of the sick and of their immediate witnesses. Somewhat curiously, Sontag goes in another direction when she writes that "we—medicine, society—are not authorized to fight back by any means whatever. . . . About that metaphor, the military one, I would say, if I may paraphrase Lucretius: Give it back to the war-makers" (182–83). The significance of Monette's work is to suggest otherwise: that authors and others who have a gift with language can indeed fight back, and further, seem to be the only community civically engaged enough to wage war, if you will, to be *the war-makers* themselves during a time when no other institution seems to be fighting back.

Like Charon, Ann Jurecic relies heavily—for good reason—on Sontag's two treatises against using metaphor in relation to illness. As Jurecic argues, Sontag, decades ago, uncovered a powerful relationship between narrative and illness itself. Jurecic claims that "Susan Sontag has done more than any other single writer to bring attention to how literature documents and shapes the cultural meaning and experience of illness, pain, and suffering" (67);

further, writes Jurecic: “From her first works to her last, she struggles with the ambiguities and conflicts that, to this day, preoccupy literature and criticism about the representation of illness, risk, and pain” (Jurecic 68). This, for Jurecic, becomes Sontag’s “narrative legacy” (86). Writing, toward the end, even as she lived with leukemia until 2004, Sontag “approached her illness as a battle” (86) and “argued against metaphors about illness even as she employed them” (86, 90). But, this key observation from Jurecic, as I’ll soon show, foreshadows in an unacknowledged way Sontag’s contribution to trauma theory as well: Sontag’s narration of her own illness, embedded within her theoretical account of metaphor’s side effects, is a species of writing trauma, in the sense that a chronic diagnosis is both alienating and unimaginable. Writes Jurecic: “some stories do stigmatize. But others—such as her own account of the kingdoms of the sick and the well—make available new ways of thinking about the unthinkable” (Jurecic 91). Here is where the potency of metaphor comes in. As trauma theory will tell us, the very literariness of a text, even in its failures, can help make connections between the sick and the well. The failures point up the sticking points, those aspects that need our immediate and focused attention; the literariness, the use of the military metaphor, for example, connects the engaged from the disengaged, employing an affective dimension that is perhaps more able to generate political mobilization in the face of silent stasis.

D. A. Miller’s critique of Sontag seems to be fueled by a similar observation, that it is far more dangerous to declare—as a philosopher, theorist, and memoirist in her own right—that any method or mode of writing be “retired.” According to Miller, “Sontag’s closing recommendation that military metaphors of illness be ‘retired’ (94)—as though there were no violence in forced retirement—only reveals how high above the fray of competing interests and meaning she imagines situating what in fact can’t help being her intervention, no less contentious than any other, in that struggle” (Miller 97). In other words, Sontag seems not to be able to see her own blind spot, which is a dual assumption that (1) she remains far above the arguments about propriety in writing and that (2) she remains so far outside of the sick / well dichotomy that she cannot see the violence in her own demands that metaphors be retired from narrative accounts of illness. Miller seems aghast that Sontag would see metaphor and interpretation as “largely, if not entirely dispensable” (97), which, on the face of it, does seem absurd both to readers and writers alike.

What is most offensive to Miller, however, is the disempowering message of Sontag, in an argument where she clearly seeks the opposite effect; Miller makes clear the ways in which Sontag “overlooks how vital another such metaphor—the one conveyed in the word militancy (from the Latin *miles* [soldier])—is proving to people with AIDS and to the AIDS activism of which they stand at the center” (Miller 101). The value of the soldier metaphor is seen in the activists' battle cry—"Fight back, fight AIDS" (qtd. in Miller 101)—and, for Miller: "Acknowledging no duty to speak of them, her text makes a last recommendation that would deny them the right to speak of themselves—polemically, militantly, in any voice but that of victims" (Miller 101). For Miller, as well as Douglas Crimp and John Clum, the most potent aspect of the militarization of AIDS is its power to give agency to the sick themselves, and even to the not sick. Speaking polemically, militantly, as retrospect confirms, gives writers and activists a voice and agency with the power not only to connect to all readers, but especially to send a political message to elected officials.

Crimp's justification of militant language is perhaps, paradoxically, even more theoretical and more political than Miller's. In "Mourning and Militancy," Crimp reads Freud's "Mourning and Melancholia," (which I take up more fully in the previous chapter) in the context of debates about whether and how militant gay and HIV activism ought to be. Crimp's own militant language immediately reveals where he stands in this literary and political debate (9). When writing about anger and militancy, in other words, he also engages in a protest against the "violence of silence," which he equates with "outright murder" (9). Such silence, such violence, for Crimp, can only adequately be met with anger.

For me, Crimp is most powerful when he explains precisely what the militant language responds to, and precisely the reasons why it seems the most effective style for calling out and combating the failures of public agencies and dominant media that are otherwise tasked with abating crises in public health. Crimp writes, "Through the turmoil imposed by illness and death, the rest of society offers little support or even acknowledgement. On the contrary, we are blamed, belittled, excluded, derided" (15).

Whereas public agencies, the general public, and even the dominant media seem all to blame HIV positive citizens for their own illness, writers have at their disposal the written word, language that can productively "wage a war of representation"—with "war" being the key term here, one that brings the military metaphor back. At the same time, they "*have . . . had to*"—that is, have been obligated to—wage this war, and so to criticize such militancy amounts in a very straightforward way to blaming the victims yet again (Crimp 15–16).

On the argument of Sontag, militant metaphors are a pathological response, analogous to "melancholia" in Freud's famous essay. But in a lovely section that reveals militancy, in both form and content, as inextricable from mourning the dead, Crimp argues that, "if we understand that violence is able to reap its horrible reward through the very psychic mechanisms that make us part of this society, then we may also be able to recognize—along with our rage—our terror, our guilt, and our profound sadness. Militancy, of course, then, but mourning too: mourning and militancy" (Crimp 18).

Referring back to Freud's theory juxtaposing "healthy," reparative mourning with the more self-lacerating effects of melancholia, Crimp aligns the militant response of gay activists with melancholia, and a corresponding worry that a militant response signals "dangerous denial" (18). And, yet, he sees as fitting a violent response as a possible answer to society's violent rejection of the HIV positive community, as a paradoxical way to get to mourning—to fully acknowledge those have died of AIDS and the sadness and rage needed to fuel a necessary political fight.

John M. Clum connects these two important motifs—mourning and militancy—directly with Monette's *Borrowed Time* (1988) in his classic article from 1990, "The Time Before the War." In this work, Clum focuses his reading of the memoir on the "time" part of Monette's famous and militaristic phrase, "the time before the war"—a phrase from his memoir that signals Monette's own investment in military language. Clum here links Monette's description of the AIDS crisis to the language of trauma, when he introduces his article thus: "In this world memory and desire take on new meaning as new links to the past must be forged. The present is sad and terrifying, and the future is drastically foreshortened" (Clum 648). Evoking the references to skewed time at the heart of trauma theory, Clum reads Monette's memoir as delineating a "time before" AIDS, in which AIDS is linked metonymically to war, and a "time after," which is a time, curiously, during the AIDS crisis, and, crucially, during the war itself. There is no "after" the war if "after" means "a time when the war is over." There is only "after the war arrives." Even the metaphor of battle finds its way into Clum's own rhetoric when he writes, providing an overview of Monette's memoir: "The invasion of the home of Paul Monette and Roger Horwitz by HIV is not only an invasion of one loving couple, one household, or of gay culture; it is an invasion of the American dream itself" (Clum 649). The invasion referenced here, is, like an army invasion, violent, dispiriting, and disempowering. The invasion affects not only one couple, but also many couples, which, as a result, extends to the very heart of America.

Clum takes as his occasion for writing the striking early line from *Borrowed Time*, in which Monette writes, "I sift through these details now because they are so concrete, still here in the house, evidence of all the roads of our lives in the time before the war" (Monette 25). And while Clum seems to want to focus his reading of the line, indeed of the memoir itself, on the vexed figure of time here, over and above the imagery of war, he nevertheless hones in on the reason this line is so striking, explaining that "the 'time before the war' is irretrievable, and therein lies the real pain. Not only are men lost, a culture is waning" (Clum 650). Citing such critics as Treichler, Edelman and Sontag, Clum goes on to note the ways in which sexual history has become bound up with conversations about time, illness, and loss. For Clum, what Monette lays bare here is the unexpected fact that: "gay men are sick because of sex, an unnatural causality that empowers all sorts of metaphors of disease already associated with sexuality" (Clum 652). When he calls the casual relationship between sex and illness "unnatural," here, I take him to mean that ordinarily we would associate sex with vigor and new life, that it seems unnatural for sex to make us sick.

What I appreciate most about Clum in revealing the power of Monette, however, is the tension between soldier and victim that emerges from the memoir, as well as the tensions between what is lost and what is gained. In engaging with the metaphors of the military, Monette knows full well the debate he is perpetuating. In a lovely self-referential moment late in the memoir, Monette writes that Susan Sontag's *Illness as Metaphor* is "a bracing caution about scapegoating and self-blame that attach to certain diseases" (Monette 278–79). Monette's understanding of Sontag here seems to be slightly off-kilter, as the Sontag work seems to be less about self-blame and general scapegoating than it is about the dangerous effects of metaphor, scapegoating serving as one of the effects. However, Monette is not specific here about the source of scapegoating—a misuse of metaphor—and uncannily goes on to use the term "guerillas" to reinforce the point about blame. Monette wryly points up Sontag's privilege in deciding what counts as "military" and what does not, as the toxic boosterism of the self-help set becomes more dangerous than any activists' riposte.

Despite Monette's provocative use of metaphor, most critics focus on the generic aspect of the work, calling it a melodrama, as in the case of Weir, or general romance intended to placate "mainstream" readers. (Jennifer Lavoie's graduate work on Monette is one of two rare exceptions.) In other words, the critical literature on Monette is overwhelmingly focused on *Borrowed Time* as a memoir—reading the form of the work as necessarily complementing its subject matter. In particular, such scholars as Bertram Cohler, G. Thomas Couser and Nancy Mairs, Derek Duncan, Susan E. Hill, David R. Jarraway, George Newtown, and Kathleen Woodward focus on *Borrowed Time* as an autobiography, the representation of a moment of time in the life of Paul Monette. While this generic focus is helpful, it downplays the work's place in a canon about AIDS representation, and the politics inherent in the representation itself.

In addition to Lavoie, Deryl B. Johnson is a second rare critic invested in Monette's stylistic use of metaphor, but, for Johnson, the noteworthy image of "living on the moon" pervasive in Monette's text reveals a commitment to metaphor that has had a radical effect on "our cultural view of AIDS" (Johnson 4). Focusing on Monette's metaphor of "living on the moon" (occurring at least ten times throughout the memoir), Johnson sees it as an exemplary case of "the reflexive nature of the narrative" allowing Monette to "express self-concept and identity" in the wake of an AIDS diagnosis (Johnson 5). Even in his focus on the moon metaphor, Johnson relies upon war imagery in describing Monette's literariness: "In these metaphorical wars against disease, an enemy, the alien 'other' is envisaged. People with AIDS and those that share their lives are banished to live on the moon, they become victims, they become societal outcasts, 'others' that are trapped in a powerlessness created by the culture in which they live" (Johnson 7). Granted, Johnson is focused on what it means to be "banished to live on the moon," but his use of the phrases "metaphorical wars" and "an enemy" points to the need for a larger discussion of Monette's use of war imagery and a fuller discussion of what we gain from it.

I have argued in the introduction to this work that Monette's memoir—or, to shift the generic focus a little—a prose-form elegy to his long-term partner, Roger Horwitz—reveals the ways in which the media and government ignored the burgeoning health crisis of AIDS until 1987. And it does so with a kind of affective urgency available singularly through literature. In fact, some may consider it so *literary* that hostile readers like Douglas Eisner have called it melodramatic to the point of sentimental, falling prey to the stylized drama known for its heteronormative, middle-class way of telling a love story. As Eisner states—using no uncertain terms: "I am arguing that the social structures that made *Borrowed Time* so popular reflect the values of the dominant society reflected in the melodramatic novel form. . . . By choosing this particular approach, he gets mired in the heterosexism of the contemporary version of the romance tradition, melodrama" (Eisner).

Rather than engage old debates about the political import of melodrama versus a possible rejection of the outmoded form as a critique of a bourgeois value system, I want to turn now to a close reading of Monette's own use of war imagery—an effective way to connect with readers as well as, rhetorically, to show how a writer can *fight back* during a political moment when, as he makes clear, men diagnosed with HIV were indeed being blamed for their illness, or, at a minimum, ignored as possible agents in their own fight. Monette's first reference to war is the foundational quote used to begin Clum's work on Monette's representations of time: "I sift these details now because they are so concrete, still here in the house, evidence of all the roads of our lives in the time before the war" (Monette 25). I am less interested in the use of time, although, that, too signals the work's connection to trauma and narrative, and am more interested in what it means to understand one's life in terms of war. And it is not just Monette's use of military metaphor that's striking as much as his equal self-consciousness in the face of it. Also notable here is that he depicts the "before" the war as full of potential ("all the roads"), but after it only has one meaning. There are war stories where there are other meanings than just "we're dying here."

Shortly after he introduces the war motif, Monette employs it again, if only to call it back, saying: "Perhaps it is just very human to want to die with your boots on. I don't know if that's a cowboy or a combat metaphor, but both are perfectly apt" (Monette 28). It is difficult to imagine the cowboy metaphor doing as much work as the combat metaphor here, in which case Monette helps us to understand that, when a soldier dies with his boots on, it means he has battled until the very end.

In the interest of time and space, I will narrow my focus even further here to consider one type of military metaphor Monette employs in particular, and that is the language of World War I, a motif that organizes Monette's repeated references to "trench warfare," "front lines," and "shell shock." In fact, such language deliberately echoes the work of Sigmund Freud in *Beyond the Pleasure Principle* (1920), when the psychoanalyst began to wonder why survivors of WWI had symptoms associated with head injuries such as nightmares, hallucinations, and repetitive actions, when they had not in fact suffered a blow to the head. For Freud, the problem was one not posed by the outside (a forceful blow to the head) but rather, the inside—in the sense that the unconscious mind, in the wake of a survival, can only barely acknowledge, much less comprehend—continuously attempts to return to the scene of a missed encounter in order to piece together a coherent narrative. Interestingly, Monette seems less interested in time disruptions when he uses this language than he is in serving as an ethical witness to the deaths of many of his friends.

A strong example of this ethical relation is seen in Monette's representation of his close friend Cesar after the latter's diagnosis. Monette writes of Cesar—and his success in recovery during the early days: "He had pushed the enemy back. The border was barely secured, the truce uneasy, but here was a man returned from the front lines" (Monette 42). Again, Monette reveals Cesar as an active fighter here, as "a man returned from the front lines." Pushing the enemy back, securing the border, making a truce: these are all references to a kind of old-fashioned war, one fought on the ground. Also, precisely, Cesar is rendered as a *man* returned from the front lines, and not a passive victim.

In fact, with Cesar, often the language of WWI battle is employed alongside language describing the ethical witness—as if to reinforce the connection between the battle raging that is AIDS activism, on the one hand, and the battle to acknowledge the voices of the activists, on the other hand. When Monette reflects on Cesar's personal relationships, he writes: "Relations on the battlefield are not governed by the same rules. Real is not a function of time. Or perhaps the pitch of time itself is the passion, and makes its own reality" (Monette 137). For Monette here, even relationships need to be defined anew; referring to life with HIV as life "on the battlefield," Monette privileges passion over truth, in the sense that passion redefines measurements of time and subsequently determines reality. Monette is exceptionally generous with Cesar throughout the memoir, consistently trying to find the words and mindset for describing Cesar's struggle. Monette tells us that he needs to keep “focused on Cesar and his two years at war” (Monette 153). And here again is the dual language of witness and war, two frameworks that ultimately become intermingled by the memoir’s end.

When Roger begins to betray symptoms of the same illness, Roger begins to worry in his diary, motivated and strengthened by his relationship with Cesar’s story. In an entry from December 23, 1985, Monette writes of “this notion that we had somehow squeaked in under the wire to a sort of viral demilitarized zone, while it didn’t comfort me then, became one of the totems I clung to throughout the next unyielding weeks” (Monette 61). The phrase here that interests me is the provocative “viral demilitarized zone,” as it is one of the few places where Monette’s military metaphor does not work. The mixed registers—the language of medicine, indeed the virus itself, “viral”—seems to contradict the war imagery exemplified by the word, “demilitarized.” Perhaps it is a hopeful gesture, first personifying the virus if only to show that it has lost its military power. Or perhaps it seeks to think about Roger’s “zone” as a safe space, a place where and when the virus cannot attack. And even as the passage reveals there is a kind of “totem”—safety against contracting the virus—it tells us there is not comfort to be found, a fact reinforced throughout the rest of the memoir, until the very end of Roger’s life.

Monette continues with the metaphor of WWI in his repeated use of the phrase “shell shock,” a very specific type of military metaphor in that it also connotes trauma. Monette writes: “My memory of those weeks, back and forth to UCLA, is mostly shell-shock fragments. I can’t even put them in chronological order, let alone weigh them” (Monette 63), and only twelve pages later uses the same image of “shell shock” when referring also to the responses of others: “They realize they were in shell shock then, to a lesser degree than I but with the same dazed sense of staring into the headlight. How was I to know my very advisers were locked in a vertigo precipitous as my own?” (Monette 75).

For this war metaphor to work, Monette reveals how trauma and time become interconnected here: the “shell shock” fragments refuse chronology; the “precipitous” vertigo also reveals as sense of being out of time and disoriented in space. This is further complicated by repeated visits to UCLA and repeated over-nights in the hospital. Monette writes of the highs and lows during their hospital stays as “full roller coaster overnights” experienced repeatedly “in the course of the war” (91) “Each time,” Monette writes, “it was as if he came back from the dead” (Monette 91). At first glance, this is a very different valance from Cesar, above, who returns “a man.” Nevertheless, when Roger returns from the hospital, it is as though he has returned from a war—and in both the cases of returning from war and returning from the hospital, it feels as though he is returning from death, as though he has somehow traumatically survived, if only to live another day in the same vertiginous cycle.

Given the sense of being out of time and reeling through space, Monette tethers himself to an awareness of the effects of language and to caretaking. He writes in hindsight that their strength lie in "the group of two for an army. In combat, Roger had no choice but to battle the physical side, while I engaged on the metaphorical front" (Monette 101). The two, Roger and Paul, band together as an army in combat, and they are fighting a war on two fronts: Roger wages the physical battle, and Paul engages "on the metaphorical front"—a phrase that has an uncanny double meaning: On the one hand, the front is a metaphor, this is true; on the other hand, the battle to be waged is with and against metaphor, another writerly aspect of the text that Monette reinforces throughout.

At the risk of seeming to catalogue all of Monette's self-conscious and writerly references to WWI, I want briefly to delineate a few more examples here before turning to offer closer attention to those that explicitly mention WWI as it is bound up with the problem of witness. The following phrases suggest that the military metaphor is omnipresent as Monette attempts to bear witness to the AIDS crisis in his own right: "from Mother Teresa to men in trenches" (117); "In this stark and hyperreal world of war" (178); "the downward spiral from which all our wasted brothers did not return" (183); "Between mid-October and mid-December Roger had crossed a minefield" (225); "a fragile air about Rog, worry under the shell shock" (242); and "[a]mong us warriors there is a duty to compose ourselves" (250).

In all of these brief fragments, Monette represents those diagnosed with HIV and their lovers as fighters in an invisible but no less real war; he represents death from complications associated with HIV to that of a battle; and he represents living with the news of diagnosis, and attending medical follow-ups as contributing to shell shock, or a specific kind of post-traumatic stress that only comes from war. I dwell on all these comments only to highlight the ways Monette uses such imagery to insist on the heroism of those condemned by mainstream America to the margins.

Lest it seem like I am overreaching to connect Monette's military metaphors specifically to World War I, his description of his 40th birthday party makes it absolutely explicit. In *Borrowed Time*'s account of the party, he engages another self-referential moment by offering a poem he has written that takes as its main figure Robert Louis Stevenson, who died of a cerebral hemorrhage at the age of 44. Monette offers it, he says, as a way to reinforce the relationship between aging and death (200–201). What follows is a page-long poetry lesson, complete with the lines from Monette's poem, that appeared in his collection entitled, *West of Yesterday, East of Summer: New and Selected Poems (1973–1993)*. The poem is called "40." As Monette informs us, and his birthday-party audience, "the poem is forty lines, and after the bit about the wasted generation of World War I, it goes on with the nerve-racking business of waiting to die" (Monette 201). Here, Monette refers to the lines: "*time doesn't give a fuck oh but / we planned such plans if the war hadn't come /and the weather held and life had cleared / like a late Manet*" (qtd in Monette, emp. in original 201). And given his key, that the lines refer to the "wasted generation of World War I," we think that the lines "we planned such plans if the war hadn't come," refers precisely to the Great War. But, as with many of Monette's references, there is double meaning here as well: living on "borrowed time," which does not necessarily connote the suffering of humans, Roger and Paul also had plans "before the war," plans they would have lived out if not battling AIDS on its many fronts (physical, metaphorical), plans they would see into old age.

Given its indifference, however, time progresses, as does Roger's illness. It is later, then, when the language that connects the role of ethical witness with the role of the soldier comes full circle. Monette writes: "In any case, I was a better combatant that week than I was an observer. . . . Those were the nights when I used to read Plato aloud, and Roger could barely see" (Monette 209). As Roger's illnesses become more difficult to harness, Monette moves from writer to "combatant," fighting when Roger cannot. Referring to Roger as "the better witness" results in a sad irony here, as we know from the beginning that Roger has died and Monette is battling time to write his story (209). There is a kind of sensorial catachresis here, where, in the wake of the long talk, Paul is reading aloud and Roger is rendered blind. What is it like to describe blindness, and the illness generally—the very personal experience of the illness itself—if one has not experienced it? Further reinforcing this impossibility, Monette later writes: "I think I was in shell shock myself from then on, but you don't somehow notice the gaping hole in your own head" (330). Monette uses the language of war to emphasize the fact that he sees himself as a fighter on Roger's behalf. But he is also, as a result, an imperfect witness.

By linking here the word "combatant" with Plato, however, Monette further complicates our sense of the efficacy and place of the metaphors of militancy, especially as they relate to Monette's understanding of the historical significance of the love between two men and the heroic ideal of the Greeks. In fact, we might say that the position of the Greeks is even more prominent in Monette's memoir than the position of the militant metaphor. It is the Greek ideal, after all, that Roger embodies, in life and death. In acknowledging, in retrospect, Roger's best qualities, Monette writes: "It's not just that he wasn't a complainer, or that his attitude was stoic. That would come. It was rather that he took refuge now in his temperate nature, a capacity for quietness that began as instinct and ended as character" (64). The qualities that Roger displays such as balance, focus, strength, patience, stoicism, temperance, and quietness, Monette comes to understand, are Greek qualities, as defined by R.W. Livingston, the Oxford scholar and translator of the edition of Plato the two read together in the end of Roger's life (64). Monette defines this idea for us, paraphrasing Livingstone's definition of "*Sophrosyné*": "*the whole of virtue, an inner harmony of the soul, a reasonableness which reveals itself in every action and attitude. In war-time, it vanishes almost entirely*" (65, emp. in original). Again, the reference to "wartime" clearly tells on two levels: the wartime of the Greeks, on the one hand, and the wartime that is the AIDS crisis of the 1980s and beyond. Even in this wartime, Monette suggests, Roger exhibits a soundness of mind and inner harmony of the soul.

While the influence of the Greeks is rather downplayed in *Borrowed Time*, Monette wrote about the Greeks consistently in his unpublished and archived journal. In 1984, for example, Monette writes: "I felt *sustained* by good thoughts about my life as a man. And the *Greek* part is that this notion I have of the athlete & the [trainer] & the warrior & the philosopher & the leader, all the powers of themselves like spokes on a wheel. I *have* those powers. I knew that when I trotted the stadium at Delphi. Not that I could qualify for the Olympics, not *troubled* by that, just glad of my own *man* power" (1707 B59 F7). For Monette, in other words, the Greek ideal is not only an athlete, philosopher, and leader, but also—crucially—a warrior: a role needed in the present as much has it had been in the past. This belief returns, almost verbatim, when Monette writes on 4/11/87: "But what do I *believe*?" The answer, again, emerges as a Greek ideal: "The closest I came to believing something higher—after the loss of the old Episcopal thing—happened in Greece & it centered on the Greek ideal → scholar, philosopher, athlete, warrior, citizen → it made me able to give a name to what I had achieved over the last several years. It gave me a *context*" (Monette 1707 B59 F7).

The journal notes give way to a crucial passage in *Borrowed Time*, where Monette again reflects on the significant place of the Greek ideal, the value of the warrior, in his life and his work. He writes, *"But how is that context still valid, when it seems like it only fits the joy of intensely living as R and I have been doing over the last years, all the Greek parts in flower. What's* left *of that ideal? Just Greek tragedy, the horrors of fate? How to be a Hero—the thing the Greeks believed in most*" (105, emp. in original). When looking for meaning in the wake of the AIDS crisis, Monette wants to find something beyond tragedy and horror; he finds the qualities of the hero, literally in Roger but also figuratively in the heroes surrounding him throughout Roger's treatment. In these qualities, we are able to more fully appreciate *Borrowed Time* as a prose elegy, whose near-beatification is part and parcel of the elegiac tradition.

By the end of the memoir, Monette's celebration of the heroism of the warrior shifts away from those with AIDS like Cesar and Roger toward Dr.

Dennis Cope, who treated Roger for nineteen months. In the last three pages, after Roger develops meningitis in his brain and begins "Cheyne-Stoking," described as terrible breathing and "start of the final drowning" (340), Monette turns his attention to the warrior who fought by their side, saying: "Dennis Cope, who had fought with us in the trenches for nineteen months, came in and stayed the longest" (341) and, in that same moment, underlines Cope's role of warrior saying, "Cope returned at ten and waited till Al and Bernice arrived. When they walked in they greeted him warmly, not looking toward Rog right away, thanking the doctor for all the long fight" (341).

When I think about this memoir for its interest in the military metaphor of war idealized in the ethical warrior, I first think about all the references to failed witnesses, and then I think about such figures as Dr. Dennis Cope, who is celebrated as a warrior in a positive light, so very far from Sontag's original sense. In other words, as I have proposed here, there is room for the military metaphor in the same conversation as the role of the ethical witness.[1] John Wiltshire acknowledges that, while

> The metaphor of the war against AIDS has been one of the most common in the epidemic . . . the notion of war legitimises the chase after new treatments and the refusal even to countenance "defeat" or discuss the imminence of death. One arm of the "offensive strategy" of the aggressive pursuit of treatments and potential cures is access to the knowledge, the epistemological preserve, of biomedicine. (Wiltshire 78)

For Wiltshire, in other words, use of the war metaphor is warranted by the aggressive need to pursue new medications. And maybe it is imperfect—even given the desire to act up and fight back on behalf of the silenced.

Addressing the need for metaphor, albeit imperfect ones, Cindy Patton goes on to argue, "We must use the inadequate metaphors available to construct a cultural space from which those people most affected in the epidemic, as well as those observing the radical ruptures from afar, can make sense of HIV and AIDS and make the necessary personal and social choices and resistances" (2). For Patton, paradoxically, the inadequate metaphors must nevertheless work to effect policy and cultural change. Given the urgency of her tone and her argument, one has the sense that inadequate metaphors are the only metaphors, and possibly our best chance at policy change.

Alongside Patton, Wiltshire, and others, I would argue that metaphors, as exemplified by Monette's WWI metaphors of trench warfare and battle fatigue, draw on the power of connotation to mobilize groups, not to delegitimize them, while simultaneously helping us understand the relationship between memoir and elegy. In the case of Monette, it is possible to read the war metaphor as a nod to the Greeks who were interested in much more than decimation. For Monette, they were interested in dignity, in soundness of mind, in honor. In Roger, Paul sees Socrates when he recalls their time together reading toward the end of his life. "Whoever Socrates was," Monette writes, "we read the blue book for the same reason, to see how a man of honor faces death without any lies" (303).

The figure of the man of honor underwrites the classics Paul values so much, as well as memoirs of World War I and his memoir, *Borrowed Time*. It calls to mind Paul Fussell's 1970s study, *The Great War and Modern Memory*, which reflects significantly on the "literary status" of the Great War memoirs, memoirs that draw on metaphoric language and allusions to the classics offered by a generation of writers with elite educations (310). It is as though *Borrowed Time* is updating that 1970s work, but in the context of HIV/AIDS representation in a moment of war, this one waged at home and against its own, suffering citizens.

NOTE

1. Such critics as Miller, Cady (70–74), Watney, Marta, and Wiltshire have seen value in the use of the military metaphor, especially as an extension of the Platonic ideal.

Chapter Four

Memorializing AIDS through Metaphor

The Journalistic Memoirs of Paul Monette and Mark Doty

Jeff Nunokawa's "'All the Sad Young Men': AIDS and the Work of Mourning" begins, as have many essays unpacking the Reagan administration's silence in the face of the epidemic, by theorizing that mainstream America, and arguably more importantly, such gay journalists as Randy Shilts, had come to take for granted the fact that all gay men are "doomed to extinction, anyway" (312). The pressing question of the day, Nunokawa writes, is "not how to expel the figure of the doomed homosexual," but rather, "how to confront it?" (320). For Nunokawa, this conflation of the young gay man with a tragic premature death—that is, the belief that all gay men are doomed to die young as a result of pursuing pleasure—has roots that go much farther back than Shilts's representation of Gaetan Dugas as Patient Zero in *And the Band Played On*. Nevertheless, Nunokawa writes:

> if the notion that gay men are subject to extinction encourages the continued homosexualization of AIDS, it may also help to account for the continued resistance to the idea that the Human Immunodeficiency Virus is not uniformly fatal, that persistent failure to perceive HIV-related infections as things that people live with, as well as die from. AIDS is a gay disease, and it means death because AIDS has been made the most recent chapter in our culture's history of the gay male, a history which sometimes reads like a book of funerals. (312)

For Nunokawa, in other words, understanding HIV as a virus that singularly kills gay men has two inextricable and simultaneous effects: It prevents a cultural understanding that a cure leading to survival could be in the making, and, relatedly, isolates or quarantines the communities of gay men and IV drug users in a conceptual silo of the always, already dead.

Nunokawa dates the cultural history of the gay male as "subject to extinction" as far back as Oscar Wilde's *The Picture of Dorian Gray* (1890), published "just in time to participate in the construction of homosexual identity in England," ending with a sense of doom specific to gay men (314, 317). There is a certain urgency when he asks "how to confront it" at the end of his essay (320). Rather than understand the HIV crisis as one of expulsion, in other words, the "question," indeed, the demand, is to find a way to confront the figure while simultaneously mourning the loss of real lives. Yet even for woke critics like Nunokawa, this figure does emerge, which suggests either an idea about the impossibility of seeing accurately, or about the uncanny efficacy of the figure itself.

One of the ways gay artists and activists have found to confront the figure of the doomed homosexual is to rewrite themselves in journalistic writing as heroic, rather than passive, figures active in the fight (to continue Monette's metaphor), as soldiers who, at the very least, will live to tell their stories.

This chapter interprets writing about AIDS that is less self-consciously rhetorically stylized and more confessional in the personal quest to document daily experiences with AIDS. My reading of Monette's unpublished journalistic writings archived at University of California Los Angeles forms the heart of this chapter, offered to contextualize the related, personal writing of Mark Doty, exemplified by the 1996 memoir, *Heaven's Coast*. Both works, I contend, draw on figuration to reveal the gay man as linked to the natural world, a world alive with possibility rather than doomed to die. In so doing, I propose, the journalistic and archival work offers a corrective to the more canonical representations—literary and photographic representations—of PWA as dying and fated to be dead.

In contemporary American studies, most criticism of the fatal figure with HIV focuses on literary work, but significant scholarship also interprets this problem in photography and photojournalism. For example, in "Portraits of People with AIDS," Douglas Crimp takes up Nicholas Nixon's 1988 installation "Pictures of People" and Rosalind Solomon's *Portraits in the Time of AIDS* (1988) as exemplarily problematic in their attempts to give a face to the disease, and therefore to humanize the AIDS crisis, as well as in their perhaps inadvertent success in reinforcing stereotypes about people with AIDS: "they are ravaged, disfigured, and debilitated by the syndrome; they are generally alone, desperate, but resigned to their 'inevitable' deaths" (Crimp 118). The Nixon exhibition at the Museum of Modern Art seemed so offensive that it prompted a small ACT UP contingent to protest, passing out fliers which attempted to redefine a Person With AIDS (PWA) as "a human being whose health has deteriorated not simply due to a virus, but due to government inaction, the inaccessibility of affordable health care, and institutionalized neglect in the forms of heterosexism, racism, and sexism. We demand the visibility of PWAs who are vibrant, angry, loving, sexy, beautiful, acting up and fighting back" (qtd. in Crimp 118).

Crimp largely sides with ACT-UP's reading of Nixon and Solomon's photographs, noting further how their problematic depictions were amplified by mainstream news shows, which repeatedly proclaimed such portraits reveal "the truth" of the virus in the dying bodies populating the photographs. Middlebrow television journalism trafficked in images that flattered the seriousness and empathy of its viewers. Crimp considers the CBS *60 Minutes* segment "AIDS Hits Home," which includes portraits that either fulfill the stereotype of the ravaged and destined-to-die patient or are partially obscured or digitized, as well as a PBS *Frontline* episode titled "AIDS: A National Inquiry" that highlights the story of Fabian, who, in Crimp's estimation would have been better off if he remained "just one of the faceless victims" that the program congratulated themselves for finding (119, 121).

The latter program was also met with protests, which PBS's Judy Woodruff acknowledged, but seemed to misunderstand as "being unfair to persons with AIDS" (123). As Crimp argues:

> The true grounds on which I imagine the gay community protested are the dangerous insinuations of the film: that the public health is endangered by the free movement within society of people with AIDS; that gay people with AIDS irresponsibly spread HIV to unsuspecting victims. They might also have protested the film's racist presumptions and class biases, its exploitation not only of Fabian Bridges, but of his entire family. (123)

The dangerous conclusions of the episode, rather than showing the American public a new way of thinking about the AIDS epidemic in terms of care for the other, perpetuates the troubling belief that intensified the crisis in the first place: that people with AIDS are in fact a danger to society and to public health generally, rather than the other way around. As we now know all too well, the public health agencies funded by the American government could be seen, in fact, as the true danger in their insistence on ignoring the spread of a disease affecting thousands of American citizens.

Of the apparently well-meaning televised representations, attempts to bring "AIDS Home" to the viewer who is assumed to be white, heterosexual, and middle class, Crimp writes: "Certainly we can say that these representations do not help us, and that they probably hinder us, in our struggle, because the best they can do is elicit pity, and pity is not solidarity" (126). Pointing up the rhetorical gesture toward pity rather than political solidarity, Crimp goes on to write:

> We must continue to demand and create our own counter-images, images of PWA self-empowerment, of the organized PWA movement and of the larger AIDS activist movement, as the ACT-UP demonstrators insisted at MOMA. But we must also recognize that every image of a PWA is a *representation*, and formulate our activist demands not in relation to the 'truth' of the image, but in relation to the conditions of its construction and to its social effects. (126)

What is so useful about Crimp's analysis of the media's treatment of the AIDS victim as a figure is his ability, grounded in a background in literary criticism, to understand the crisis as related to public health, but also as a crisis in representation: at the heart of the struggle, in other words, is not only a fight for funded medical research but also a fight to be represented in a more productive light, a representational project that such writers as Monette and Doty take up in two very personal ways.

First, however, I would like to consider two further examples of the kinds of representational counterpoint Crimp and Nunokawa call for in order to contextualize the poetic singularity of Monette and Doty. The first is The NAMES Project, a Quilt that bears witness to the PWA, one that resists seeing faces of AIDS as universally doomed to die young as a uniform group, and instead encourages viewers to understand those with AIDS as individuals with personal histories, familial bonds, and, most importantly, a future lost not to fate but to the irresponsibility of America's so-called safety net. As Robert Dawidoff describes: "The NAMES Project is not a traveling cemetery or even a war memorial. The Quilt thrills with the lives of human beings it memorializes. Each single panel is made up of grief and memory and love and anger and hope. Each panel gives us the life of a person rendered in art from the stuff of lives and the fabrics of feelings" (Dawidoff 155). The focus of the quilt, paradoxically, is on life rather than death and, crucially, the grief it embodies is balanced by anger and hope: two emotions needed to continue the political demand for a governmental response. The second successful artistic form combating the figure of the AIDS patient as fated to die is Stuart Marshall's videotape *Bright Eyes*, which exposes "the relationships between mass media, scientific systems of classification, and definitions of pathology [to] suggest an important direction for sexual politics, a politics articulated . . . by various representatives of gay institutions" (125).

The two additional literary examples I take up here also allow the authors to celebrate their own sense of identity, freedom, anger, and strength, in addition to highlighting the need for the very empathy that Crimp suggests is missing from such other works as the photography installation and the CBS special report. The personal mode of the journalistic diary, in Monette's case, leading to memoir, allows the subject to tell his own story, as alienating as it may be—and also do to it self-referentially, with a focus on a new mode in representation that points away from the figure of the gay man fated to die.

As Doty writes, “metaphor is a way of knowing the world,” and so it is fitting that, via metaphor, Monette and Doty reveal to the reader new ways to see the world of someone diagnosed with AIDS. Both write about time, community, and grief, enmeshing these concepts in natural imagery: a gardenia (Monette) and a seal (Doty). Both the gardenia and the seal, I propose, function as metaphors that gesture toward new life that comes from nurturing a member of a community. In the wake of death, these personal accounts see life.

FIGURATION AND PAUL MONETTE

While my previous chapter considers Monette’s use of the war metaphor in the face of Sontag’s criticism, Monette’s use of war imagery and manipulated depiction of time are of course well documented. For example, in an exemplary article reading Monette’s references to time in terms of the traumatic structure—understanding Monette’s narration of his own death as both too soon and too late—Lisa Diedrich argues that: “Monette offers an account of the heroic struggles in the early days of the epidemic, not only against the virus, but also against the general sense that death was the inevitable outcome of having AIDS” (53). This sense of the heroic struggle, toward community, toward hope, is clear in his unpublished journals as well, journals that gesture toward optimism even when his memoir fails to find it.

A first reading of Monette’s journal entries allows readers access to the buried history of the early days of the AIDS crisis. Writing in his journal in 1982, Monette asks: “How does one live . . . in the AIDS world?” Reading his journals reveals, first and foremost, that his writing of *Borrowed Time*—for better or worse—was not structured strategically to appeal to anyone but himself. Many passages are lifted whole cloth from a journal that he had been writing long before Roger’s diagnosis.

The journal entries from the early days consider what it means to process news of the diagnosis in real time—dead time, traumatic time. Contrary to more mainstream depictions of the effects of the illness, however, Monette’s journal becomes more hopeful in the face of Roger’s decline; most stunning is the fact of his investment in the figure of the gardenia after Roger’s death. Briefly here I will trace the movement of Monette’s metaphor from traumatic time to community hope, to new life embodied by a flower, and in so doing hope to show that it is these literary accounts that allow for a new vision of the man with AIDS, one for whom medical treatments will necessarily guarantee prolonged life.

The first reference to the emergent AIDS crisis appears in Monette’s journal on December 19, 1981: “the horror of the sickness. The visit to the doctor’s. The fissure. The gay cancer scare. . . . the sewage running from the street outside." Here the fragments emphasize the sense of social fissure Monette was feeling at the time—and would indeed feel throughout the early 1980s and especially, later, after Roger's diagnosis, when he repeats the sense of social isolation. I am also struck here by the juxtaposition of "gay cancer scare" with "sewage," which might be a literal vision of what he saw walking into the doctor's office, but which also anticipates metaphorically the emotional space he and Roger would inhabit for nearly a decade.

By 1984, Monette already had the title of his memoir, even though it was well before Roger's diagnosis: "Are we living in a borrowed time? / The profound aloneness / As if a moat existed between oneself & all of existence." The questions in Monette's journals at this point become, interestingly, less focused on the body and more focused philosophical questions of life and death: His epistemological insights seem to stem from a universal sense of mortality, but also a very specific sense of being cut off from the rest of society.

His dread, in part, comes from not knowing when, or even if, he or his partner would contract this disease no one is speaking about publicly. The year 1985 reads like a dystopian novel in many ways, although we all know what will happen. And I am cognizant that, as I write in 2018, an AIDS/ HIV diagnosis is not a death sentence, but in 1985, it certainly felt like one, in part, because no one had mandated a search for answers or functioning medications.

On March 1, 1985, Paul writes, "Waiting for Rog at Dr Cope's office at UCLA. Very difficult week. Craig called on Monday—after I'd had a long talk with them Sunday—to say his doctor had diagnosed Kaposi's on the spot, & now he has to wait two weeks for the biopsy." On March 12, there is a two-word sentence: "The verdict," followed by the next entry on March 28, with no real content, and then April 4 strikes a blow: "Contemplating two possibilities at once—Losing Rog & losing me / What I have not accepted is my ultimate helplessness & powerlessness." However, most strikingly is that, after these lines, one sees a more hopeful Monette, one who struggles to find community, but who seems to hope he will find it. It is as though an activist is born in him in the dark days after Roger falls ill.

On Tuesday January 10, Paul writes, "Mortality doesn't have to be morbid /One accepts having no control over it / It's not a cause for morbidity, but /cause of enjoying more right now. / That's all you can do. / The pleasure of memories / it's all such a natural process" (14). As with other entries, the lines are written as poetic lines; there is even half rhyme to be found in such pairing as "morbid" and "it"; the end sound /t/ is repeated in "it" and "but." While I do not believe that Monette consciously turned his fragmented thoughts into verse here, I do believe in these candid, honest moments, a new kind of AIDS aesthetic emerges, one that hinges on the beauty of language but also, and possibly relatedly, an ability to see hope. Further, the phrase "natural process," deserves pause here, as part of the problem is that AIDS is not in fact, a natural process but rather socially constructed. It seems here that the more Paul is able to see Roger's illness as a natural process, the more likely he is to see hope.

Toward the end of that year, on Sunday November 25, Monette writes about Roger's infection but then ends on the hope of an illuminated tree:

> We had good times in the next few days, but I was pretty undone by it, & by the rot of the infection. Life is so frail. I watched him heal up some, rest 10/11 hours a night, & get strong, for the next onslaught, then he wakes up this morning & throws his back out, & that's the last straw again, so then we ended as it begin & it was all I could do today to have my brunch in the chill veranda air & then put the lights in the coral tree. . . . Looks so pretty & Japanese from the study window, just the three branches of light across the window. (123)

Ultimately, the mourning in advance of death, premature mourning, I would say, gives way to a desire to see hope. January 30 brings the insight that "we need to . . . celebrate the good decisions/ balance the mourning w/ the celebration" (144); and the next page returns to this idea of "appropriate" mourning as a form of self-compassion: "It's appropriate to mourn the wasted times, the wrong decisions etc. / Mourning is a form of self-compassion or it leads to a form of self-compassion / Because one has learned—to live with myself / As a writer, as a lover, as a son / Accommodation to & acceptance of / Larger realities" (145). It would be easy to critique Monette's description of mourning as reinforcing the literary trope of the always-already dead young gay man; what is striking, though, is his alert confidence that such mourning, because it is self-compassionate, actually brings new life. What is valuable about Monette's writing is the understanding that their fight is larger than themselves, and extends out into many communities.

Living under the specter of death, Monette writes (Thursday May 30): "It's like I died & I *didn't* die. We are here, & we love each other & now I have to find some work. Sentence by sentence, nothing by nothing. . . . Even if I can't sing. Then hum a few bars at least. Whistle a bit in the dark. We cannot all go down to defeat & darkness, we have to say we have been here" (450). The desire to testify is palpable—"we have to say we have been here"—which is possibly what motivates Paul to keep writing, "sentence by sentence" until Roger's story is told, one story among many that now lives in perpetuity.

And here is where the self-referential quality of the journal picks up: in the midst of mourning Roger's death to come, Paul writes about writing—about the potential for the written word to testify as Roger runs out of time. On Friday May 31, Paul writes,

> Same room as last week, looking out on the leaves of a banyan tree, so that it feels like we're in a tropical hospital somewhere, getting treated for a rare jungle infection. R's eating his reward. Lasagna.
>
> I don't know whether I can break the silence of the last 2 ½ – 3 ½ months that's settled on this journal, & yet it is at least, I see, a link to writing words at all, so I must try. When I wrote "The Verdict" on March 12th, I seemed to be making some kind of final statement about Paul Monette the writer. I felt over and over again in the next weeks that I could not & would not write out my pain & my love. (45–46)

After writing "The Verdict" on a blank page, March 12, Monette does not write again until the end of May, sensing that anything he wrote would fail; and yet coupled here with a note about the banyan tree—an image that appears multiple times in the published memoir, Monette seems to reach a turning point, explaining: "About all I can say in the avalanche is this: I must stop it. I must stop being more dead than alive. I feel I've left behind the rest of my life—the old life, . . . like a ship putting out to sea" (47). Thus emerges a commitment to write, not only of Roger's illness, but also—and here is a slightly new turn—ideas about bringing the community together, to create community, because without writers and activists, it seems it would not exist otherwise.

Several months later, Monette is newly alive, brainstorming on practical ways to build: "Vision of where the center goes. / What it means to be a community / How a community of adults comes together. / Those against our community are there / AIDS is not a punishment / We're protected by the world. / We have to do it to build our own spirit" (91). While I am tempted here to read the desire to build a community center as almost purely symbolic, it also reveals a desire to join the political fray, because to build a community center is to help writers and people with AIDS come out of the isolation. Monette becomes more and more adamant about the centrality of a physical space, saying: "Address the hard stuff / What's it like to be gay / w/out a community? / What's the community now? / Where's it going? / There is a place that has to be a symbol" (92). The key word for me here is "address"—to acknowledge, yes, but also to bear witness, to testify in the face of an other, in the face of himself as a diarist. Monette's self-chastising tone is rather surprising here, and yet, he realizes he must not stop. He must not stop fighting, and the way to continue the fight is through his writing. The motif continues on Thursday September 19: "bringing in the pleasant & upbeat thing / finding a way to respond to AIDS in some / writing way" (95).

Less than two months later, Roger would be dead. Monette's journal entry detailing his death is as devastating as the concluding pages of *Borrowed Time*, going over the same moment, the same feelings. But what I hadn't noticed in the memoir, I realize here is an incredibly poignant metaphor—the metaphor of the gardenia—for what it means to continue on, to keep writing, even after Roger's death. In fact, the appearance of the flower here seems to anticipate the collection that Paul would write in the months following. The gardenia gives both of them new life. Here is the entry from October 30, 1986:

> Roger died on the 22nd at 6 o clock in the morning. I keep forgetting the date. Just now I noticed a last gardenia in the yard, & I thought the last one was the last one, the one I had Rog smell—when, 2 weeks ago? It is all like a dream of course & I can't write the details though I tell them to everyone, & in the last 2 days I've been energized to get the little memorial piece printed & the picture right & I work with Alfred & try the gym & I'm quiet & I walk through the house calling to Rog & telling him I'm here. Somehow I must stay well, I think, because I have legal things to do & the poems & writing about Rog & I must not waste time lying in bed staring at the ceiling. And I want my grief, I cherish it, I want to be well for it, strong for it. (8)

Even in the wake of Roger's death, Paul is thinking about life here—the fact of continuing on as a writer ("because I have legal things to do & the poems and writing about Rog"), and the life emerges in tandem with the frequent references to the gardenia in these final days, and days following, Roger's life. The image of the gardenia returns on November 8: "One last gardenia → the last was the last, after Rog died, & the one before that, when I had him smell it. And they're usually gone by July" (11). Again, here too Paul is speaking of a literal flower, but it also functions as an important figure for new life, for the desire to continue the fight despite the limits of the body. The gardenia, after all, will be laid to rest on Roger's grave; the sea will continue to ebb and flow, just as it does in the work of Doty: "I just brought the last gardenia over to Rog at Forest Lawn. The Santa Ana Sea was all dappled in the fir trees. I promised him I'd be back & I'd think of him when I was outside because outside was always ours" (12).

FIGURATION AND MARK DOTY

Whereas Monette finds strength and hope in the figure of the gardenia at the end of Roger's life, Mark Doty finds similar strength in the figure of a seal in the wake of the death of his partner, Wally. Generally, critics agree that Doty is a masterful poet, as evidenced by the fact that the majority of scholarly works dedicated to his craft take up the topic of his poetics; other critics look separately at his memoir style.[1] Such scholars as Jeanne Braham, Ross Chambers, Bertram Cohler, David Jarraway, James Krasner, and Pamela Peterson have addressed separately Doty's memoir writing, which I would like to extend here, via a reading of his use of the figure of the seal in *Heaven's Coast*—a figure that repositions the author as well as the AIDS narrative in terms of grief, testimony, and witness. Few critics have considered Monette and Doty alongside one another via the question of poetics; one exemplary critic in this vein is David R. Jarraway, who argues that "we might tend to view *Heaven's Coast* fissuring a textual divide between the phrase of *Borrowed Time's* quite delimited response to AIDS, and a new rhetorical phase inaugurated by *Geography of the Heart*" (117).

Like Monette, Doty crafts his memoir from a catalogue of allusions, the narration of people and events surrounding his partner's sickness, and his own journal entries. As the memoir unfolds, the references to Doty's writing in his own journals pick up.[2] The final reference to the journal circles back to a poignant metaphor Doty builds early on—that of the seal on the beach, and then a pack of seals, helping Doty process the vessel of the body and mortality in general.

Doty introduces the entry self-reflexively, writing in the memoir about writing in his journal, an important motif in its own right throughout all of *Heaven's Coast* (263). "How can I begin, how can I not begin?" begins an entry describing a memory of being together with Wally at Herring Cove: "*the air warm, hardly anyone around, so that the two of us, naked, were playing in the surf, Arden swimming out to rescue us, barking, the waves breaking over his head so that he became our sleek seal-eyed companion*" (263). In this moment, we see no real logical connection with the invisible matter in the universe—the rhythm of the waves, the ebb and flow, bodies and emotions both. What emerges instead is the centrality of animals to their lives, the companionship and unconditional love of a fellow creature. Their barking dog, Arden, echoes the bark of a seal, the eyes always watching. The moment looks back to an earlier reference to seals, a meta-moment in which Doty ponders not only the seal, but the metaphor of the seal he draws upon for its simultaneous references to both loss and life.

The moment is called "Seal Coda," a very small chapter in which Doty observes seals swimming unfettered, as if from another world: "And out on the shore that day, the seals were swimming. . . . They were watching me and the dogs, floating there in their untouchable pack, beautiful faces looking back at me from the other world, which I was not allowed to reach" (36–37). Before the reader is able to process the pack of seals as a metaphor both comforting and alienating, Doty does it for us, explaining, "I'd made the seals into metaphor, made them my seals. Somehow I thought that because I had given form to my experience and thus, in a way, let go of it, I wouldn't be confronted with the lifeless body again" (36). In the twist, here, between "made them my seals," and "let go of it," there is a kind of chiasmus around possession. As such, both in style and content, this observation seems disconcerting, unsettling, anti-reparative. And if that is not bleak enough, Doty writes of the dead seal on the shore: "But there, half-covered by sand, lay another seal, also already eyeless. *Make all the meaning you want,* Death says, *shape it how you will*" (36). Of course the fact of the seals cannot undo the fact of the deceased lover. They certainly cannot undo the fact of the one dead seal, beached and eyeless on the sand. But the more Doty goes back and forth in his mind over their significance, the more they take on the possibility for seeing communal hope for a new generation.

An early chapter entitled “Cold Dark Deep and Absolutely Clear” refers to Elizabeth Bishop’s “At the Fishhouses”: “cold dark deep and absolutely clear,/ element bearable to no mortal/ to fish and to seals,” and the title could refer to the water as it can refer to the state of grief following the death of a lover. The chapter recounts a memory just over a week after Wally’s death—a memory of seeing a seal at Hatch’s Harbor, and then dozens of seals described as “coastal creatures, citizens of two elements” (22), which Doty associates with Wally, understanding the seals again in metaphorical terms, this time describing the metaphor of the seal through another metaphor involving fabric, quilting, and yarn, the way a “poetic image twists together a clutch of meanings, fibers spun into a single, complex yarn, various in texture, glinting with strands of separate and intermingling color” (22). Here, the textile metaphor describes the metaphor of a seal, which has now become inextricable with Wally: “in his spirit he was a latent seal” (23).

Doty goes on to write: “And then there’s the notion of the seal as a merman, of the creature which embodies the two worlds . . . to partake of the liminal, that watery zone of possibility where one thing becomes another, where the rules of one world are suspended as we enter into the next” (25). Where we would typically expect to find a sense of the inevitability of death here, Doty, like Monette, rejects that figure and instead finds hope and future in the figure of the merman: a creature who exists in a liminal space—a space of possibility. As with Monette’s final moment with the gardenia and its resting place near the Santa Ana Sea, the merman is, too, a creature of the coast, of Heaven’s Coast, returning us to find a kind of poetic afterlife in the very title of Doty’s memoir. Just as we worry about losing touch with the physical world, Doty turns his attention to the everyday—to language, to the earth beneath us, to the fact of an epidemic surrounding: “Travelers between worlds are mute; they cannot tell us what they know. The language of the other element is untranslatable, though here it seems that, accustomed to solid ground, the mer-creature is also susceptible to epidemics” (24). Here it is difficult to determine whether the epidemic in question is the health epidemic brought on by the virus itself or the epidemic of signification surrounding the epidemic: that the “language is untranslatable” could in fact be epidemic enough, or it could also be a source of the future.

This obsession with how language works in trying to describe grief while simultaneously wrestling with the seal metaphor as embodying a rallying, life-affirming community is not lost on Doty. In fact, in providing a metaphor for the moment, he also reflects on the significance of the metaphorical move itself, describing a lifeless seal on the shore in terms of his own lover’s dead body: “I am filled, entirely, with the image of my wounded lover leaping from his body, blossoming into some welcoming, other realm. Is it that I am in that porous state of grief, a heated psychic condition in which everything becomes metaphor?” (25). Acknowledging here that, for Doty, “Metaphor is a way of knowing the world, and no less a one than other sorts of gaining knowledge,” the poet sees in his writing, feverish in both content and style, the natural tendency, nevertheless, to find reparative value in the communal pack of seals, and, equally, to understand how the pack of seals allow him to find meaning in the death of his lover (25). The imagery seems essential not for understanding death but for understanding life: the wounded body “takes gorgeous, ready flight”; it blossoms “into some welcoming, other realm” (25). The realm could be the afterlife, but also, more convincingly, the literary text that is fixated itself on figuration’s eternal life.

Doty goes on to interrogate his own process, his exploration of the metaphor of the seal, of the possibility of offering a new way of understanding the reality of his lover’s death. He writes: “Could metaphoric thinking, the sort of work that artists do to apprehend their reality, be the same function of the mind, applied in a somewhat different way?” (26). In indirect conversation with Sontag, Doty finds that metaphor has the ability to convey the truth, however subjective or elusive it may be. And perhaps that is part of the point. For Doty, the metaphor is put to the service of understanding the realities of death rather than to find adequate ways of describing illness. He is not so much using the figure to talk about illness as he is using it to describe what it means to come to terms with the finality of death, on the one hand, and what comes after, on the other hand.

Soon, Doty has created a kind of extended metaphor of the seal: one seal, Doty’s seal, says: “The wounded one’s gone free, gone swimming into what is familiar to no mortal” (26). And the second seal, we learn, “bears no visible wound, but its face is full of distress and exhaustion” (26). He has been anthropomorphizing, he tells us, but that, again is part of the point. “How,” he asks, “could one look into that gaze without empathy?” (26). Here is the most compelling observation: the fact of the seal’s face calls upon the witness to look upon it with empathy, to see the suffering in the animal’s eyes. That, for Doty, is what the powerful metaphor does: allows us to see it on human terms, to look with empathy, to build community out of the horror of death.

The investment in anthropomorphism—in finding the face in the figure of an animal, for example, in facing a “thou” rendered by language, emerges much later in the memoir, in a passage lifted whole cloth from Doty’s own journal. He writes: “*December: That face. If it were possible for a face to shrug, it would look like this. A ‘that’s-just-me-what-can-I-do’ face, one I’ve seen W make for years, but which has fallen away. . . . Now it means here I am, helpless, immobile, my mind slipping, but what can I do, what can any of* *us do about it?*" (251, emp. in original). In this moment, Doty moves from facing a figure to finding a way to face his lover again; the encounter is uncanny, as if to bring W back to remind Doty once again of the realities of the disease. And in this, too, I see another figure: A figure for returning to the realities of the sick and dying if only to be able to act more competently with a second chance. After all, despite all of the attention paid to W's sickness and the experience of surviving without him, the memoir written out of journal entries in fact presents us with a gesture toward the future, one made possible with literary language, with figuration.

That the figures point to life rather than to an inevitable death reveals Monette, and Doty after him, as working out a theory for metaphorical language that will provide the antidote to the lingering image of the gay man doomed to die. As Doty writes, returning to language from his journal once again transplanted to his memoir: *"in truth it's not 'AIDS' I'm writing about, some phenomenon apart from us but our love, the crack in our lives, and the going on in spite of the rift, beside it—that's the central thing. All we have* (225, emp. in original). A reflection of his poetry, like Monette's garden poetry, Doty acknowledges, is not simply about AIDS but about love and, even more difficult still, of continuing on in spite of the rift that AIDS causes through death, through living-while-dying, in the sense that one person in the couple has AIDS and the other does not. The language here is as difficult as the ideas: "an inevitability" becomes a failed grammatical structure (225); "unencompassable" is not an actual word, despite the fact that it is often used, a kind of shorthand for expressing what otherwise cannot be expressed (225). However, when it comes to writing of traumatic survival following the failure of witness, the possibilities of literary language help convey what more straightforward language cannot. "When AIDS is the subject," Doty seems to be saying, we need figures pointing to the future; we need the potential of literary language to iterate the very unimaginable aspects of the disease.

NOTES

1. Exemplary scholars who have taken up Doty's poetics include Eric Eisner, Sarah P. Gamble, Deborah Landau, George Piggford, William Reichard, Joanne Rendell, and Charli Valdez.

2. Such self-referential moments take place on pages 203–220, 224–225, 236–239, 243, 252, 258, and 263.

Chapter Five

Tony Kushner's Progressive Ethics

Angels in America *on Stage and Screen*

On October 15, 2017—not 1987, but 2017—a headline in the *New York Times* Arts & Leisure section read: "'Brilliant,' 41, and Lost to AIDS: The Theater World Asks Why." Michael Paulson's story commemorates the shocking and horrifying death of Michael Friedman, a rare and talented songwriter. Friedman wrote the lyrics for such shows as *Bloody Bloody Andrew Jackson* (2010), *Love's Labours Lost* (2013), *The Fortress of Solitude* (2014), and, his last, *The Abominables*, which opened in Minneapolis that fall, six days after he died on September 9, 2017 at the age of 41, and nine weeks after being diagnosed with H.I.V. As Paulson writes: "Mr. Friedman's death from complications of AIDS has rattled the theater world, both because he was seen as among the brightest lights of his generation and because it shocked those who had come to see H.I.V. infection as a chronic but manageable condition, at least for those with healthcare" (A1, A4).

Friedman's recent death served primarily as a swift reminder that AIDS is neither finished as a health crisis nor over in its uncanny ability to conjure the theater world of New York thirty years before. As Jonathan Marc Sherman, a playwright and friend of Friedman, remarked: "'It feels like a brutal reminder of another time. . . . It's going to be a long time for a lot of us to wrap our minds around this one'" (A4). Most in Friedman's circle did not understand why Friedman was not more proactive in getting a diagnosis, as the previous summer Friedman noted that he had spots on his body that looked like lesions: "'Of course the first thing you think of is KS, because of all those images from the '80s, but then the other part of you is 'It's 2017, so of course that's not what it is; he has some other issue,'" said Trip Cullman (A4).

One friend and mentor was more pointed in his discussion of the unexpected death of Friedman. Oskar Eustis, the artistic director of the Public Theater where Mr. Friedman worked off and on for 20 years, called his death "'a real warning shot across the bow for anybody who thinks this disease isn't deadly any more'" (A4). If anyone has seen the devastating blow of the unchecked AIDS crisis in the last few decades, it is Eustis, with Kimberly T. Flynn one of two influential collaborators mentioned with gratitude in Tony Kushner's "With a Little Help from My Friends," published originally in *The New York Times* on November 21, 1993.

Kushner describes Eustis, who commissioned *Angels in America*: *A Gay Fantasia on National Themes* (1991, 1992), as "dramaturg," "collaborator," and "secure base of attachment"; but most importantly, Kushner writes that the two share "a romantic-ambivalent love for American history and belief in what one of the play's characters calls 'the prospect of some sort of radical democracy spreading outward and growing up'" (332). This focus on the shared ambivalence toward American history and the need for progress as reflected through democracy "spreading outward and growing up"—a focus that emerged in early conversations between Eustis and Kushner—influences significantly my reading of Kushner's two plays that compose Angels: *Millennium Approaches* (1991) and *Perestroika* (1992). Eustis's comments on Friedman's death give an uncanny, dark gloss to this image of spreading outward, and cannot help, in the present moment, but remind us of the sickness in our not-that-democratic body politic.

By focusing our attention on Kushner's representations of personal relationships as developed in conversation about American democracy, we can see the ways in which the simultaneous failure and promise of America to move forward leads to a kind of traumatic repetition—trauma in failed interpersonal encounters but also in failed attempts to account for our history in the wake of WWII, the Red Scare, and the spread of HIV/AIDS that remains in the headlines today.

This chapter closely reads Kushner's references to progress in the supplemental material published in the 2013 *Revised and Complete Edition of Angels in America*—both the introduction and the coda entitled, "With a Little Help from My Friends"—alongside *Millennium Approaches* and *Perestroika*. By drawing on the production histories of several versions of this play, including HBO's, we can better understand the historical compulsions at work in Kushner's drama and in the culture at large. In so doing, I argue here that AIDS-Trauma, as it relates to politics, seems unique to the United States as a result of the nation's simultaneous promises and failures to take care of its sick—both in our failure to detatch healthcare from market forces and in our blindness to AIDS when it could be dismissed as a "gay disease"—and it is reflected in the repetition of what Douglas Crimp describes as a social trauma when he says: AIDS "is of course itself catastrophic, a catastrophic illness, but at the same time the negative effects—the extremities—that most of us experience are social" (257). Kushner's partner plays embody this notion, that the social alienation, the "catastrophe," as Cathy Caruth would later respond, "wasn't just an accident of nature, but that no one cared about what happened" (qtd. in Caruth 257).

Kushner's character Belize, the registered nurse and former drag queen, often voices this catastrophe, pointing to historic injustices in the United States and locating the oversight of the AIDS crisis as only the latest example. Belize's insights often occur, as is typical of the work's genre, in conversation with others, primarily with the two characters affected by an AIDS diagnosis: Roy Cohn, the literary embodiment of the politically connected New York City lawyer, hustler, and mentor to Donald Trump; and Louis, the former lover of Prior Walter, who reveals his diagnosis in Act I, Scene I of the first play, and is summoned to leave earth for heaven, deemed a prophet by the angels.

The plot, in other words, is organized around two struggling couples: the first couple is Prior Walter and Louis, his lover when the play opens; the second is Joe and Harper Pitt, married Mormons in denial over the fact that Joe is a gay Republican who finds a mentor in Roy Cohn. When Louis and Joe become a couple, the two couples' stories become intertwined. Both men are fleeing from the realities of their committed relationships: Prior is diagnosed with AIDS and Harper is a drug-addicted agoraphobic. As different as each character seems, the play brings them together in conversation in order to emphasize their similarities. Ultimately, as in E. M. Forster's 1910 novel *Howards End*, which I discuss in relation to Kushner in this chapter's conclusion, it is the characters who are able to tolerate difference in others as well as change who emerge as the heroes of the text: Harper flies to San Francisco, described as heaven by Belize; and Louis, Belize, Prior, and Joe's mother Hannah—herself a Mormon who overcomes her biases to help Prior—form a new family in the end.

The play's progressive content is reflected in its progressive style—one that requires each actor to play the role of more than one character. The artistic decision to have one actor embody two starkly different, alienated, and alienating characters reinforces the play's investment in ethics and relationships, highlighting particularly what it means to commit to the sick. The same actor who plays Hannah, the Mormon mother, for example, plays Henry, Roy's doctor. The same actor who plays a nameless homeless woman plays the angel. With each major actor playing radically different, yet arguably identical characters, the staging and casting reflect how one person's life is inextricable from our own.

This nearly dialectical approach to humanity is the most direct source of progress in the first play. Whereas we might assume that the surreal angel at the end of *Millennium Approaches* is there to save humanity, the opposite is true. As we learn in *Perestroika*, the angels appear as humanity's antagonists. It is the characters and their overlapping lives that will save each other, that will mingle, and that will progress. This sense of progress as showcased through casting emerges in an interview between Lawrie Masterson and Meryl Streep, who plays the voice of the rabbi, the angel, and Hannah in the HBO production. Streep explains that the reason for actors to play multiple roles was "not to save money," but rather: "I think there's something deliberate and important in that. To have the same actors play very, very different kinds of people makes you understand that there's a common humanity and we all share it" (Masterson).

Kushner's emphasis on an optimism about progress on the basis of shared humanity is less a platitude than a genuine conundrum: How can a work so interconnected with traumatic repetition still function as a beacon for hope—in its continuous emphasis on progress, change, mobility, and mutability? This instability has only gotten stronger over time, and to say that the plays written in the 1990s seem somehow to predict the present is an understatement. Kushner's investment in the time of history is evident from the first pages of his revised edition (2013), where he writes: "I began writing these plays—I thought at the time that I was writing a single play—in 1987, when I was thirty-one years old. The AIDS epidemic was in its sixth year, the Reagan administration in its seventh. It was a terrifying and galvanizing time" (ix). It is of course no accident that he links the time of the AIDS crisis deliberately with the timing of the Reagan administration, one that is well positioned to take on the AIDS epidemic, and yet did not. The paradoxically terrifying and galvanizing time has to do with that, the sense of terror that a presidential administration will do nothing is precisely the galvanizing force that motivates grassroots causes to guarantee work continues after all.

Kushner goes on to write that "time has vindicated some of the plays' conflictedly optimistic spirit; progress has been made. *Angels* is not teleological, its apocalyptic forebodings notwithstanding. As the dead old rabbi says in *Perestroika* . . . hope, when it can't be discovered in certainty, can almost always be located in indeterminacy, and *Angels* is a hopeful work" (x). Again interested in the effect of the passage of time, Kushner nearly apologizes for the play's optimism, albeit conflicted optimism. Arguing that it is perhaps a mistake to read the plays as straight-forwardly progressive, underlining instead a way to find in them interpretative instability in the wake of trauma. Even in these opening remarks, we see the conflict between optimism and heartbreak—a sense of foreboding doom equaled by indeterminate hope. To be a hopeful work for Kushner is to be a work that promises change and progress. Kushner recognizes that the prevalent understanding of "a hopeful work" is one that promises change and progress, but his view, at least in this retrospect, is darker and arguably more interesting.

Throughout his introductory remarks he uses the language of trauma such as "apocalypse," "foreboding," and "ominous," consistently in relation to American politics. And yet there is this equally opposing language of progress, hope, and indeterminacy, making the two plays an important commentary on our present time, on the cusp of a future both foreboding and apocalyptic, indeterminate, but, as a result, allowing room for change.

This tension is seen in a reflection on American politics in 2013: "Unfortunately, the passing years have been equally if not more confirming of the plays' aforementioned apocalyptic forebodings, which loom darker and resound more ominously for contemporary audiences and readers" (xi). As Kushner hints, the passage of time can lead as much to a sense of optimism as it can to an equally opposing sense of stasis, or even of darker, ominous days ahead. The phrase "contemporary audiences and readers" is assumed to be the reader in the present of 2012—just before the presidential election that sent Barack Obama to the White House. But the apocalyptic forebodings, for the gay community, for women, for transgendered and transsexual people, for immigrants and racial minorities, or progressives of all stripes seem to remain in this day, even 2018 as I write.

After all, the introduction is dated November 5, 2012, and, as Kushner explains:

> I'm writing this introduction the day before America goes to the polls to vote for Mitt Romney or Barack Obama for president. This is the place from which it seems to me I've always written, perched on the knife's edge of terror and hope. It's familiar enough, though today the edge is sharper than it's ever been, and the two worlds it divides, one of light, one of darkness, seems respectively more brilliant and abysmal, more extremely opposed than ever before. (xi)

Again, in this moment, terror and hope remain in tension—on the "knife's edge" of a world divided into light and dark, brilliance and abyss; the divided sense of Kushner's imagery serves to emphasize the divided world—not only a world divided by dark and light, but also one divided by conservatives and liberals, between those who want to remain stagnant, even who want to look back, and those who look ahead to more progressive policies.

Kushner's progressive politics, never hidden too deep, are made absolutely clear nearly ten years before, in an essay he wrote entitled, "With a Little Help from My Friends" and originally published in the *New York Times* on November 21, 1993. The essay is also reprinted in the 2013, revised edition of *Angels*, and, as such, seems to function as an acknowledgments section. But when considering its original publication in a leading newspaper in the United States, it functions more like an argument for socialized medicine and—somewhat uncannily—for gun control.

Kushner writes: "The fiction that artistic labor happens in isolation, and that artistic accomplishment is exclusively the provenance of individual talents, is politically charged and, in my case at least, repudiated by the facts" (327). Even this self-referential moment—about the creation of the work itself—is politically charged, showing a value for the social sphere and collective work over the myth of the individual genius. The idea of the sole writer, working alone out of his or her own thoughts seems remarkably American, or a fantasy on which America is based: the rugged individual going it alone.

And yet, Kushner goes on to say, linking his artistic process with his own political ideals: "Americans pay high prices for maintaining the myth of the Individual: We have no system of universal health care, we don't educate our children, we can't pass sane gun control laws, we elect presidents like Reagan, we hate and fear inevitable processes like aging and death" (328). The leftist, some would say progressive, politics of universal healthcare, strong public education, and tougher gun control laws show a value that is also in Kushner's work: a collective effort to take care of the neediest among us, such as the children, the sick, the elderly. To ignore the needs of the vulnerable, Kushner suggests, is to ignore our own weaknesses, our own impending deaths. The high price is not only a weaker democracy in the collective, but also a weaker system for helping individuals.

This value becomes magnified, Kushner says, in his friendship and conversations with Kimberly Flynn, with whom he shares "left politics informed by libertarian struggles (she as a feminist, I as a gay man) as well as socialist and psychoanalytic theory; and a belief in the effectiveness of activism and the possibility of progress" (330). The progress then, as we shall see, articulated in the play as an important motif, is also a political progress—a looking ahead to change that will lead to such things as universal health care, strong public education, tougher gun control.

Along with Eustis, Flynn is an important voice in the play, as it was collaboration with her that led to the finished work. Kushner acknowledges these important collaborations, their collective work, when he says, "I have been blessed with remarkable comrades and collaborators: Together we organize the world for ourselves, or at least we organize our understanding of it; we reflect it, refract it, criticize it, grieve over its savagery and help each other to discern, amidst the gathering dark, paths of resistance, pockets of peace and places whence hope may be plausibly expected" (333). Using such a loaded word as comrades when describing Flynn and Eustis also highlights the ways in which *Angels* is a socialist project. The work shows faith in the political functions of resistance and hope. It is no accident that the passage ends with a repetition of the plosive p sounds found in such words as: "help," "path," "pocket," "peace," "places," "hope," "plausibly," "expected"; the repetition and emphasize on the harsh sounding "p" drive home the idea of many people working together in the absence of help from social structures.

The historical significance of Kushner's play is not lost on critics, who have published considerably and consistently on his work since it has appeared. Generally, critics have theorized Kushner's representation of American history, politics, illness, intersectional identity, progress, and hope.[1] My reading of Kushner advances this conversation by repositioning his representation of the ethical relation as defined in the discourses of trauma theory and narrative medicine. For, according to Kushner's vision, it is in an ethical relation with someone who is ill that a radical transformation can occur—the sense of progressive politics that will move this country forward.

This ethical relation turns out to be about whether and in what dimensions we can forgive the unforgiveable. In "More Life," for example, Claudia Barnett argues that the "play is not about the need to be forgiven but the need to forgive and forge ahead" (144). Linking the play to its Jewish intertexts, Ranen Omer-Sherman suggests: "*Angels in America* delivers Judaism's prophetic message about the plight of the stranger, his/her vulnerability in the face of the state's destructive indifference" ("Jewish/Queer" 98). As James Fisher argues in *The Theater of Tony Kushner*, "In bringing his own autobiography to the stage, Kushner emphasizes that life is loss. . . . As a gay man, a Jew, and a political leftist, Kushner strives to express a capacity for forgiveness in the human spirit, but adds that the losses suffered by the groups of which he is a part make a forgiving spirit difficult" (11). Fisher argues that, despite the play's surreal nature, we may read it as autobiographical, as a form of life writing that uses the radical nature of the play to reflect its own radical politics.

For a play published in the early 1990s, it takes on a provocative new content: that of illness and dying and their place in American society. As Kushner has Belize say in Part Two, *Perestroika*: "The white cracker who wrote the national anthem knew what he was doing. He set the word 'free' to a note so high nobody can reach it. That was deliberate. Nothing on earth sounds less like freedom to me. You come to room 1013 over at the hospital, I'll show you America. Terminal, crazy, and mean" (96). Belize has, arguably, the most important line in the play here. On the one hand, "terminal" literally refers to Roy Cohn, who occupies room 1013, is terminally ill with AIDS, and will do everything he can both to secure the AZT he needs to survive at the same time as denying his sexuality and thus perpetuating homophobic attitudes. Yet the word "terminal" also functions as an important way to understand the United States itself, terminally unable to recognize sick people and to treat them both with the medicine they need and dignity that is their right—crazy and mean because the nation cannot seem to accept the sick within its borders. Kushner's ability to make the diagnosis of America as terminal—and thus *incurable*—read as a vibrant, hilarious affirmation of progressive critique is entirely characteristic of this text.

Despite Belize's emphasis on the overlooked and disenfranchised in American society, *Perestroika* ends with its own kind of rebuilding that features a reconstructed American family. Gathered around the Bethesda fountain in Central Park at the end of a decade—in February 1990—Prior, Louis, Belize, and Hannah all have their eyes toward the future as "The Great Work Begins" (148). The first part of the play, however, is much less optimistic.

Louis in *Millennium Approaches* could be the voice of Kushner in many ways, a vision of himself Kushner is afraid to confront—the voice of America, but also a coward in the face of illness.[2] As Louis reflects late into Part One: "what AIDS shows us is the limits of tolerance, that it's not enough to be tolerated, because when the shit hits the fan you find out how much tolerance is worth: Nothing. And underneath all the tolerance is intense, passionate hatred" (90). It's hard not to hear an echo of Kushner's declaration of romantic ambivalence toward American history: While most people misread "ambivalence" as a kind of weak indifference, psychoanalysts know that it names the simultaneous coexistence of intense passions. From this point of view, *Millennium Approaches* breaks establishment liberal tolerance into the passions underlying it, forcing a confrontation with the rawness of bodies in/and the culture.

While Louis is the theoretical voice in the play—sometimes more misguided than other times—the figures who actually live with the limits of tolerance are those who are sick with AIDS: Prior and Roy Cohn, radically different characters who share the same "bad news" in Part One. Whereas Prior is associated with alternative states and linguistic experimentation, Cohn is associated with the law and the conservative right; whereas Prior comes to understand his diagnosis in terms of puns, Cohn is made to see the reality of his diagnosis through the scientific language of medicine. In this way, the play's progress can be seen not only in the values of Belize and Prior Walter, but also in its use of language itself. With a focus on such progressive values as hybridity, intermingling, universality, the play uses hybridity in its very language and intermingles the lives of characters through split scenes.

Prior's puns in the beginning of the play, for example, purposely conflate the word "lesion" with "legion," as in: "I'm a lesionnaire. The Foreign Lesion. The American Lesion. Lesionnaire's disease" (21) and "My troubles are lesion" (21). Through this word play, Prior not only reveals his difficult confrontation with AIDS but also an implicit, covert desire to fight: In his juxtaposition of "lesion" ("damage"; "injury"; "morbid change in the exercise of function or texture of organs") with "legion" ("a body of infantry"; "a host of armed men"), Prior masks his utter terror with the wordplay of a poet, and the prophet he is revealed to be. Further, the fact that this legion is demonic emphasizes the significance of Prior becoming a prophet.

Later in the play, Prior becomes much more morbid and focused on the reality of his syndrome, explaining: "It's not going well, really . . . two new lesions. My leg hurts. There's protein in my urine, the doctor says, but who knows what the fuck that portends. Anyway it shouldn't be there, the protein. My butt is chapped from diarrhea and yesterday I shat blood" (39). Here again, Kushner draws on the image of "shit" not only to underscore the reality of disease, but also to see how far tolerance will go in the eyes of his audience. Such alienating language in an alienating play demands that audiences too confront the reality of illness. In moving from playful poetic language to the mundane, graphic nature of "the shit," Kushner re-appropriates the function and rhetoric of illness in his writing about AIDS.

By the end of Act I, Scene 9, Kushner's description of AIDS and its realities become very direct. As explained through the textbook knowledge of Cohn's physician, Kushner seems to be giving a lesson in the history and effects of AIDS—a lesson that was so long in coming to the American people at large. When diagnosing Cohn, Henry, Cohn's doctor, explains:

> Nobody knows what causes it. And nobody knows how to cure it. The best theory is that we blame a retrovirus, the Human Immunodeficiency Virus. Its presence is made known to us by the useless antibodies which appear in reaction to its entrance into the bloodstream through a cut, or an orifice. The antibodies are powerless to protect the body against it. Why, we don't know. The body's immune system ceases to function. Sometimes the body even attacks itself. At any rate it's left open to a whole horror house of infection from microbes which it usually defends against. (42)

Such educative prose seems to be an answer to Ronald Reagan's silence in the face of the AIDS crisis, a silence that angered Kushner and many in the gay and mainstream communities in the United States in the 1980s. Allen White, writing in the *San Francisco Chronicle* in 2004, observed that as "America remembers the life of Ronald Reagan, it must never forget his shameful abdication of leadership in the fight against AIDS. History may ultimately judge his presidency by the thousands who have and will die of AIDS."

Monica B. Pearl's work on *Angels in America* bears this out, as she argues that: "The story of America in the 1980s . . . was the story of AIDS, for *Angels in America* is the story of AIDS in America in its most devastating and devastated years" (761). She goes on to say that "*Angels in America* suggests that the story of AIDS has become the story of America in the late 20th century" (761). Reading AIDS as a figure for American history is nothing if not provocative—but certainly, through Kushner alone, it reveals, to return to his phrase, "the limits of tolerance," in a country where tolerance was once considered the foundation and backbone of the nation—at least by the establishment elite who could afford not to see the realities masked by their own self-regard.

The limits of tolerance seem to be what drives Joe Pitt, a practicing Mormon, to hide his homosexuality from his religion, his family, his wife, and himself. We learn of his paradoxical politics in Act I Scene 6, when Louis meets Joe in the men's room of the offices of the Brooklyn Federal Court of Appeals and learns that Joe voted for Reagan twice. "Twice?," says Louis. "Well, oh boy. A Gay Republican" (29). Thus begins a series of conversations between Joe and Louis about what it means to be a Republican in the 1980s in America under Reagan's leadership, as well as what it means to be gay. Louis hints here at the ways in which Reagan-era policies work against gay couples; it is a moment early in the play when flirting leads to awkward political banter and shock about Joe's conservative politics. Part of what is also going on here is that Cohn is also a gay republican, introducing an implied argument about the path Joe is on, even though he is less evil than Cohn.

The conversation about Reagan picks up again in Act II Scene 7, with Louis and Joe on the steps outside the Hall of Justice, Brooklyn. Louis, who cannot let Joe's politics go, says: "I can't believe you voted for Reagan" (72). He pursues his questioning with: "what's it like to be a child of the Zeitgeist? To have the American Animus as your dad? It's not really a *family*, the Reagans, I read *People*, there aren't any connections there, no love, they don't ever speak to each other except through their agents. So what's it like to be Reagan's kid? Enquiring minds want to know" (74). But it is not simply that Louis cannot let it go; the fact is, the play cannot let it go. To be a child of Reagan may refer to the literal children—and poor Maureen—but it also frames Americans as children of Reagan; we apparently all became children of Reagan after collectively electing him president. As a result, the nation found itself living in the zeitgeist of the past, given all Reagan represents about a mythic national past: self-reliance, manifest destiny, westward expansion—everything his characters embody in the films that made him famous.

Louis continues, presumably thinking about himself and the way he left Prior: "I think we all know what that's like. Nowadays. No connections. No responsibilities. All of us . . . falling through the cracks that separate what we owe to ourselves and . . . and what we owe to love" (74). The Reagan *zeitgeist* then is about personal responsibility, but not social responsibility, about breaking connections if it means self-gain, about choosing self-love over love for another or others.

Given the zeitgeist represented here, that the angel lands in America at the end of this first part is no accident. On the one hand, you have the sense it is there to help America—that the angels are there to encourage love, generosity, and understanding. But as we come to find out in *Perestroika*, the angels are the nemesis—they are the voices of this so-called Reagan zeitgeist: choosing death over life; stasis over progress; purity over hybridity or intermingling.

Provocatively, Kushner's second play in the *Angels in America* fantasia, *Perestroika*, is named after the restructuring plan of the Soviet Union—the economic and political reform championed by Mikhail Gorbachev from 1987 to the dissolution of the USSR. While the focus of my reading here is in Kushner's interpersonal politics in the face of illness, there is much to be said on the play's cold war politics and criticism of the red scare witch hunts that led to the death of Ethel Rosenberg, who has a substantial role in the play, including saying kaddish over Roy Cohn's dead body. In addition to recalling cold war anxieties, the play draws on the Russian word "perestroika" also to connote progress, a sense of moving forward, while acknowledging the terrible irony that it involved an embrace of Western-style individualism. Significantly, the title of the play is immediately juxtaposed with the words of Ralph Waldo Emerson, a quintessential American philosopher, though admittedly one also dedicated to progress.

The play's epigraph comes from Emerson's "On Art," where he writes: "Because the soul is progressive, it never quite repeats itself, but in every act attempts the production of a new and fairer whole" (135). *Perestroika*, the play, not the Soviet restructuring project, is about the progressive soul, if nothing else. It is about a soul that seeks action, production, improvement, and forward motion. After all, despite the best attempts of the angels, Prior chooses to live in the end, rather than to die, to stop.

The focus on progress is not only seen through Prior, however. It is seen through the new couple, Joe and Louis. It is seen through Belize's arguments with the angels. It is seen through the static, sad Mormon diorama. We see it when Prior emphatically rejects the stasis of heaven in favor of the ultimately changeable earth. It is seen through Harper's ability to travel. It is seen through the new family composed out of disparate members by the play's end. As I'll soon show, the key word in all of these scenes is *progress*; and the key to that progress is work with one another—intermingling, which appears to be the Angel's biggest fear.

The word is first emphasized in a short scene in the beginning of the play, when Joe is introduced to Louis's new apartment in Alphabetland. Louis introduces Alphabetland as "where the Jews lived when they first arrived. And now, a hundred years later, the place to which their more seriously fucked-up grandchildren repair. (*Yiddish accent*) This is progress?" (139). The self-deprecating moment asks about what it means to leave Europe for an American neighborhood featuring apartments described as "messy, grim" (139). But it also sets us up for a conversation a few scenes later when Belize watches as Prior argues with the Angel. In Act 2, Scene 2, the Angel says with loathing: "PROGRESS" (169). The use of all caps here suggests that the

Angel is shouting, but it also sets the word off on the page. Belize says to Prior, astonished that a celestial being would warn against the values he and Prior embody: “We’re not supposed to *migrate*? To progress?” (169).

Here, as Prior wrestles with the ideas of the angel, and Belize looks on in horror, it becomes a battle between progress and stasis, with the angel commanding: “STOP MOVING!” (172). Prior says, according to the stage direction, “Quiet, frightened,” “Stop moving” as though he cannot understand such a regressive command for humanity either (172). If the Angel’s command has not been perfectly clear until that point, she then answers Prior with direct and rapid speech: “Neither Mix Nor Intermarry. Let Deep Roots Grow: If you do not MINGLE you will Cease to Progress” (172). And, at first it seems like a well-intended suggestion, as though ceasing to progress is a positive thing. And it may be to the Angel. But, as Kushner would have it, and as Belize retorts, “that’s just not how it goes, the world doesn’t spin backwards” (175). Belize helps Prior to see that progress means moving forward, that the humans are on the side of movement, of mixing, intermarrying, and intermingling. Much like Tayo’s character in Leslie Marmon Silko’s *Ceremony*, Belize understands hybridity as a way forward, socially, historically, and culturally.

While the Angel seems to be against forward motion, so too does the Mormon religion, at least as it is represented via the diorama in the Mormon Visitors’ Center Diorama Room (189–95). In Act 3 Scene 3, Hannah enters the room with Prior; Harper is already there. When Hannah goes to check to see if she can get the show to begin, Harper and Prior speak about their current struggles: Harper sees the resemblance of Joe in the diorama, whom she refers to as “the main dummy” (190); Prior tells Harper about the angel that “crashed through [his] bedroom ceiling” (191). The voice telling the story of the history of Mormonism speaks, but the dummies seem to be frozen: “*When either Caleb or Orrin speaks, his immobile face is hit with a pinspot; this has an intentionally eerie effect. The father’s face is animated, but not his body*” (192, italics in original). As this brief moment shows, from Harper’s perspective, is the slow discovery that Mormons have much in common with the angels. What they have to offer is not only out of time, but rather not at all in time, not in the progressive sense that the humans need.

Harper’s realization leads her to San Francisco; a place Belize describes to Roy as heaven. Emphasizing the bustling city’s desire to evolve, Belize says: “everyone in Balenciaga gowns with red corsages, and big dance palaces full of music and lights and racial impurity and gender confusion. . . . And all the deities are Creole, mulatto, brown as the mouths of rivers. . . . Race, taste and history finally overcome” (223). In Belize’s vision then, it is precisely the intermingling of race and gender (“racial impurity and gender confusion”) that lead to progress, forward motion, and is an answer to the WASP-like Angels that populate the counsel of Principalities. When Harper, in Act Five, Scene 8, finds herself on a night flight to San Francisco (284) she reflects: "Nothing's lost forever. In this world, there is a kind of painful progress. Longing for what we've left behind, and dreaming ahead" (285). The message of the play is that even the agoraphobic Harper can find her way to the future. The phrase "painful progress" reflects the current moment of Kushner's writing. Even though the Reagan administration seems to want to look back, humanity will not stop. The flight is painful to Harper when even leaving the house has been a struggle throughout the play sequence. But she finds hope in it—dreaming ahead even though she still longs for what she has left, and for what had left her behind already.

Hannah, like Harper, understands change as painful when, in Act IV, scene 8, she takes Prior to the hospital during a thunderstorm. She is pivotal in helping Prior understand it is within his rights to reject what the angels are offering—the great book, and with it death and the comfort of stasis. As Hannah explains: "An angel is a belief. With wings and arms that can carry you. If it lets you down, reject it. . . . Seek something new" (242). It is in the search for the new, in the social status of the 1980s, that Hannah finds hope. Not only has she put down her old Mormon views momentarily to help a gay man with AIDS, but also she helps him to revalue progress—social progress, political progress, even literary progress, as shown via experimentation with the genre itself.

It is a significant turning point then, when Prior is in heaven with the stuttering, disheveled angels, that he fights not to be one of them, but fights against them; he fights not to die so he can exist as a prophet of progress, of migration, of alternatives. Act V, Scene five takes place in Heaven, in "the Council Room of the Hall of the Continental Principalities" where Prior returns the book (270, 275). In his ultimate rejection of them Prior argues: "We can't just stop. We're not rocks. Progress, migration, motion is . . . modernity. It's animate, it's what living things do. We desire. Even if all we desire is stillness, it's still the desire *for*" (275). He traces the human project, and humanity itself, to movement in all of its exemplary forms, moving from place to place, from time to time, from the present to the future. Living things, he says, are "animate," which gestures back to the nearly inanimate Mormon family in the diorama. Linking desire to progress is also a central idea in this passage—the desire for something suggests goals for a future time.

It is as though the observation that living things desire that propels Prior along, proclaiming:

> I want more life. . . . I've lived through such terrible times, and there are people who live through much much worse, but. . . . You see them living anyway. When they're more spirit than body, more sores than skin, when they're burned and in agony, when flies lay eggs in the corners of the eyes of

> their children, they live. Death usually has to *take* life away. . . . We live past hope. If I can find hope anywhere, that's it, that's the best I can do. It's so much not enough, so inadequate but. . . . Bless me anyway. I want more life. (278–79)

The speech begins and ends with "I want more life," an affirmation in the face of death. A version of the word "live" or "life" is repeated seven times. When he says Death has to *take* life away, he is referring to the drive to live, the human fight for life to be restored in the face of death. He recites instances of rot and burning and still finds in humanity the desire for life—the hope that propels civilization forward.

In the end, the newly constituted progressive American family, embodied by Belize, Louis, Prior, Hannah, convene at the Bethesda Fountain in Central Park. All have faced death in some way and have emerged at a fountain symbolizing new life. The final moment refers back to an earlier scene in the play when Louis and Belize discuss American history and politics, also at the Bethesda Fountain. In the earlier scene (Act IV, scene 5), Louis explains that the angel Bethesda was erected as a Civil War monument, and Belize tells Louis that he hates America for its "big ideas, and stories, and people dying"; for being, like Cohn, "Terminal, crazy and mean" (227, 230).

But in the epilogue, America seems to have been granted new hope after all. Prior has rejected the angels in favor of life. It is January 1990—a new year is about to begin and the decade of the 1980s is over. Belize continues to think about the world as moving "faster than the mind" (288). Louis understands politics as Belize understands the world, as the "world moving ahead" (288). And, finally, Belize has a new understanding of the angel of Bethesda, one grounded not in the wars of the past, but in renewal in the future. As Belize explains it: "If anyone who was suffering, in the body or spirit, walked through the waters of the fountain of Bethesda, they would be healed, washed clean of pain" (289). Necessarily, Prior has the last word: He tells the audience that he plans to be alive the following summer when the fountain is turned back on. Paradoxically, significantly, he links those battling AIDS with the future, describing a new American citizen: "This disease will be the end of many of us, but not nearly all, and the dead will be commemorated and will struggle on with the living, and we are not going away. We won't die secret deaths anymore. The world only spins forward. We will be citizens. The time has come" (290). In so doing, he describes an ethics of the moment—one that focuses on remembrance of the past dead but also future progress of the ideal citizen. As a gay man, as a sick man, as an American, he realizes there is work to do—starting with a rejection of stagnation.

As Heidi E. Eilenberger has recently argued: "With its focus on America, homosexuality, and the AIDS epidemic, *Angels* exposes the very real danger of national stagnation, as during a specific time in America's history, the very fear of change that inhibits the nation's social progress allowed disease and death to consume the lives of those living outside the established heteronormative social structure" (66). For Eilenberger, Angels is a political play in its warning about "the very real danger of national stagnation." But it is also a very social play in its revelation of human relationships within this political framework. This risk of stagnation is not one we've moved beyond.

This focus on the need for social progress is underscored in the final scene of HBO's mini-series directed by Mike Nichols. Filmed literally at Central Park's Bethesda Fountain, it also features a newly defined family embodied by the characters most associated with change: Louis, Belize, Hannah, and Prior Walter—played by Justin Kirk—who often turns to the camera (rather than the audience) and speaks about the work to come. Looking directly into the camera, Kirk seems to be speaking directly to the viewer when he says: "We will not die secret deaths anymore." When he confesses he prefers his angels in stone, we perceive the irony that the play's Bethesda angel cast in stone signifies rebirth, whereas the play's flesh and blood angels signify stasis. Throughout the final conversation among this makeshift family, it is Streep (playing Hannah) whose voice is heard loudest: "interconnectedness," she says, as the camera pans away from Kirk to focus on this one key word from Streep. The film ends, as does the play, with a proclamation that "The Great Work Begins" (290). Co-opted from the rhetoric of the angels, who are not interested in work on earth, Prior Walter understands the work to be human work, commemorative work, medical work, political work. But, above all, it is ethical work, social work.

When HBO's production of *Angels in America* in 2003 appeared, there was a sense that it may seem dated. As Alex Strachan worried: "The heady mix of politics, philosophy, religion and gay soap opera seemed unlikely to translate well to the screen . . . especially in the post 9/11 era." And yet the series went on to win seven Golden Globe nominations and eleven Emmy Awards. The key word, by contrast, for most critics, was "resonates"—as it is precisely the mix of politics and philosophy in the post 9/11 era that speaks to our current moment. As Fiona Sturges noted Feb 7, 2004: "It's a drama of rare intelligence and insight which, despite being written 19 years ago, contains themes that still resonate." The resonance, it seems, has moved into the twenty-first century where wars loom large and the debates for gun control and universal healthcare wage on. Indeed, after 2016 it's easy to hear the contrast between "Make American Great Again" (an effort to violently impose stasis) and "The Great Work Begins" (an effort through interconnection to accommodate desire and movement and hope). As Sturgis emphasizes: "By the end of the series, it's not just the characters that we're mourning but the full human condition. If the last century is portrayed as heartless and hypocritical, our current one seems doomed.'"

Even in the recent adaptation of the play for the London stage, the sense of its resonance emerges. Ronald Blum, for example, wonders at the possible success of the play, staged fourteen years later in London. Blum writes, in a review entitled, "*Angels in America* resonates 25 years later as play, opera": as a "response to the AIDS epidemic and lack of U.S. government action, the work still resonates in an era of polarized politics."

Such resonance was brought home during the 2018 Tony Awards, when *Angels in America* won three major awards: Best Performance by an Actor in a Leading Role in a Play, given to Andrew Garfield who plays Walter Prior; Best Performance by an Actor in a Featured Role in a Play given to Nathan Lane who plays Roy Cohn, and Best Revival of a Play. The resonance perhaps lies not only within the current vexed political moment in America—during the Tony Awards, Robert Di Nero said "Fuck Trump," not once but twice—but also in the play's depiction of new hope seen through an alternative family structure in the end. In this way, it resembles E. M. Forster's 1910 novel, *Howards End* in which such disparate characters as Henry, Margaret, and Helen move into Howards End, Helen and Henry learn to be friends, and Helen gives birth to a son, presumably England's next generation. Much of the end of the novel is focalized through Margaret, who says: "This craze for motion has only set in during the last hundred years. It may be followed by a civilization that won't be a movement because it will rest on the earth. All the signs are against it now, but I can't help hoping, and very early in the morning in the garden I feel that our house is the future as well as the past" (240).

Forster's house is, like the Bethesda fountain, the future and the past. Just as Margaret understands, in 1910, a sense of motion, so too does Prior—and, in both cases, movement requires human connection. Margaret goes on reflect that, "she would only point out the salvation that was latent in his own soul, and in the soul of every man. Only connect! That was the whole of her sermon. Only connect the prose and the passion, and both will be exalted, and human love will be seen at its height" (134). The message here seems straightforward: Only connect so that human love can reach its height. But to name this message is also to bring into view the differences between these gay men: Only connect is simultaneously a desire to emerge from the closet, and an admission that such an idealized connection is probably not fully possible. In fact, as Christopher Lane has recently argued, Forster was able to sublimate homosexual desire by transposing it "into nonsexual forms" such as familial relationships and "'democratic affection'" (104).

Kushner, by contrast, wants not to exalt human love, nor even desire into an ideal, but to dramatize the possibilities of what can emerge when we connect in the world that we actually find. Crossing continents and centuries, this value seems to be perpetually on Kushner's mind. As he said in an interview with the *Vancouver Sun*: "in my view the United States is becoming an increasingly frightening, reactionary, theocratically oriented society, and it's very worrisome to me" (April 9 2005). His plays ask: What would it mean to live in a country that is progressive and socially oriented? Reading the play today, looking back through the literary tradition to Forster's work and forward to the AIDS crisis in the United States that exists today, we can see the ways in which it presents new connotations and difficulties. To call, as Belize does, America "terminal" is not only to suggest that it is sick, but also, somehow, perpetually so . . . leading ultimately to its own end in death. As Kushner's work reveals, it will take radically ethical relationships with history and with the sick—relationships articulated by narrative medicine and trauma theory—in order to set the nation on a forward looking path.

NOTES

1. For persuasive readings on Kushner's representations of American history see Howard, Knabe, Savran, Wahman; on Kushner's representations of American politics see Al-Badri, Cohen, Glaser, Huang, Kornhaber, Ogden; on Kushner's representations of illness see Beadling, Byttebier, Ogden; on Kushner's representations of intersectional identity see Crockarell, Freedman, Kanter, Kekki, Omer-Sherman; on Kushner's values of hope and progress see Austin, Barnett, Bechtel, Ceballos Muñoz, Chambers-Letson, Corby, Juntunen, Klüßendorf, Krasner, Limpár, Pacheco, Pederson, Stevenson, Tangedal.

2. See Butler, Isaac and Dan Kois, "*Angels in America*: The Complete Oral History." *Slate* 28 June 2016.

Chapter Six

Accounting *for*

Larry Kramer's The Normal Heart *and the Healing Power of the AIDS Quilt*

The received wisdom about Larry Kramer's plays is that they are, if nothing else, as confrontational as the man himself, and that his characters are brash, if not preachy, in their demand that people pay attention to, to account for, those who have died silently from AIDS and HIV related illnesses. As Kramer noted in 2011, nearly twenty years after the first reported AIDS cases in the United States, the so-called "plague" continues to exemplify personal and political wrongs, speaking to the American public's or even, more generally, humanity's inability adequately to address illness, as seen in our tendency to marginalize the ill. In suggesting, as recently as 2011, that the public response to AIDS says something about us all, Kramer puts us on the hook for the disease, for not taking responsibility soon enough.

In his writing and personal appearances, in other words, Kramer underscores the ways in which AIDS shows us, to borrow from Kushner, the "limits of tolerance," and he does so through a confrontational style that risks alienating political allies. Like Kushner, Kramer's well-known AIDS drama, *The Normal Heart*, is, above all, a political commentary on the wrongs associated with the HIV virus; unlike Kushner, it is more clearly autobiographical in its insistence on telling the story of the origins of ACT UP and Kramer's role within it.

Rather than rehearse yet again Kramer's brashness, however, I seek here to juxtapose his aggressive style with a certain quietness in his stage directions, an approach to drama that requires its viewers to *account for*—to bear witness to—those lost to the plague. When considered alongside the history and power of the AIDS quilt project, we can see how two radically different artistic responses—one, an apparently incendiary play with an incendiary protagonist; the other, a soft, communal, patchwork including all comers—share a goal that moves witnesses to act: the ability to number and name all of those who have been devastated by a preventable disease. Both the play, particularly in its stage directions and preferred set design, and the quilt highlight the significance of different rhetorical movements or moments to account for the dead. For as verbal as Kramer's play is, it seems the non-verbal stage directions are the most compelling, as they seek to re-focus the audience—whenever and wherever the play is performed—on its immediate political context, and not merely that of the 1980s.

What I will do here, then, is counter-pose the nonverbal, although nevertheless confrontational, stage directions of *The Normal Heart* with a series of conversations among the central characters. The same silent confrontation is as compelling for me when considering the AIDS quilt, a text that does not speak. Tim Dean has described the significance of the quilt as "a multimedia elegy and public artwork" that we may understand as "a contemporary genre of testimony" (99). It is in these quietest testimonial moments, I would argue that we see the most vociferous message, affirming the gay community's participation in the fabric of remembrance.

As a witness piece, and, again, somewhat like *Angels in America*, *The Normal Heart* is a series of conversations, and in that sense, a play about ideas responding to political action and inaction in New York City, the role of the press and the politicians, and, ultimately, how grass roots action led to a movement gaining the nation's attention. It is rather unlike *Angels in America*, however, in the sense that, while Kramer's dialogue is overtly political, even polemical, there is a dialectical quality in Kushner that serves as an engine of progress that is not entirely evident in Kramer.

This is seen even in the play's structure, which takes place in two acts. It begins with the impending death of one character (Craig Donner) and ends with the death of another (Felix Turner). In the middle is the silent and silenced death of Arthur, who does not speak. Although the deaths in *The Normal Heart* do not easily map on to historical experiences, the play is seen as largely autobiographical, as Kramer helped to found the Gay Men's Health Crisis (GMHC) and, after a series of disagreements that the play depicts, left that to found ACT UP.

The traumatic beginnings of such AIDS activism groups are important in hindsight, as they reveal a sometimes splintered movement rising up despite itself in the void of institutional support. At the center of the play is the question about whether and how tough to be on New York City's elite—the press, the mayor, the Health Department, with Ned, the voice of Larry Kramer, advocating for a no-holds-barred approach, and Bruce Niles, who is based on Paul Popham, a more rhetorically contained central founder of the GMHC who served as its president from 1981 to 1985, a move that seemed a betrayal to Kramer (Mass).

The play carries a compelling self-referential quality: it is a crude, nearly anti-literary play that questions the role of tone and confrontation when dealing with a crisis. As characters—resembling real life people—debate the merits of confrontation in the play, the confrontational nature of the play itself calls attention to similar debates about AIDS/ HIV representation, asking what place politics can take in a literary artifact after all. When Felix, Ned's lover, asks Ned to write something in the wake of his death, we understand that book in our hands to be that finished piece, even though there seems not to be a correspondence for Felix in Kramer's life at the time.

In comparing Kushner's project with Kramer's, Peter F. Cohen writes in "Strange Bedfellows: Writing Love and Politics in *Angels in America* and *The Normal Heart*," that Kramer and Kushner convey "an explicit treatment of AIDS politics in their plays: both *Angels in America* and *The Normal Heart* raise audience consciousness as to the complicity of government players in the spread of the epidemic, as well as to the political struggles that will be necessary if the epidemic is to end" (197). As Cohen recognizes, drama is a unique artistic tool in its ability to draw in the audience as participants, to make them conscious of the effects of government complicity as well as the work that needs to come. According to Cohen, although this strategy possibly risks alienating audiences, Kushner and Kramer also draw on narratives about love. Cohen writes: "Political struggle is not a particularly popular topic, however, and what has simultaneously allowed these plays to reach broad audiences is their organization around one or more love stories, a dominant theatrical convention that can render a story about homosexuals and AIDS palatable—even recognizable—to mainstream audiences. These two plot lines—love and politics—make strange bedfellows" (Cohen 197).

More than Cohen's insight about both playwrights' interweaving of love stories with the political fight, something we might also say about Monette's *Borrowed Time*, what I value is his use of the phrase "bed fellows," which in this context carries multiple connotations involving sexual relationships, partnerships, and other domestic qualities we do not ordinarily associate with the cliché about politics, an aspect that the AIDS quilt also embodies.

The connection of Kramer's art with the politics of performance is not new; in fact, it by now remains a truism in both worlds of theater and literary criticism. The critical association between Kramer's play and politics was solidified in 1992, with a special issue of *Text and Performance Quarterly* entitled, "Politicized Performances: A Symposium." The special issue includes essays by Robert Bradley, Mary Strine, Joseph Roach and Robert J Cox. Both Roach and Cox discuss the potential of *The Normal Heart* in relation to another provocative play staged that year: Joshua Sobol's *Ghetto*, which caused an uproar when it was performed at Ball State University.

As Roach proposes: "Perhaps these productions did lay the foundation for change in the 'cornerstone' of 'our culture' in what will someday be known as the former heartlands" (384). *The Normal Heart* appeared at Southwest Missouri State University and was met with controversy as well. Cox maintains that "the reactions and debate swirling around *The Normal Heart* and *Ghetto* re-position 'performance' as the discursive production of remembrance and a refusal of silence and re-position 'audience' as this larger community of memory/speech" (385–86). Like Cohen, then, Cox and Roach understand the inextricable relationship between performance and audience as grounded in the work of language, the ability for language to move people, coupled with the realities of live performance, that may ultimately lead to uncomfortable (for some) change.

Signaling 1992 as an important year for *The Normal Heart* in terms of published analysis, another collection from that same year entitled, *AIDS: The Literary Response* edited by Emmanuel S. Nelson, features several essays on *The Normal Heart*, calling for a deeper understanding of the efficacy of Kramer's rhetoric. Among important analyses published in that collection "AIDS Enters the American Theater," by Joel Shatsky, reads *As Is* alongside *The Normal Heart*; D. S. Lawson's "Rage and Remembrance: The AIDS Plays," and David Bergman's "Larry Kramer and the Rhetoric of AIDS" also take up Kramer's rhetoric of rage.

Shatzky, comparing *The Normal Heart* with *As Is*, writes: "The critical reaction to *The Normal Heart* is far more contentious, not only because of the play's polemical content and harsh tone, but also because of the playwright's willingness to 'name names' of those he feels should be confronted with their callousness and cowardice because they did not act even when the magnitude of the disease became obvious" (133). Kramer not only counts victims, in other words, he also names agencies, bureaus, and individuals complicit in the spread of the disease.

In a similar vein, Lawson also compares *As Is* with *The Normal Heart* when arguing that: "The notoriety of Larry Kramer's *The Normal Heart* was responsible for one of the earliest encroachments of the disease into the dramatic culture of the United States. Certainly Kramer is a very angry man with many axes to grind in his play; the anger (sometimes vicious, sometimes righteous) gives *The Normal Heart* its power" (141).

Larry Kramer's rhetoric of and through anger seeks to confront illness directly, both bodily illness and the responsibility of politics in the face of illness. Ultimately, it is an appeal for healthcare: insurance, yes, but also attending to the health and care of the sick and the potentially sick. And, in that way, the play is about accounting *for*—counting and naming—the victims of the HIV/AIDS epidemic as a result of the silence of the press and the government. As such, I am interested in the efficacy of the play, not only in the sense of its powerful anger, but also in the sense of its ethics—a desire to reach audiences to feel as its characters feel, and, as a result, act on a desire to account for the sick.

In this way, this chapter picks up where the previous chapter leaves off, by looking at an important AIDS play in the context of the culture in which it emerged, a political and artistic context that also made way for the more placating style of the AIDS quilt, and finally, a return to consider another contemporary filmic adaptation of *The Normal Heart* as a canonical AIDS play whose positive reviews reveal that we have returned to a moment when we need to face this crisis anew.

Perhaps the most important critic authorizing the reading of Kramer's confrontational style is David Bergman, who acknowledges that most writers "have come to believe that the urgency of the epidemic requires . . . a pragmatic language that motivates people to helpful action" (123). Associating confrontation with pragmatism, Bergman is quick to point out that Kramer's confrontational approach is committed to eliciting action, exemplified by his motivation to start the Gay Men's Health Crisis in his living room and later, ACT UP: The AIDS Coalition to Unleash Power. As Bergman asks, "Are his methods successful? It is conceivable that without his confrontational tactics, AIDS services and research might have developed more quickly; more probable however, is the idea that his methods hurried things along. And in *The Normal Heart*, Kramer not only addressed social responses to AIDS before audiences that usually ignore such issues, but created one of the more powerful artifacts of its period" (123–24). In suggesting that such works as *The Normal Heart* not only shamed institutions into providing services and research but also exposed audiences who would ordinarily be inclined to ignore the AIDS crisis, Bergman allows the play to be credited with important cultural work.

Bergman goes on to discuss Kramer's ability to take political events personally, a response that is "the source of both the power of his political polemics and of the problems with them" (128). Yet, in looking at the framework of the play, in looking beyond the dialogue in other words, I would like to cast Kramer in a somewhat different light in order to focus on the quiet ways in which he compels audiences to take note. The result is not to divide people, as confrontations ordinarily would, but to bring people together. The focus on coming together, of establishing common groundwork, is evident from the play's very opening scene, when the character Dr. Emma Brookner, who is modeled after Dr. Linda Laubenstein, demands that someone step up to collect funds for patients without insurance (Kramer, qtd in Bergman 131). That the GMHC—an organization whose rise is depicted in *The Normal Heart*—comes into being in response to a doctor on the front lines is made even more compelling when you learn that Brookner, like Laubenstein, is confined to a wheelchair for life after contracting childhood polio. As Brookner says in the play, connecting her experience with a virus to Ned, “Polio is a virus too” (56).

Further invested in connecting with the universality of experience, *The Normal Heart* opens with an epigraph from W.H. Auden’s poem, “September 1 1939,” a fragment to be included in all programs, along with copyright acknowledgment (4). The fragment allows us to understand, according to Kramer, that the problem of humanity is that we want what we cannot have, which is not “universal love / but to be loved alone” (qtd. in Kramer 4).

Although the play is set between July 1981 and May 1984 in New York City, it feels as though it could be set in the present time. Both the dialogue within the play as well as all of the nonverbal cues embedded in the stage directions not only highlight the failure of governmental institutions to take action three decades ago; they also serve as a stark reminder of how little things have changed since. Unlike ordinary plays or play bills, the “SET” description is a full page and a half, explaining that on every possible surface, such objective information as “facts and figures and names” should be painted in black (7). On whitewashed plywood, facts of the crisis remain in stark relief, painted in black. The facts are updated as needed, well into the twenty-first century.

Such accounting is guaranteed with the first rule for the set: “Principal place was given to the latest total number of AIDS cases nationally: _____ AND COUNTING” (7). The words “and counting” are in all caps, to indicate that Kramer’s play was still counting, and, that, in fact, we should all be counting. The capitalization of the words, “and counting” matches only the second tenet to be painted on the walls: “EPIDEMIC OFFICIALLY DECLARED JUNE 5, 1981” (7).

In this way, the play uses no spoken words to establish the context; it does not use confrontation in the typical sense of harsh, accosting, spoken language but rather uses text in the background of silence literally to keep count, but also—as a result—to settle the score. And it is not only those who died who are accounted for, who are counted; it is also the number of articles *The New York Times* printed about the virus and the amount of time it took the NIH to get to work on research (8). For the 2011 Broadway revival of the play, Kramer intensifies the accounting even further by directing productions to project names of actual people on the walls throughout the performance, until “all adjoining walls are covered in names” (8).

Ultimately, when we say confrontation, that Kramer’s aesthetic is confrontational, I do not think we account for these subtle *mise-en-scène* shifts on stage that are there for the sole purpose of counting and naming those who have died. While the play’s dialogue is also about that—about how family and the public, newspapers, medical scientists, local and national governments must account—the most powerful messaging comes from what is not spoken at all, much as with the NAMES project, to be discussed later in this chapter.

As counterpoints to the nonspoken messaging on the play's set, I am most interested in the moments of the play that involve polemical conversations with five central characters, all of whom have historical counterparts: Ned and his doctor, Dr. Emma Brookner; Ben Weeks, his brother; Bruce Niles; and Mickey Marcus, who is portrayed as a writer for *The Native* and the Health Department and is the figure for Lawrence D. Mass, MD. In many ways, in these conversations, the play enacts questions about how to confront the problem of sexually transmitted diseases. Ultimately, Ned Weeks advocates a more radical approach to the crisis, which is to stop hooking up, while others, like Bruce Niles and Mickey Marcus worry about inciting hysteria.

In response to questions regarding how he felt about Kramer's portrayal of him, Mass has said recently: "what I was telling people is what I still believe: that we need to remain affirmative and even celebratory about our sexuality, while at the same time recognizing that we are dealing with a public health emergency that requires us to limit, as much as possible and as best we can, risk behaviors" (Mass).

But at the heart of the play we also see such figures as Emma Brookner, the doctor, and Ben Weeks, the brother with whom Kramer reportedly had a contentious relationship. While there is the love story with Felix, the ethical relationships between Ned and Emma and Ned and Ben seem to give the play a depth in its search for the normal heart, the desire to be loved alone.

Emma is introduced immediately in the play, three pages into Act One, as she recites details about the disease she has come to learn. The sixth time she speaks she says to Ned Weeks, who has just asked what is happening: "All I know is this disease is the most insidious killer I've ever seen. . . . Does it occur to you to do anything about it. Personally?" (15–16). She addresses Ned, who responds with "Me?" (16). This early conversation shows both a concern about, and prediction of, the crisis falling on deaf ears and the need to call upon informed people to bear witness and take action. In anticipating the healthcare debate that would take place in the United States thirty years later, Emma acknowledges that, "Health is a political issue. Everyone's entitled to good medical care. If you're not getting it, you've got to fight for it" (17).

The silence in the medical field is only matched by the silence in the leading national newspapers. In his expected confrontational manner, Ned says to Felix: "Do you know that when Hitler's Final Solution to eliminate the Polish Jews was first mentioned in *The New York Times* it was on page twenty-eight" (29). Here, in introducing an implicit comparison between the AIDS crisis and the Holocaust, Kramer's character seems to be walking the same fine line as Kramer's own *Reports from the Holocaust* (1989), a collection of polemical essays and speeches that drew ire from the critical community for such an apparently careless approach to comparing historical traumas. However, this moment draws a comparison not in scope nor even intention but rather in terms of journalistic silence: Underlining the newspapers' silent complicity in terms of humanitarian crises, Ned Weeks will not allow even the apparently sympathetic liberal press off the hook for failing to make the story known. Again, careful not to equate the Holocaust with the AIDS crisis, but deliberate in calling attention to the effects of silence on the part of national leaders, Weeks continues as he declares that the Roosevelt administration stifled "publicity at the same time as they clamped down on immigration laws forbidding entry, and this famous haven for the oppressed became as inaccessible as Tibet" (30).

Ned's conversations with his brother Ben also reveal in new ways how the personal is political. In speaking with his brother Ben, he seems to be speaking to the national public at large. Ben is in the position to help his brother and his brother's movement but seems hesitant to do so. Ned says to Ben: "I don't have your support at all. The single minded determination of all you people to forever see us as sick helps keep us sick" (45). The repetition of the "s" underlining the word "support" is reinforced with such words as "single," "see," "us", "as," "sick," "helps," "us," and "sick." In the final, rhythmic phrase "see us as sick helps keep us sick" the only word without a repeated "s" is "keep" which is, in many ways, the most important word of the sentence. Even those in power, those who could take action, guarantee through their silence that the sick will be kept sick. The problem of inaction is seen no more clearly than in a conversation between brothers, an allegory for how, during the time of the play and the time of the present, brother has turned against brother. As Ned asks of Ben: "I'm trying to understand why nobody wants to hear we're dying, why nobody wants to help, why my own brother doesn't want to help" (47). Here he is confrontational, again equating the figure of the brother with the American people at large, an expected brotherhood that would be in a position to—and that would want to—help those who are dying.

At the end of this scene, Ned runs out without giving Ben a chance to respond. At the very end of the play, however, given only in stage direction and nonverbal cues, we learn that Ben and Ned "somehow" manage an embrace (93). The word "somehow" in a stage direction is interesting here, as it serves as an authorial commentary on where the two brothers are now, following the nuptials between Ned and Felix, Ned's lover, who dies just after Ned says "I do" (93). The question is how the familial relationship, like the social relationship and political relationships within the country will survive yet another death; the embrace reveals reparation, a sense of moving forward; the fact that they "hold on to each other" becomes more about a need for strength than a show of affection.

The play shifts uncomfortably from Act One, ending with the missed connection between brothers, to the beginning of Act Two, when Ned is having brunch with Emma. Shifting, as it does regularly, from conversations about media, government, politics, and medicine, Act Two picks up with medical concerns. When Ned asks if those infected are "just walking time bombs"—alluded to, perhaps, in the opening of Monette's memoir when he says "the virus ticks in me"—Emma says: "Yes" declaring Ned's group "worthless" (53). She is upset here that the GMHC is not doing enough to deter gay men from hooking up in bath houses and clubs, a tension also communicated among members within the organization, with many arguing that, after having come out of the closet it would not be politically nor socially advantageous to put themselves in another.

The debate about appropriate tone is seen throughout the play, perhaps no more compellingly than scene eleven, when Ned argues with Tommy Boatwright and Bruce about whether to promote safe sex as a part of the initiative. When Tommy says, "It's my right to kill myself," Ned retorts, "But it is not your right to kill me" (73). And while Bruce wonders whether it is a "contagion issue" in hindsight, a position that reminds us both how far we've come and also how necessary research was at this time, Ned charges: "All it takes is one wrong fuck. That's not promiscuity—that's bad luck" (73).

While Ned juggles the differing internal dynamics within the GMHC and battles the newspapers and mayor, he is able also to turn the questions back on Emma, challenging the medical establishment for its failures to act. By asking, "Where's the board of directors of your very own hospital?," Ned's rebuttal in self-defense also reminds us of the ways in which so many of the top government institutions have also been functionally worthless (55).

During scene 10, they are still worrying about the silence of the U.S. government. This time, it is not over brunch but in the examining room where Emma has just confirmed that Felix, Ned's lover, has AIDS. Hopeful that a cure will be found before Felix dies—a word he is not able to utter here; a word replaced with ellipses—Emma responds: "Uncle Sam is the only place these days that can afford the kind of research that's needed, and so far we've not even had the courtesy of a reply from our numerous requests to him" (65).

If Uncle Sam has been reluctant to act, the newspapers, too, have been inert. In Scene 9, waiting for a meeting in City Hall, Ned's confrontations with public institutions become front and center, a risk, others in the group continue to believe, to the cause. Citing coverage of *The New York Times* in response to a Tylenol scare, for example, Ned counts that seven people died in three months, garnering fifty-four articles, one a day for the month of October (57). Ned observes, by contrast, that in the seventeen months that have seen a thousand AIDS cases, *The New York Times* has written only seven articles (57). It is not until twenty months after the epidemic is declared that *The New York Times* writes a big story—but only after significant pressure from the movement (69).

Mickey is a significant figure in the play representing someone from within the newspaper business; he is also one of the most vocal characters to respond to Ned's confrontations. His role points up the difficulty of writing about a healthcare crisis without knowing enough about it, medically speaking. This is where the Health Department has failed even the best, most conscientious reporters and columnists. As Mickey laments: "I can't take any more theories. I've written a column about every single one of them," cataloguing all of the viral possibilities, "dormant virus, single virus, new virus, old virus, multivirus, partial virus, latent virus, mutant virus, retrovirus" (74). The catalogue of all viral possibilities trails off when Mickey runs out of examples, out of ways to possibly explain. As a columnist, he has more questions than answers, which is juxtaposed with Ned's more aggressive assertions about the public's relationship with the disease itself (74).

Despite the anger and uncertainty, Mickey worries more about Ned's communication style, believing that using this rhetorical approach will alienate further those in the position to help them find answers: "And Ned keeps calling the Mayor a prick and Hiram a prick and the Commissioner a prick. . . . When are you going to stop your eternal name-calling at every person you see?" (74). Where Mickey and Ned meet, however, is in their sadness and disappointment in the United States—sadness in the sense that the AIDS crisis has underlined the limits of American promises, anger in the sense that it has excluded gay Americans from its population—treating HIV positive folks in particular as the enemy rather than as a population to care for.

Mickey says, uncannily: "I used to love my country. . . . They are going to persecute us! Cancel our health insurance. Test our blood to see if we're pure. Lock us up. Stone us on the streets"—and that only serves to ratchet up Ned's fury. He responds: "We're living through war, but where they're living it's peacetime, and we're all in the same country" (76). Ned's understanding of the "us" vs. "them" structure is unnerving, given that we are all citizens of the same country. But it is naming the line between "us" and "them" as those "living this epidemic every minute"—those living the metaphorical war—that emphasizes the discriminatory nature of the division (76).

During scene twelve, toward the conclusion of the play, Emma takes on the fight alone, against the bureaucracy. It begins with Emma under the spotlight speaking to a spokesperson for Reagan's government, whose role is given the title, "examining doctor" and first statement is that five million dollars have been granted to further research origins and treatments of AIDS (79). Among the reasons for such a low investment is that Reagan has "gone on record" against taking any action that could be seen as "an endorsement of homosexuality" (79). The play here puts a spotlight on the disconnect between Reagan's "Family Values"—a platform that would reject acknowledging America's marginalized population as deserving equal treatment under the law—and "family values": a set of values that would embrace and treat the sick among us, family members of us.

Emma says, from under the spotlight: "it is an unconscionable delay. . . . We are enduring an epidemic of death. Women have been discovered to have it in Africa—where it is clearly transmitted heterosexually. We could all be dead before you do anything" (81). Here, she underscores the problem of time and also the shortsightedness of an administration that only sees the AIDS crisis as a crisis for a small minority of U.S. citizens, which should still be enough to warrant action. By saying "we could all be dead," Emma is suggesting that it is everyone's burden and responsibility—that everyone's life is at stake.

Again juxtaposing the national silence with the local, Emma's meeting with the medical establishment, an "examining doctor" sent to reveal the "government's position," is followed by awareness at the state level that the mayor has finally agreed to a meeting (83). In a conversation with Bruce about the leadership of the GMHC, Ned says: "Why are you willing to let me go when I've been so effective?" (84). If Emma is battling the medical establishment, Ned does battle at the level of city politics. But it is not only the ultimate successes Ned names here; we also have a sense of his success, his efficacy, using the so-called confrontational tactics. Ned argues that flattery will not get the attention nor the meetings, but rather confrontation in a face-to-face dialogue that will lead to a reckoning and accounting (84).

In justifying his approach, ultimately, Ned says that he wants to be remembered as a fighter—not only in terms of calling attention to the AIDS crisis, but also in redefining what it means to be gay in terms other than disease and death. Ned believes that agency should be associated with gay identity even if, perhaps especially because, Ned is not afraid to be a so called "asshole." He says that wants to be defined "as one of the men who fought the war" (86). In pleading with Ben not to shut him out, Ned begs not to be excluded from the initiative he started (86). When Ben, in turn, puts his hand on Ned's cheek (and "perhaps kisses him" as the stage direction specifies), we see not only a major tension in the movement—confrontation versus professionalism—but also, in Kramer's view, the ultimate betrayal (86).

The play ends with a sense of regret, of Ned's regrets, especially when he proclaims, in the wake of Felix's death: "Why didn't I fight harder! Why didn't I picket the White House, all by myself if nobody would come?" (93). Ned has the last word in the play, thanking Felix for helping him understand and embrace his normal heart. In this sense, the play seems incredibly vocal and insistent about acknowledging the AIDS crisis and Ned's (Kramer's) role within it. However, it is the silence around these deaths that is often most compelling.

I am thinking in particular about the figure of Albert, who is named as a character but who does not have a speaking part. The lover of Bruce, who says, “Albert, I think I loved him best of all, and he went so fast,” this figure dies in silence with only the aftermath spoken of a week later (77). Although Albert is offered as a concrete example of the thousands who have died to that point, he is mentioned only in an extended monologue by Bruce, who details, one week after the fact, the gruesome circumstances of his lover’s death. Through Bruce, we learn that, when on a plane to return home to his mother before he died, he has become incontinent, and no one knows how to deal humanely with this reality (77–78). What interests me is not simply the fact that Albert literally has no voice in this play, but that also, to emphasize the inhumanity of his treatment, the medical staff refuse to account for his death in an adequate way. In describing Albert’s last moments to Ned, Bruce says that the doctors will not examine him, leading to the inability to issue a death certificate. Such a chain of events ultimately leads to an orderly to clean up the remnants of Albert. We learn that he “comes in and stuffs Albert in a heavy-duty Glad Bag and motions us with his finger to follow and he puts him out in the back alley with the garbage” (78). Albert, in other words, is not accounted for in any way: his cause of death will go unnoticed, resulting in the failure to produce an official death certificate at all. He is disposed of like trash, disposed of *as* trash, without an identity or proper burial. The silence, in this case, speaks more perhaps than any verbal lashing Kramer could deliver.

For the play’s revival in 2011, Kramer seemed to be understood on quieter terms, as he printed a letter—republished as an Afterword—that was handed to every member of the audience as they left the theatre. He uses anaphora, “Please know,” to emphasize the responsibility of all theatergoers, all who have seen his show. The command “please know” is at once polite but also urgent. It makes ignorance inexcusable. In giving important information to the people, it does not allow them the luxury of turning their backs, not knowing. In revealing key—and current—aspects of the AIDS crisis, Kramer focuses on the global reach of AIDS, the lack of leadership, the silence or inaction of presidents from Reagan to present, and the crippling cost of AIDS medication for a growing population that is not guaranteed insurance coverage. Kramer’s letter begins with: “Please know that AIDS is a worldwide plague” (94). And it ends with “Please know that most medications for HIV/ AIDS are inhumanely expensive and that government funding for the poor to obtain them is dwindling and often unavailable” (94). The appeals are addressed to the audience who are perhaps in a position to take action, to be motivated to act after seeing the play on stage.

As such, there is, perhaps, a different register to Kramer's protests, if we consider their progression from 1987 to 2011 and beyond. As Bergman has noted:

> If his pronouncements of 1987 appear, even to Kramer, to be among his angriest and most hyperbolic, it may be the result of his increasing frustration in his failure to find language that is urgent without being oppositional. . . . In this respect the problems in Kramer's writings become symptomatic of the difficulties of the gay movement, which has witnessed simultaneously both its greatest successes in legitimizing itself before the American public, and its greatest failures in protecting its own population. (184)

Again, however, I would say that even in 1987, and against the general consensus around Kramer, there are some quieter moments from the earlier texts that register his anger and even fear. Without speaking to the difficulties in the gay movement, I might say that it is easy to demonize Kramer in hindsight; however the frustration ought to lie in the limits of language and the institutions who could not hear Kramer and the others in any form: from hyperbole to the quietness of the stage directions and the silent death of figures like Albert. In his writing about this moment, Bergman calls for a more quiet rhetoric—a rhetoric that we might say is exemplified by the success of the NAMES project (Dawidoff).

Significantly, in the AIDS collection (edited by Nelson), the Bergman essay is reprinted just before Judy Elsley's "The Rhetoric of the NAMES Project AIDS Quilt." Bergman's reading of Kramer's AIDS rhetoric, in this way is juxtaposed with Elsley's reading of the NAMES Project's rhetoric—a quieter force. Elsley reads the quilt as a "textile text" (Elsley 188). The quilt, she argues, works "as rhetoric": "This quilt quite literally invites a reading—the panels are the leaves of an enormous textile text. Speaking its complex visual, verbal, and nonverbal language, the NAMES Project quilt sets about claiming power for people with AIDS by creating a story of their own making, for the victims, the panel makers, and even those who come to see the quilt" (Elsley 189). An ongoing project leads to ongoing interpretation and, in doing so, perpetuates a "process of healing, community, and transformation" (Elsley 196).

Like Kramer, the NAMES Project seeks to account for the dead—in number and in name. Robert Dawidoff, one of the many social historians who have written about this project, has remarkably described it in terms of this accounting: "The NAMES Project is made up of thousands of panels in which the lives of people who have died of AIDS are remembered and illuminated in the colors and fabrics and shapes and objects and words, the pictures and textures and qualities, that made them special" (155). The unique lives of the dead, in other words, are captured in the unique aspects of the squares that remember them, the colors, fabrics, shapes, objects, words, pictures, textures. He goes on to say that: "the contributors to The NAMES Project have used art and love to keep the spirit of their loved ones alive. Like a memorial, therefore, the Quilt is a powerful experience of human life and feeling" (Dawidoff 155). What would it mean to think about *The Normal Heart* not simply as a confrontational document of rage but also as a powerful experience of human life and feeling—a memorial, as established by the set pieces and afterword?

Comparing The NAMES project to the democratic poetry of Walt Whitman (156), Dawidoff argues: "AIDS is a terrible fact of gay history. The NAMES Project records that history and in itself is a testimony to the brave, stubborn, funny, beautiful, human, loving community of gay men and their lesbian sisters and their friends and loved ones" (158). As a form of quiet testimony, the NAMES Project seems to be somehow less political than Kramer's literary works, but it is as political as a work that speaks, especially when we remember its activist beginnings.

Cleve Jones conceived the quilt in November 1985. While planning the spring 1985 march honoring Harvey Milk and George Moscone, he learned that, to that date, over 1,000 San Francisco residents had died from AIDS, and decided that in order to commemorate them as well, fellow marchers could remember friends and loved ones who had died by writing their names on placards. It was one way to account for them. When the march was over, they taped the placards to the walls of the San Francisco Federal Building. As it resembled a quilt, Jones began the AIDS Memorial quilt in memory of Marvin Feldman. In 1987, Jones worked with Mike Smith to formally organize the NAMES Project Foundation, a commemorative project to account for thousands more lost (AIDSquilt.org).

The fact that the quilt is still growing and has its own Instagram feed testifies to the relevance of this project, and all AIDS writing, updates, and revivals. According to the Elton John Foundation, which follows the Instagram account: "The AIDS Memorial Instagram account harnesses the power of technology to remember, reflect, and honor the lives lost to and impacted by AIDS and to create a compelling, real time, interactive bridge to the present for inspiration and motivation to address the challenges confronting today's effort to end HIV/AIDS once and for all" ("Chronicling the Legacy of AIDS"). There is a somewhat jarring sense that we are using twenty-first century technology to account for the deaths of people who may have remained alive if we paid more attention in the 1980s. As a way to account for the lost lives, from yesterday and today, Stuart, a Scotland native who declines to provide his last name, says he started the AIDS Memorial account to allow for "more people to hear the stories and remember" ("Chronicling the Legacy of AIDS").

The perpetual updating, whether of the NAMES Project on Twitter, or of *The Normal Heart* on stage and screen, reinforces the idea that we have not recovered from this traumatic forgetting, this missed encounter with history in 1981. In “Reviving Rage,” a review of the 2011 revival of *The Normal Heart*, Isaac West says: “Aware of his role and the play’s as vital source of countermemory, Kramer expressed vindication and sadness at the cultural conditions enabling its success in 2011 when he said, “I think more people are open to receiving the play now. . . . They questioned the veracity [of it] then, and they don’t anymore” (West). In this way, West points out that, in hindsight, and through art, we are able to confront a reality that was not fully processed in the first place. Similar reactions emerged upon the release of HBO’s production of *The Normal Heart*. Like *Angels in America*, the film was celebrated as a success—particularly for its relevance today and its ability to connect with viewers who might otherwise be emotionally, physically, or historically distanced from the crisis. Writing in 2014 for *The New York Times*, the same publication demonized in the original play, Neil Genzlinger notes: “Here is a version of something incredibly traumatic and transformative that we collectively went through. This take on it may be imperfect, but it’s a subject worth contemplating, because we were all changed by it, in ways that we probably don’t yet fully realize.” The key words here are “traumatic” and “don’t yet fully realize,” the language of trauma theory that might help us understand the national and cultural response during the originary event.

Drawing on the language of ethics and narrative medicine, Genzlinger goes on to say, “Just as those early alarm sounders warned, AIDS has turned out not to be exclusively a gay men’s issue or something that the straight world could safely ignore. Complacency and indifference are always the default responses to things that seem on the surface like someone else’s problem.” The complacency and indifference need to be avoided as much today as decades ago; perhaps, for this reason, Richard Cohen has said, “HBO’s ‘The Normal Heart’ has concussive power.” The adjective “concussive” here refers most directly to the effect of watching it—the effect is as a blow to the head. But concussions are also powerful for what they mean in terms of memory, counter memory, and amnesia. The production, in 2014, will not allow us to turn away, much like the original play did in 1985. Ultimately, Cohen says that the film can be viewed as “just another love story,” which “testifies to how far America has come.” And to that reparative response, I would just caution that we have not come as far as we might have, with the Supreme Court in 2018 ruling in favor of a company’s right to refuse to bake a wedding cake for gay couples. Nevertheless, that the crisis remains front and center of the cultural and literary landscape of America speaks not only to a desire to capture what we first missed, but also to make it right in this new century.

The film adaptation of *The Normal Heart* ends in a more artistic way than the play, with Tommy Boatright (an important AIDS activist) receiving a phone call about Felix's death and Tommy's subsequent ritualistic removal of yet another index card from his Rolodex. Ned, as a survivor, is transported back to a dance at Yale, where they invited him to appear for Gay Week. It is a moment, he says in the play upon Felix's death, that he had forgotten to tell him. In the film, Ned relives it. He is there at the dance, in the college dining hall, which is, as he says in the play, "just across the campus from that tiny freshman room where I tried to kill myself because I thought I was the only gay man in the world" (93). In the film, we see Ned there—alive and in the company of others, dancing to "The Only Living Boy in New York" by Simon and Garfunkel, used simultaneously to mark happily the romantic encounters at the dance that take place before Felix's death and Ned's sense of being alone after. The moment captures our moment: one of recognition and awareness, surely, but also one of failure to account, in the wake of the death of Felix and of thousands and thousands more.

Chapter Seven

American High

AIDS Fiction, Drug Use, and NYC Activism

Sarah Schulman's 1990 novel, *People in Trouble* features politically active New Yorkers living on the margins of society but who nevertheless find ways to have their voices heard. A central character, Kate, begins the novel as a visual artist but ends as a kind of performance artist, becoming more and more radical as she witnesses neighbors confront homelessness, drug addiction, HIV, and death. After learning about yet another death from HIV, she wanders the city, sitting "with them for a while," engaging with the most basic elements of their humanity, the "urine and sweat," while news of unrest surrounds her (Schulman 217).

The moment clarifies a theme stitching together some of the best contemporary American novels that take up the AIDS crisis in the 1980s in New York City, namely the centrality of people uniting, finding common ground in common humanity, and the sense that nothing will change their realities unless they work together. One of the most striking aspects of the novel is Kate's ability to grasp the rhythms of the city. She sees: "street people drinking or sleeping or smoking coke or cigarettes or crying or talking to themselves and to others or dying" (217). Most of these actions one would expect to find or to live every day, except for the paradoxical "dying," which, to Kate's mind, does take place every day around her, but is nevertheless anything but a quotidian act.

Schulman, in many ways a student of Larry Kramer in the art of organizing, is an activist not only in the city's politics, but also in the literary sphere, where she publicly decried Jonathan Larson's use of the plot and characters from *People in Trouble* in his popular franchise, *Rent*—not simply for the theft of her ideas, but, largely, and more importantly, for overturning the message of her novel. In an interview for *Slate Magazine* in 2005, for example, Schulman explains: “The real story of the AIDS crisis is the story of a group of despised people who had no rights, who came together, saved each other’s lives, and changed the world. And that is not the story you find in any of these mainstream depictions” (qtd. in Thomas, “Sarah Schulman”). In many cases, she argues, *Rent* included, the story lines hail heterosexual artists as heroes and saviors, when in fact, for Schulman, the heroes are the dispossessed AIDS victims themselves.

Schulman’s example, like Michael Cunningham’s *The Hours* (1998) and Eleanor Henderson’s *Ten Thousand Saints* (2011) raise important questions about what we owe to the other, to an other, who is dying from HIV, either from drug use or gay sex, two cases that the American public continues to discount as reasons not to intervene in a crisis. That Schulman and Henderson both describe instances of drug use intermingled with plots featuring gay characters who are standing up to the cultural silence surrounding AIDS points to a larger cultural problem I refer to as “American High,” the fact that it is often the youth—at least in these representations—who were ignored in the HIV crisis during the 1980s and who remain at the heart of an opioid crisis that continues today, largely for the same reasons: the marginalized among us are often the victims, and without a voice they continue to suffer alone.

These three novels also share an investment in the role of the artist as activist: Schulman’s bisexual character, Kate, becomes the central force in the radical act at the novel’s end; Cunningham’s *The Hours* celebrates the literary achievement of a poet who dies by suicide; and Henderson’s *Ten Thousand Saints* revisits the punk scene of the 1980s in lower Manhattan. In so doing, they also function self-consciously as meta-critical works inviting questions about literary tradition. In other words, they not only ask, at the level of plot and character, what does each of us owe the other? But they also ask it of the literary establishment, given their close relationships with other texts in important traditions that either preceded them or grew up out of their own contributions.

The novels’ representations of drug use—both in the pharmaceutical sense of AIDS treatment and the recreational use of drugs more generally—not only point to the past, but also refocus our attention on our own present, where we are currently in the midst of another national crisis that has not garnered the attention it merits. As Jake Harper pointed out in a spot for National Public Radio entitled, “Indiana’s HIV Spike Prompts New Calls for Needle Exchanges Statewide,” infectious disease experts criticized Vice President Mike Pence for his response to an ongoing health crisis in Indiana, where he was governor before serving the White House. According to Harper, “In February of 2015, the state reported an outbreak of HIV in Scott County, blamed on opioid addiction and needle sharing” (Harper). The outbreak got so bad, Harper reports, that the CDC "went to Indiana to investigate, and public health experts began calling for a needle exchange. At the time, syringe exchanges were illegal in the state, and Pence was opposed to changing that, at first" (Harper, "Indiana's HIV Spike"). Although Pence reluctantly signed an emergency declaration to begin a needle exchange program—just in Scott County—he refused to legalize exchanges statewide and instead "signed a bill that forces counties to ask permission to start a needle exchange" (Harper, "Indiana's HIV Spike").

The current opioid epidemic extends far beyond Indiana, however. In an *All Things Considered* segment that aired in November of 2017, Noel King declared that an "opioid epidemic is ravaging parts of this country. President Trump has declared it a public health emergency. Last year, overdoses killed some 64,000 people. It's being compared to the AIDS epidemic of the 1980s and '90s" (King, "Opioid Epidemic"). The fact that an acting president declared the opioid crisis a public health emergency relatively soon after warning signs is an important point of contrast with the AIDS epidemic. But what has become more striking is that the opioid crisis is repeatedly and consistently compared to the AIDS crisis of the 1980s, not only highlighting the extent of the public health crisis that is addiction, but also shining new light on the way the AIDS crisis itself was handled nearly forty years ago.

Also writing in November of 2017, Laura Hilgers wrote an opinion piece for the *New York Times* entitled, "Let's Open Up About Addiction and Recovery," focusing on the efforts of Fay Zenoff, Executive Director for the Center for Open Recovery, who believes that "people in recovery could play a vital role in ending the addiction epidemic, much as the protest group ACT UP did in the AIDS crisis." In fact, as Hilgers, notes, "For inspiration, the organization looked to the 'Silence = Death' posters that raised awareness years earlier, encouraging openness despite the stigma. . . . The activists shifted people's understanding of the disease" (Hilgers, "Let's Open Up"). On the one hand, Hilgers's approach empowers the disenfranchised to become emboldened, empowered to speak up as AIDS activists did in the 1980s; however, she is slow to point out the injustice, ignorance, and paranoia that calls for such a strategy at all. So far, any mobilized activism on behalf of addicts has fallen on deaf ears; as Hilgers laments too little being done, "even though this treatable disease kills more Americans every year than AIDS at its 1995 peak" (Hilgers, "Let's Open Up").

Most recently, Daniel Raymond has written on behalf of the cause, also noticing the parallels between the AIDS crisis and the opioid crisis. In a 2018 op-ed piece for *The Philadelphia Inquirer*, he underlines this comparison, arguing: "The parallels are certainly striking: an escalating number of deaths, particularly among younger people; a sense of hard-hit communities feeling under siege; and a growing wave of new advocates demanding action and innovative solutions" ("How Lessons . . . Can Apply").

For Raymond, the answer to the crisis also lies in activism, suggesting that activism itself is "the essential accelerator for change. The federal government was notoriously slow to address the AIDS epidemic throughout most of the 1980s, due in large part to stigma and politics. The current federal response to the overdose crisis might best be characterized as 'too little, too late'" ("How Lessons . . . Can Apply"). Raymond, in fact, points out similarly what Hilgers proposed in 2017 and what Schulman accomplished in her fiction of 1990—particularly, how the AIDS crisis "demonstrated that activism spurs government action and funding. We need advocacy, driven by people and families most directly affected by the overdose crisis, to demand bolder action from our elective officials to save lives" ("How Lessons . . . Can Apply").

The AIDS novels from the 1990s to the present demonstrate ways in which art contributes to activism—whether in the form of pictorial or performance art, poetry, or music. Schulman's *People in Trouble* uncannily brings together the addiction crisis with the HIV crisis and reveals how they play out in a community of artists and activists, reminding us of the riotous frustration of the early days of the AIDS crisis as well as uncannily anticipating the current crisis that is the opioid epidemic, and driving home the important role that art has to play in this time where activism is sorely needed.

Although Schulman is perhaps best known for her 1996 novel, *Rat Bohemia*, Peter Baker's 2017 essay for the New Yorker entitled, "An Out-of-Print Novel about Gay Activism," recalls her important novel, *People in Trouble*—an important work particularly in its suggestion that the opportunistic real estate developer that drives the activist groups to the streets is based on Donald Trump. Baker argues that "the questions that the novel stages about action, complicity, and discomfort are evergreen, but they resonate with particular force for any American, especially a liberal American, trying to figure out her relationship to Trump and Trumpism now. (This makes it all the more unfortunate that the novel is currently out of print.)" (Baker, "An Out-of-Print Novel"). The book, in fact, is hard to find. I ordered my copy through a used book store overseas and find, like Baker, that it seems somehow as relevant now as it did in 1990, if not more so, now that the opportunistic real estate developer occupies The White House.

But more pressing, for the purposes of this project, is what it has to say about the role of activism in the face of the government's silence. Writing largely without a model for a novel that takes as its focus a mobilized force, Schulman uses her imaginative powers to predict what will come next, or to shape the movement itself. For Baker, "Because Schulman was in many ways predicting the shape that *AIDS* activism *might* take in New York, the novel is full of moments featuring the past refracted through the engaged imagination of someone for whom it was still the future" (Baker). Schulman's future seems to be the outpouring of voices in the 1990s in response to the AIDS crisis, but also the future that has now arrived, the need, once again, to call upon the overlooked and marginalized suffering to lead their own movement. She also seems to have made considerable use of the 1989 Halloween march on Trump Tower, a call to action led by ACT UP in the midst of the New York City housing crisis, one that singled out Donald Trump as "a symbol of a flawed system, where government policies empowered the wealthy at the expense of the poor and marginalized" (Vider, "Surrender Donald!").

Baker's piece is remarkable for reminding us of the novel's antipathy for Donald Trump, but also for reminding us of what it is owed by the legacy of Jonathan Larson's *Rent*, a musical that is half *Les Miserables* and half *People in Trouble*, given the similarities in setting, characters, couplings, and narrative thrust, ending with a successful protest. As Baker says, "As you may have noticed, the narrative ingredients of 'People in Trouble' bear a more than passing resemblance to 'Rent,' the blockbuster musical, which opened in 1996" ("An Out-of-Print Novel"). In a novel that is so invested in what we owe others in terms of medical treatment, human contact, and recognition, it is all the more compelling given the questions it raises about what artists owe one another in terms of credit and building the tradition. After reading *Stagestruck*, Schulman's memoir of the fallout regarding *Rent*, Baker adds: "The lack of credit or compensation was one thing, she wrote. What stung more, in the long run, was how, in her view, Larson had twisted the meaning of her story. In his version, the straight characters were not well-intentioned enablers of societal neglect but, instead, the enlightened saviors of their gay friends" (Baker).

As one would imagine, *Stagestruck* is frank in its portrayal of Schulman's fight for the proper legacy of her groundbreaking novel. In fact, what at first became a fight to protect copyright later evolved into a fight to protect the legacy of the gay activists she portrayed. She writes: "At first I just wanted to protect my copyright. . . . My material had been published; it appeared in *Rent.* My novel was about the impact of personal homophobia on the broader AIDS crisis. *Rent* was about how straight people were the heroes of AIDS. All I had to do was go to court and I would get credit and money and bring to the surface a crucial discussion about how AIDS was going to be represented" (1). While the courts sided largely with Larson, saying he was working well within his rights, the onus to reopen conversations about how AIDS would be represented fell largely to Schulman. In *Stagestruck*, Schulman outlines important distortions about gay people she sees in the wake of *Rent*'s popularity, due largely to *Rent*'s representations:

1. "*Rent* claims that heterosexuals are the center of the AIDS crisis" (101).

2. "*Rent* clearly depicts a world in which heterosexual love is true love" (101).
3. "The experiences of gay people and people with AIDS are exactly the same as the experience of those in the dominant culture" (101).

Through close reading, I hope to show the ways in which Schulman's text puts such artist-activists as Kate and her lover, Molly, at the forefront, as they provide the point of view of the empathic other, the engaged citizens willing to bear witness to the suffering of the sick, most especially because they are friends and belong to the same community. By contrast, Kate's estranged husband Peter is conveyed ironically, as a kind of insider but who nevertheless remains at a distance, protected by his high-minded books and his own sense of self-righteousness. As such, I hope to put the novel front and center in a conversation about AIDS novels and their worry about the untreated or mistreated other, a worry that comes from the consciousness of Kate, an artist, a stand in for the reader, who may reside on the sidelines, but not for long.

While sources tend to give credit to Schulman in relation to *Rent* when it is due—Dudley Saunders, June Thomas, and Peter Baker fall into this category—there are a few scholarly sources that also read *People in Trouble* for its contributions to the Jewish American and lesbian literary traditions. According to Sonya Andermahr, Schulman's queer figures on the margins of New York City society exemplify the potential for subversive politics (711–29). Also commenting on Schulman's status as a lesbian writer who is also Jewish American, John Charles Goshert argues that: "In *People in Trouble*, the scene of an AIDS funeral exposes the proximity of gay people and Jews. Although protagonist Molly notes the two groups' separation from and foreignness to each other during the ceremony, the corpse provides a point of intersections for their rituals and techniques of memorialization" (54).

While Goshert, I would argue, is perhaps too invested in a reparative reading, one that brings outsider groups together, Paula Treichler is willing to shed more light on what Goshert refers to as groups' "separation from and foreignness to each other." In reading Sontag alongside Schulman, Treichler reveals how "contrasting fictional representations of collectivity and different experiences of collectivity as writers illuminate several problematic aspects of collectivity as a concept and help explain why it remains elusive and often fragile in the realities of everyday life" (245). Entitled, "Collectivity in Trouble," echoing Schulman's *People in Trouble*, Treichler explores, by juxtaposing Sontag and Schulman, "what art and fiction can do" in the face of "problematic aspects of collectivity"—the possibilities and roles of art during crisis or disaster (246).

For me, the most compelling character in *People in Trouble* is Kate, the narrative voice who tells us she walks through parks and sits for a while with people who are dying, the liminal character who exists between heterosexuality and homosexuality, low art and high art, pretense and politics. When we first meet her, she thinks: “It had been a hallucinatorily hot summer with AIDS wastes and other signs of the Apocalypse washing up on the beaches” (12). Even the word “hallucinatorily” wholly made up by her, invokes the experiences of the people doing drugs around her, with the word “wastes” leaving you wondering to what she is referring, surely not humans, you think before understanding that the crisis by now feels world-ending, the apocalypse washing up by your feet.

When she first meets her husband, Peter, they have an argument about giving credit where it is due. In fact, for a well-read artist with lofty goals, Peter does not understand other people very well, but, in hindsight, he voices one of the foremost concerns of Schulman in the wake of her experience with *Rent*. Kate recalls Peter saying “‘You’re using my ideas. . . . You know there’s no market for my work. No one can hang my work over a fireplace. Pure design challenges capitalism’s view of the object. People always get rewarded for creating commodity products’” (15). It seems, at first, a criticism, until late in the novel Kate interprets it as a call to arms. What she ultimately does at the final protest, burning the legs of a sawhorse containing a piece of art, radically “challenges capitalism’s view of the object,” rejecting the culture of commodification embodied by the real estate tycoon. As Baker makes clear, the novel’s character Ronald Horne, who advertises himself as a Developer (27) and takes on the slogan, “Horne: For a Better America” (57) is a stand-in for Donald Trump. Schulman takes the characterization far enough to anticipate neatly Trump’s campaign promises twenty-five years into the future: “The whole city should be run by businessmen,” says Horne: “I could do a much better job with the prison system than any government official. I’d love to buy the prison system and show New York how to treat its criminals” (30).

Kate’s own art also perhaps refers to the city’s “criminals,” through its title, as she is working on a piece entitled, People in Trouble, another important self-referential nod toward the book we hold in our hands. Whereas we might think about Kate and Peter and the people they orbit as “people in trouble,” we also understand that it is a piece that worries about the collective voices of those who dwell in New York City (143). When we meet Kate’s lover Molly, Molly explains: “The dying had been going on for a long time already. So long, in fact, that there were people alive who didn’t remember life before AIDS” (44). “The dying” foreshadows Kate’s description of what she sees in the park, although Molly uses it is a noun, a way to indicate perpetual stasis, an omnipresent fact of life for those born after 1981.

Through Molly, we—like Kate—meet a wide array of activists, some more committed than others. Molly’s friend Charlie suggests that he “‘could sit in the White House smoking coke all day long and . . . would still be a better vice president than you-know-who. But there are revolutionary possibilities out there. As soon as people get their priorities together then we'll see some radical action'" (173). He is for radical action, but is not prepared to give up his cocaine habit; Molly discounts his revolutionary tendencies, although his words hold weight in the sense that he compares Vice President George H. W. Bush to a stoner.

Meanwhile, in alternating chapters, Peter becomes more sensitive to the political activism of James, who is the voice of conscience in the novel. He declares that "'As long as the people fighting for change are smaller than the institutions that control the information, their activities will be misrepresented, their impact minimized, and their humanity questioned. The only way to overcome the machinery is to become bigger than it is'" (209). James worries about the dehumanization that occurs to people who are fighting simultaneously for their lives and for change; he advocates for growing numbers, growing voices, growing solidarity in the face of a capitalist political machine.

Later in the novel, James's voice is heard also in Kate's section, when we learn of a central act of disobedience, one that protests eviction notices rendered to people with AIDS. James reflects here on actual activities in New York City around the time of the crisis, activities Schulman depicts in her 2012 book, *Gentrification of the Mind*. That they are tied, at least in the novel, to the Donald Trump figure, is telling:

> This week many of you received eviction notices from Ronald Horne's development company. This is the man who has warehoused thousands of empty apartments while ninety thousand people live in the subways and stairwells and public bathrooms of the city. Now we have learned that he has purposely bought buildings with more than fifty percent gay tenants in the hope that we will drop dead and leave him with empty apartments. He files these eviction notices anticipating that some of us will be too ill to contest. Now let me ask you, what are we going to do to get justice? (118)

Just as Kate's description of the people in the park is linked by "and"—a seemingly never ending catalogue of horror—so, too, does James's language use the conjunction to name the places where the dispossessed, 90,000 homeless, try to find a place to sleep: "ninety thousand people live in the subways and stairwells and public bathrooms of the city." Eviction notice is the key phrase here, the one that passage is organized around, in part to highlight the imaginable ways those with AIDS had been stigmatized, disinherited, and discriminated against.

The Justice group organizes what seems to be a successful protest, one that we learn about through the disembodied voice of a TV anchorman who reports that: "Hundreds of AIDS victims have occupied the restaurant and lobby of Ronald Horne's Castle in midtown Manhattan. They are demanding that the superstar developer rescind eviction notices sent to homosexual men in Horne-owned buildings" (123). Again, this seems to refer to the historical moment in 1989, the Halloween march on Trump Tower, led by ACT UP (Vider). It also looks ahead to one of the final moments, where a newspaper headline shouts, "AIDS VICTIMS RIOT" (216). In a similar fashion, the novel ends at a public rally where Horne appears to chastise the crowd. Kate, the artist, lights an art installation on fire, and later gets commissioned work lighting pieces on fire in protest—revealing, once again, that even protest can be commodified.

The blazing fire imagery of the art seems to undercut the personal relationships in the novel, as they blaze out leaving a sense of dissatisfaction, and for us to wonder if the different activist or community factions are too disparate to come together: Peter is not with Kate, nor is Molly with Kate; the protestors plan to gather at St. Vincent's where a man dying of AIDS was insulted. It is James who has the most important statement, alluding to Kate's work, People in Trouble: "We are a people in trouble. We do not act" (228). I always want to read those lines as "We are a people in trouble if we do not act." And yet, there it is clearly: The intent is to suggest that the time for the conditional has passed; that people already do not act, and already they—we—are in trouble. It is in fact a warning call, but it is also a lament for the failures of the past. Not enough action has been taken. The community developer, now leader of our nation, dies in the flames. Justice is served, but at what cost?

Schulman's interest in the relationship between protest and gentrification is manifest in her important work of non-fiction, *Gentrification of the Mind*, in which she argues that "the relationship of gay men to gentrification is particularly interesting and complex. It is clear to me, although it's rarely stated, that the high rate of deaths from AIDS was one of a number of determining factors in the rapid gentrification of key neighborhoods of Manhattan" (37). Building owners capitalized on the AIDS-related deaths of tenants, preventing their loved ones from inhabiting the property and instead selling the apartment at market value (*Gentrification* 38). Although the silence of the national government, religious leaders, and media around the AIDS crisis is by now well known, the additional ways in which gay oppression worked is easy to forget. As Schulman makes plain, "it is crucial at this point to understand how overt and vulgar the oppression against gay people was at that time. There was not even a basic gay rights antidiscrimination bill in New York until 1986" (*Gentrification* 40).

ACT UP's affinity group Gran Fury in fact protested this very problem in 1987 with an installation in the window of the New Museum. Entitled, "Let the Record Show." It was an installation that functioned as a "politics of accountability" and featured photographs of national leaders such as Jesse Helms, who said "the government should spend less money on people with

AIDS because they got sick as the result of 'deliberate, disgusting, revolting conduct'" (Shulman 47).

Schulman here is interested in accountability in the sense that she values art that holds national leaders accountable. It is difficult to believe, as she puts it, that there "never has been a government inquiry into the fifteen years of official neglect that permitted AIDS to become a world-wide disaster" (48). Whereas the inquiry has the potential to acknowledge the "official neglect"—a strong, if accurate way to convey how ignoring the AIDS crisis was a deliberate national policy—and therefore hold the perpetrators accountable, Schulman's mentor, Larry Kramer, also accounts by listing, naming, counting the victims themselves.

As a founding member of ACT UP and artist in his own right, Kramer's role in the activist community—whether it is artists who write about it or those in the streets—has been central. In an interview with Alex E. Jung for *Vulture*, Schulman reveals her history with this work by explaining: "I've interviewed 168 surviving members of ACT UP New York for the ACT UP Oral History Project and almost everyone who talks about him talks about him the same way. They're all annoyed with him on some level and yet they love him. He enrages them, but they all know what he's done for them" (qtd. in Jung). He used his access to help fight, says Schulman, as she has used her access through her writing and her politics.

In her interviews, especially, but also in her writing, Schulman is keen to give credit where it is due—she acknowledges fondly all that Kramer has done for literary activists, and she laments the fact that she has not benefitted from the same impulse, in the case of Larson and *Rent*. Although Michael Cunningham's 1998 *The Hours* does not depict drug abuse and activism in the same way, it also features an artist (or, three artists) at its center and implicitly demands awareness of literary homage. Even so, it is useful to juxtapose *People in Trouble*, a deliberately counter-cultural example of literature, with a more conventionally and self-consciously "literary" novel embodied by *The Hours*, a novel set in a world that has arguably profited from the kind of gentrification critiqued elsewhere by Schulman. Nevertheless, like the *Rent* / *People in Trouble* pairing, *The Hours* raises questions about what it owes to Virginia Woolf's *Mrs. Dalloway*, a modernist masterpiece that follows an upper-class socialite as she plans, and ultimately, hosts a party, only to learn—in the middle of her party—that a WWI veteran, named Septimus Smith has committed suicide (1925).

"Here, in the middle of my party, is death," Mrs. Dalloway thinks toward the end of the Woolf novel, which reveals how all of us, no matter of place in the city (in this case, it is London) or social standing, are bound together by death. *The Hours* borrows from Woolf's novel for three different story lines, with each splintering apart only to become joined again in the end, around the universal connector, which is death. The first story line depicts a fictional

Woolf herself, as she makes decisions about how *Mrs. Dalloway* is to end; the second story line depicts a woman in 1949 reading *Mrs. Dalloway* from the comfort of her LA suburb; the third story line, the one that interests me here, updates the Septimus Smith figure in the New York poet of Richard Brown, a writer for whom Clarissa Vaughan, nicknamed Mrs. Dalloway by Richard plans a party. Richard does not suffer from PTSD, as does Septimus, but rather from AIDS, particularly the ravaged mind that results when the virus takes hold. That Cunningham, a gay New Yorker, would update Septimus, the tragic suicide after the war, to be a tragic suicide as a result of the AIDS crisis, is, to me, telling. And while much has been made of the novel in terms of its debt to Virginia Woolf as well as its cinematic adaptation in the hands of Stephen Daldry, I am most interested here in reading the novel as a response to the AIDS crisis without a witness.[1]

Christopher Lane, in “When Plagues Don’t End,” uniquely understands the novel as a novel of witness and trauma in the wake of the AIDS crisis. He writes: “Like the River Ouse that finally washed Woolf out to sea, war is an irresistible current in her novel, signaling joy and defeat. How can we endure such challenges to our humanity?, Woolf seems to ask. And should literature try to protect us from these difficulties?” (30) For Lane, then, it is the act of writing itself that helps preserve humanity in the face of crisis, and it does so by connecting other people. It is telling that Richard, like Virginia Woolf and her Septimus Smith, is an artist, a poet, a seer.

Reading the novel in this way, not only about illness, but also about the function of art itself, Lane helps us to see how literature “offers an ethical perspective on otherwise fathomless suffering by suspending reality and framing the AIDS crisis in purely imaginative terms” (Lane 31). The ethical perspective involves not only people, and not only literature, but—provocatively—“an ethical relationship with AIDS itself” (Lane 32). Like Schulman, Lane here seems preoccupied with the fate of AIDS representation, and what it means for the AIDS community. The fact that Richard dies a tragic, but heroic death in the sense that he is an agent in his own suicide, helps correct the misconceptions surrounding AIDS that Schulman laments in *Stagestruck*.

While there is much to say about the status of illness in *The Hours*, I would like to focus, as Lane focuses, on the representation of Richard and his battle with the AIDS virus in the 1990s in New York. There is a particularly stunning moment at the heart of the novel when Clarissa Vaughan enters Richard’s apartment. It takes six pages for her to enter the building, reflect on a kiss they shared in their youth, ascend to his apartment in an elevator, consider her reflection, and finally open the door with her key (55). She can hear Richard talking to himself—she seems to be able to make out the word “hurl”—and finally realizes it is not a good day for Richard. In referring to one of Richard’s peers named Evan, Cunningham sends us back yet again to the 1925 intertext, where Woolf describes Evans as a soldier who died in the war and comes back to haunt the thoughts of Septimus.

Although, in a telling twist, Cunningham's character named Evan gets to live. Clarissa thinks: "How can she help resenting Evan and all the others who got the new drugs in time. . . . How can she help feeling angry on behalf of Richard, whose muscles and organs have been revived by the new discoveries but whose mind seems to have passed beyond any sort of repair other than the conferring of good days among bad" (55–56). While it seems all of Cunningham's characters are upper-middle-class New Yorkers, and none have a terrible drug habit to speak of, Clarissa here is also worried about drugs and drug access, about government intervention when it would potentially save a life. The fact that the mind of the artist, of the poet receiving a prize—for "having AIDS and going nuts and being brave about it for having AIDS," Richard worries (62–63)—is irretrievable seems the most inhumane of all, reducing his life now to "good days" and "bad days" depending on how intrusive are the voices.

When the narrative returns to the story of Clarissa and Richard, it does not shy away from the physical realities of his illness. It is one of the earliest times we learn that something, on this day, is amiss. Clarissa reflects: "He looks insane and exalted, both ancient and childish, astride the windowsill like some scarecrow equestrian, a park statue by Giacometti" (196). The repetition of the /s/ sounds in such works as "looks," "insane," "exalted," "ancient," "astride," "windowsill," "some," "scarecrow," "equestrian," "statue"—almost every word in that sentence—betrays the hiss of something foreboding, a lurking evil or lingering, nagging doubt. On the surface, it is his appearance that nags, his thinness rendered so poetically as a scarecrow equestrian, the hard /c/ sounds of "crow" and "quest" hitting hard against the soft /s/. The word that stands out in the patterned sentence is "Giacometti," an artist of thinness, of the cold calculation that is the post-Holocaust world. But also, Richard is, in his condition, astride the windowsill, where he does not belong.

And although this AIDS novel does not take up the gritty realities of drug use and abuse of the other novels in this chapter, Richard's references to his high, as a result of Xanax and Ritalin, signal the ways in which the two parallel crises in American life—drug use to ease the pain of reality and an unchecked HIV epidemic—become inextricable via the reality of this poet (196). The novel is called *The Hours* because, as its ending tells us, what we can find of value in this life are small moments, connections with others, that bind us. But for Richard, life does not offer the same pleasures. His hours are not things to be collected, but to survive. He says, as a sort of protest, to Clarissa: "But there are till the hours, aren't there? One and then another, and you get through that one and then, my god, there's another. I'm so sick" (198). The short, three-word sentence, amidst this poetic moment with such heightened language, stand out: “I’m so sick” is a state of fact but also a call for help, a request for someone to engage, to listen, once again to his story.

Before falling to his death (200), he tries again, to articulate the realities of his disease:

> I’ve felt it for some time now, closing around me like the jaws of a gigantic flower. Isn’t that a peculiar analogy? It feels that way, though. It has certain vegetable inevitability. Think of the Venus flytrap. Think of kudzu choking a forest. It’s a sort of juicy, green, thriving progress. Toward well, you know. The green silence. Isn’t it funny that, even now, it’s difficult to say the word “death”? (198)

The floral imagery, the vegetation, seems oxymoronic when describing death: the flower, the vegetable, the kudzu, the green, thriving progress, the green silence . . . all seem to connote a lush life, life to come. And yet, Richard associates it with death, the death of the fly trap, the choking kudzu, the silence. It seems to be the best way to describe the indescribable sense of death approaching. In this way, the “thriving progress,” is not, as in Kushner, the antithesis to death, but rather the very fulfillment of it. It seems, nevertheless, one hopeful thought before choosing, finally, finality.

The moment of Richard’s death shocks Clarissa, who is standing before him, ready to witness the act in its entirety.

> He seems so certain, so serene, that she briefly imagines it hasn’t happened at all. She reaches the window in time to see Richard still in flight, his robe billowing, and it seems even now as if it might be a minor accident, something reparable. She sees him touch the ground five floors below, sees him kneel on the concrete, sees his head strike, hears the sound he makes, and yet she believes, at least for another moment, leaning out over the sill, that he will stand up again, groggy perhaps, winded, but still himself, still whole, able to speak. (200)

The certainty and the serenity of Richard reveal, at least to Clarissa’s mind, that Richard’s was not a violent death, despite the fact that he will certainly hit the pavement. Rather, he seems to fall, to fly, with a kind of parachute, his robe billowing. In his death, he remains personified, kneeling, making a sound, enough so that she can imagine him standing up again. The point here, however, is that she wants to will him to stand, and, significantly, “to be able to speak.” She has dismissed him. She has not validated him or his suffering. She has arrived in his apartment to coax him to her party, one she is having in his honor.

The very next moment, the attention turns from Richard’s need to speak to Clarissa’s need to speak, a desire she has to atone, even though she has been his dearest friend until the end, for her misgivings. She thinks:

> If she were able to speak she would say something—she can't tell what, exactly—about how he has had the courage to create, and how, perhaps more important, he has had the courage to love so singularly, over the decades, against all reason. . . . She would ask his forgiveness for shying away, on what would prove to be the day of his death, from kissing him on the lips, and for telling herself she did so only for the sake of his health. (203)

She wants to recognize his poetry, his courage, not only to write but also to love. He has loved her unconditionally, even though she has chosen Sally to be her partner. She realizes, too, that it is too late for her to apologize for refusing to kiss him on the lips, which is less about leading him on and her commitment to Sally and more about her fear of contracting HIV. It is a moment that goes unspoken, what she tells herself before his death—she will not kiss him for his sake—and what she tells herself after: she will not kiss him for hers.

The novel ends in a very contemporary way, as we discussed with regard to *Angels in America*, with a makeshift family of survivors: The family unit of Clarissa and Sally Vaughn and their daughter Julia, but also, welcomed in, Mrs. Brown, whose son has just fallen out of a window. It is similar to the twenty-first-century American novel Eleanor Henderson's *Ten Thousand Saints* (2011), which reinforces Schulman's belief about how families are formed in the midst of the AIDS crisis as the story of how "a group of despised people who had no rights, who came together, saved each other's lives, and changed the world." Henderson also represents artists changing the world, but they are the straightedge followers of punk rock. Given that the novel is about straightedge, it does provocatively depict a lot of drug use. The payoff is that all of the people on the margins in the novel—the people in trouble—come together as much out of shared experiences as outcasts as they do in joint mourning.

Like *People in Trouble*, *Ten Thousand Saints* depicts together victims of drug use and victims of the HIV/AIDS crisis. The two narrative threads, in my mind, seem to have become inextricable in the public imagination and highlight a shared sense of cultural guilt for collective failure of the past and the present. Although the novel was a *New York Times* Editors' Choice in the summer of 2011, it has garnered far less critical attention than it deserves. A handful of standout reviews of the work praise it for its representation of alternative family structures. According to Stacey D'Erasmo, for example, an unexpected pregnancy of a teenage girl, a pregnancy that occurs on the same night as the drug overdose of Teddy, her hookup, causes the characters to "form a new, makeshift family . . . realigning their respective choices and ideas about who they are. It is, inescapably, an old-fashioned narrative solution to the conflicts and rough edges Henderson is exploring: the family can keep the devil of soul-hunger at bay" (D'Erasmo).

Bob Hoover notices a similar focus when he writes: “The memory of Teddy hangs over the patched-together family, an omni-present warning that their lives must change” (F5). Given all of the different relationships within the novel, Meghan O’Rourke perhaps argues it best when she first reflects on the makeshift family structure and then explains its function: “They start a band and form an impromptu family with the pregnant Eliza, protecting Teddy’s unborn child from her mother, who wants Eliza to abort it. Confused? You’re meant to be. *Ten Thousand Saints* portrays the chaos of the post-nuclear family in the hands of former hippies, but Henderson never judges her characters, and rarely sentimentalizes them” (11).[2]

The centrality of family as it relates to an ethical dimension offered by literature becomes clear even in Henderson’s writing about other books. In her review of Bret Anthony Johnston’s *Remember Me Like This* (2014)—a chilling novel about what happens when a boy returns home after being abducted, Henderson writes: “Johnston’s management of narrative distance—his choice to keep Justin safe from all interior access, giving us his family’s points of view instead—is intimately coupled with a powerful moral standard, a standard that suggests not just how readers ought to behave, but how authors ought to” (“The Search Continues” 19). She reads the novel not as a thriller, nor even about kidnapping, but as an unsolved mystery, “the exquisitely moral mystery of how we struggle to accept and love the people we call family, even when we can’t fully know them” (19). Similarly reviewing Mark Slouka’s *Brewster* (2013), Henderson values it for its awareness that “home is the most perilous battlefield there is. Only out in the world, with the friends who form your real family, can you pretend to be safe” (“That First Bromance” 17).

Henderson’s novel indeed opens with a bromance, Teddy and Jude, who get stoned together in their small Vermont town. The evening in question seems to be like many other evenings, except it is New Year’s Eve, and it unfolds over many long pages. It is as if to say the length of this crisis among teens, the “American high” endured by American high school students affected by boredom, insecurity, poverty, and access, has been very long indeed. While there are many moments that refer to drug abuse, dangerous experiences and experiments with drug combinations (pages 4, 11, 52, and 71 are the most chilling), I will cite and unpack one exemplary case before transitioning to a discussion of the novel’s second focus, which is the punk rock scene in lower Manhattan in the 1980s. Again, that the two plots intersect with one another betrays a need to confront the opioid crisis of the present as it reminds us of failures of the past.

Henderson’s language soars when she writes of drug use, the heightened language reflecting the high that these two boys experience: with Jude, the one who survives, pushing Teddy to his limit, to his eventual overdose. Henderson writes:

> They knelt, knees frozen, and sucked the valve like a straw, Jude blowing Teddy a mouthful, Teddy tonguing the night air until they were sky high, kite-light, whites-of-your-eyes-fucked-up. There was a fire in the sky. There were fireworks. It was a new year. Bursts of red and gold flowered above them, petals of color fading and falling with the snow, and Teddy went up there. He felt himself float up into the alley, up over the lake, evaporating. (52)

Huffing fumes, the moment is almost sensual, homoerotic in the way that Jude and Teddy share the straw, connecting their mouths. Such words as "blowing" and "tonguing," "bursts," and "falling" connote a sexual connection under the fireworks of New Year's Eve. Teddy's sense of joining with the colors in the sky anticipate his overdose, and, as with Cunningham, the death is expressed in the language of newness, the new year reads much like the new plant life in *The Hours*. The poetry of the moment is stunning, surreal, if a bit jarring. The beauty of the prose seems to undercut the horror of what is to come, the tragic death of a very young man.

When Jude moves to New York in the wake of Teddy's death, he confronts a new scene of excess, but one that rejects drugs as powerfully as it accepts otherness. Johnny, who falls in love with Rooster, a musician, provides us access to this culture. After seeing Rooster, he says, it was "the beginning of the end" (107). Johnny thinks about the straightedge life Rooster embodies: "Rooster had him hooked on the drug that was no drugs. Fuck the dealers, Rooster said, fuck the drunk drivers, fuck the frail-ass gutter punks with marks up their arms, fuck Robert Chambers and the prep school jocks with coke up their noses and their dicks in some crying girl" (107). Rooster, for Johnny, represents a rejection of the risk and lifestyle that killed Teddy, but it also rejects the risk and lifestyle of the wealthy prep school kids and the "gutter punks." There seems to be a sense of safety in rejecting drugs, and the infected needles that came with it; but what he didn't see coming was the way that HIV would find its way to him, too.

The narrative asks through free indirect discourse as Johnny asks of himself: "But wasn't Johnny as cowardly as everyone else? In the hushed alleys of their neighborhood, where the virus glinted like the silver needles left on the sidewalk, it was easy for him to pretend it was a junkie disease. He never talked about the possibility that one day it might catch him, too" (187). The phrase "virus glinted like silver needles" metonymically shifts the cause of the disease to its effects; the glinting virus comes from, in Johnny's mind, the glinting needles. As long as he believes that is the only case, then he felt safe in a city surrounded by junkies. The virus is also personified in the phrase "one day it might catch him, too"—removing the agency from the human, whom we ordinarily say "catches something" and transferring it to the virus that actively "catches" a target, a host. Ultimately, using the short, lacerating sentence reminiscent of *The Hours*'s Richard, Johnny says to Rooster, "'Baby, I'm sick'" (238).

As a result of its interest in, even commitment to, the drug users of Tompkins Square Park in the 1980s, *Ten Thousand Saints* is as committed to the problem of gentrification as Schulman was in the 1990s. To describe the context and the setting, Henderson writes such passages as: "On Christopher Street—barely a mile away from Tompkins Square Park, the AIDS center of the city—it seemed possible to forget about spermicide and sterilized needles. Up in their clean, spacious bedrooms, surely men were dying here, too, but on the street it was like Candy Land for fags, all these gorgeous, healthy men snuggling up to their soul mates" (318). Henderson's city, like Schulman's in other words, is on the verge of being gentrified. The novel, published in 2011, twenty-one years after one of the first AIDS activist novels to be written, seems to take a more reparative track, but not before revealing the utter disconnect between two characters, Eliza and Johnny as they walk through Alphabet City. It is a central moment in the novel, one that shows the effects of an empathic failure, a roaring gulf opening between two characters as they discuss the effects of AIDS on the city.

It is telling that Eliza takes off her shoes—she is vulnerable, but nevertheless that way by choice—and they are walking to a doctor's office and pass an emaciated homeless woman who also is pregnant (323). Passing by Johnny's old apartment, it appears barely recognizable, as it is about to be turned into a luxury condo (324). The class differences emerge between them, with Johnny teasing Eliza she would need a doorman and Eliza retorting that she just does not want to live in a crack house (324). Eliza launches the first attack: "Do you know how hypocritical you are? You call yourself straight edge, you call yourself Mr. Clean, and you're friends with a bunch of junkies and drunks? Who live in that filth?" (324). Johnny, by contrast, is the voice of empathy in the novel, one who rejects drugs but accepts the addicts in his neighborhood uniformly. He responds to Eliza saying: "So I should turn my back on them? We should just throw them out of the neighborhood like trash?" (324). When Eliza, thinking about her unborn baby, says coldly, "I just don't want my kid playing in a sandbox full of human turds," Johnny introduces a word, "cooties," which turns the conversation away from drugs and toward the new threat in the city: AIDS (324). I think Johnny is referring to drugs in the context of this conversation when he says: "You worried you going to catch the cooties, Eliza?"—but Eliza's response is stunning and, again, cold and self-righteous (324). "It's called AIDS, Johnny," she says (324).

Eliza, we find out in the next beat, is as confused as the reader, as she asks herself: "What were they even talking about? Eliza had only a vague sense, picked up from slivers of the news, from dinner parties with her mother's friends, that AIDS was seething in lower quadrants of her city—the gay neighborhoods, the junkie neighborhoods, those unshaved regions of New York's anatomy that she didn't quite care to inspect" (324–25). She clearly, in this moment, does not understand how close she is to someone with HIV, and she assumes, as do so many others, that it is not a problem worth worrying about, "seething" as it was in the "unshaved regions," regions that apparently have no relation to her. The phrase "unshaved regions of New York's anatomy," conjures a bodily image. I once heard a tour guide refer to Times Square as the armpit of New York, which is probably similar. There is also, possibly, the nether regions that Eliza would dare not name, as, paradoxically, she sees herself far above seeking bodily pleasure.

Shifting from drugs to AIDS, Johnny catches up by asking Eliza if she knows anyone with AIDS, to which she responds: "'No.' It hadn't occurred to her that this was something to be ashamed of. Or that Johnny himself might know people with AIDS. 'What, you want a medal for every friend with AIDS'" (325). Her callousness again reveals that she is missing a very important point, not that there is not a prize for knowing someone with AIDS, but that knowing someone with AIDS would reflect an activist spirit of alliance, or at least an openness to the other. The conversation ends in a way that seems their rift is irreparable, with Johnny chastising her, even as he walks her into the office of the doctor: "'You're a stupid girl,' he said, quietly, looking her in the eye. 'You don't know one goddamn thing'" (325).

When Eliza has the baby, however, there is a temptation to read the new baby as new hope, in the wake of the AIDS crisis, in the wake of the opioid crisis. Except the problem is we are still very much in the midst of both. In a room with Jude, Eliza, Eliza's mother, and the baby, however, the novel introduces the possibility for the so-called "patched together family" structure reminiscent of *Howards End*, *Angels in America*, and *Cloud 9*—all texts sympathetic to alternative family structures. As Jude reflects: "the baby looked like no one, not his mother, not is father. If it weren't for the bracelet cuffed around his inconceivably tiny wrist, he could have been mistaken for any other baby in the room, plucked up by any parent who walked by. For a moment, that possibility seemed within the natural order of things, and before it ended, Jude handed the boy back to the nurse" (381). On first reading, this passage seems to speak to the universality of new life, the fact that the baby could be "mistaken for any other," seems to be the inverse of "here, in the middle of my party, is death"—we are all joined by death just as we are joined by new life. In this way, the "possibility" that seemed to follow "the natural order" again showcases how the natural world works. But a closer reading picks up on the fact that the baby could be "plucked up by any parent who walked by," giving this moment a more sinister sense—one that hints at loss. One is never sure if Jude hands the baby back to avoid the sense of hope or fear that the baby represents, although it certainly could be both.

The novel ends almost two decades in the future, on October 11, 2006, with apparently a new scene with new kids, a new cause for concern or riot. Jude understands, ultimately, that "It's the kids' show tonight. There are ten thousand Johnnys and ten thousand Judes, throwing themselves against one another to see what they can start" (384). To borrow from the title of the novel there are ten thousand saints as well—or the Johnnys and Judes are the saints, in their way, fighting for what they believe in, which is music and community.

For Henderson, and for Schulman, and even, I would say, for Cunningham, gentrification happens not only to cities, but also to the human mind, given the perfect storm of cultural intolerance and capitalist enterprises. Schulman writes of this very worry: "As we become conscious about the gentrified mind, the value of accountability must return to our vocabulary and become our greatest tactic for change. Pretending that AIDS is not happening and never happened, so that we don't have to be accountable, destroys our integrity and therefore our future" (*Gentrification* 52). The focus, in other words, for these novels, is accountability: Who accounts for the sick? Who accounts for influences? Who is willing to acknowledge and listen to the protestors, the agitators, and the witnesses to the HIV/AIDS crisis? Likewise, who is willing to acknowledge and listen to the protestors, the agitators, and the witnesses to the opioid crisis? At some level, although each cultural and artistic work is different, there seems to be common ground around the value of the artistic enterprise—about the kind of witnessing art can do.

As Rebecca Makkai's recent novel, *The Great Believers* (2018) reinforces, art can both look to the past and gesture toward the future. Reviewing the novel for *The New York Times*, Cunningham argues that the novel bears "unblinking witness to history and to a horrific episode already in danger—among Americans that is—of becoming a horror story out of the past, although more than a million people in this country are still infected with HIV" (Cunningham, "Surviving" 20). For him, the novel, like history, pulls us along, asking: "What happens next?" a question which "remains pressing from the first page to the last" (20). Part detective story, but also part self-referential commentary on the tradition of the American art overall, *The Great Believers* ends in an art gallery, where a video plays on repeat. It is a video about a disco club named The Bistro and testifies to the day it was torn down, focusing particularly on a swinging wrecking ball and featuring two lovers central to the novel's plot. But as the narrator thinks the video will end, she realizes: "the whole film looped again. There they all stood, the Bistro whole. Boys with hands in pockets, waiting for everything to begin" (418). Beginning again could refer to a perpetual cycle, a loop in which the realities of the gay community and drug addicts is not fully nor adequately accounted for; but the beginning could also be something new—a new way out of our American High, which I read as our collective and perpetual fog and amnesia. The beginning could usher in a self-conscious refusal to turn away our attention and, with this second chance—a chance Clarissa Vaughan never got—to acknowledge the illnesses and the crises in our midst.

NOTES

1. For vibrant readings of *The Hours* in relation to Stephen Daldry's film of the same name, see Abdel-Rahman; Çokay; Fetzer; Michlin, Rodriguez; Schiff, "Reading and Writing on Screen"; and Surkamp. For equally compelling readings of *The Hours* in relation to Woolf's novel, see Aimone; Haffey; Hardy; Leavenworth; Levy; Olk; Pillière; Povalyaeva; Ritter; Schiff, "Rewriting Woolf's Mrs. Dalloway"; Singer; Spengler; Spohrer; and Zelinka.

2. For reviews of the excellent film adaptation entitled, *10,000 Saints* and starring Ethan Hawke, see Genzlinger and Lewis.

Chapter Eight

Unspeakable Things

Poetic Ethics and Silence in Contemporary American Short Stories

In 1994, critic Arlene Croce was asked to review Bill T. Jones's "Still/Here," an installation piece that showcased people with HIV dying on videotape, and she refused, calling it "victim art" (55). She defended her decision in an anti-review for the *New Yorker* entitled, "Discussing the Undiscussable," where she describes the work of Jones to Robert Mapplethorpe as "beyond criticism," and not in a way Croce approves. Rather than read the value of the work for what it can do—provide images in a situation where words fail—Croce rejects the idea of representing dying as "an art form," and proclaims the AIDS quilt, in its silence, as evidence of "the end of twentieth-century collectivism" (60; qtd. in Sinfield 58).

Alan Sinfield returns to Croce's argument in 1997, where he reads Croce's argument about "Still/Here" alongside Stephen Bender and David Leavitt's introduction to *The Penguin Book of Gay Short Stories*, where he turns his attention not simply to the fact that Croce refuses to look, but also, more significantly, on her reductive and often scathing comments about an AIDS artists' collective. For Sinfield, "She is right: the significance of AIDS art *is collective*; that is precisely what the Quilt—the NAMES Project—is about" (58). Sinfield argues that the collective is able to give voice to an epidemic that would otherwise be subsumed by a "straightgeist culture," and in giving the crisis a voice, lends itself not to entertainment but "with survival" (61).

What I argue in this chapter is that, while I agree with Sinfield, especially in terms of his discussion of political action, there also needs to be room for cracks in the collective, a recognition of collectivity's limits without invalidating it, and it is precisely this insight that reveals the ethical work of these stories: they allow us to suspend that collectivity in a way that nonetheless recognizes that it will continue and even gather strength as a result. And perhaps it is in these cracks that the signifier "AIDS" drops out—never actually in reference with a character who has it, or who is HIV positive. It is not, after all, their defining characteristic, even though society may want to see it as such.

Sinfield includes Monette and Shilts in this so-called idealized collective, hailing their semi-autobiographical work as speaking "beyond the end of the text—namely the illnesses and deaths associated with AIDS" (57). But in his edited collection, and in his fiction as well, Leavitt, according to Sinfield, takes this impulse farther by proposing a "new level of liberation" in gay and lesbian writing and serves as an exemplary case for Sinfield. In 1993, Leavitt's novel *While England Sleeps* was no longer published in England on the grounds that it is based too closely on the life and writing of Stephen Spender in its depiction of an upper-middle-class writer in a relationship with a working-class young man, triangulated with the love of a young woman (62). But, in Sinfield's view, this narrative is already a trope—and should be free for any artist in the collective in the sense that it is part of the subcultural myth of gay men (63). What makes Leavitt a special case is his ability to employ the "subcultural myth" in order to give force and strength to the collective whose members are writing for their lives but also to create haunting works whose effects "will not stay inside the text" (64); "Leavitt's version," Sinfield tells us, "is there for us to dispute, as much as endorse, in its interpretation of history and implications for today" (65).

Leavitt's volume of *The Penguin Book of Gay Short* Stories, coedited with Mark Mitchell, picks up this important project. Although it presents a wide-ranging collection of stories, written on both sides of the ocean, many published crucially before the AIDS epidemic, it is dedicated to "the heroes of the AIDS wars, the fallen and the fighting." In his introduction to the collection, Leavitt self-consciously positions the work precisely as a collection of voices, of the collective Croce sneers at, finding value in potential of a group at work. Leavitt recalls that: "As Susan Sontag has succinctly put it, in the 1970s 'many male homosexuals reconstituted themselves as something like an ethnic group, one whose distinctive folkloric custom was sexual voracity, and the institutions of urban homosexual life became a sexual delivery system of unprecedented speed, efficiency and volume'" (xxii). Of course, it is important to keep in mind that many, not all, gay men came together; like an ethnic group, there is a sense that collectivism does not always work, although generally speaking with a collective voice does.

The literary impulse, like the quilt, seems to work in much the same way in Leavitt's mind: to reconstitute a group in the wake of the AIDS crisis, whether or not stories explicitly address the crisis itself. Comparing D. H.

Lawrence's "A Poem of Friendship" (1911) with A. M. Homes's "The Whiz Kids" from 1991, a story which appears in the collection, Leavitt writes: "By 1991 AIDS has entered the picture. These sophisticated boys know that what they're experiencing together—sex free of complication, not to mention the threat of death—is something they can never again experience in their lives" (xxv). He goes on to celebrate the work of Michael Cunningham in the collection, introduced as among the best stories written about AIDS (xxvi).

This chapter takes up two stories from Leavitt's important collection: one by Michael Cunningham entitled, "Ignorant Armies" (1994) and a second by Leavitt himself, entitled, "A Place I've Never Been" (1990). Both draw on the idea of what it means to discuss "the undiscussable," to return to Croce's word, but they do so in a way that recuperates the desire to put words to—or, more precisely, hesitate to put words to—a crisis that was for so long denied a voice. In both stories, we are introduced to a character who likely has AIDS, but the diagnosis is never explicitly stated; rather, it is not spoken but assumed. Whereas the intertext of a nineteenth-century poem compensates for Cunningham's silences, it is the rules and culture of a contemporary game that fills in the blanks in Leavitt's story. In both cases, so much is said, but what is omitted speaks the loudest.

For the purposes of this chapter, I am also interested in both stories as *American* stories, and seek to interpret them within the tradition of post-1980 American literature, even though I am well aware that Leavitt's collection presents stories from around the world. For me, the stories' Americanness comes through precisely in their silences. While this is perhaps a surprising claim given the usual image of American boisterousness, in the context of HIV/AIDS, literary silences register differently, indicating that what is not spoken reflects what, in American culture at the time, did not want to be heard and what was not publicly discussed. The silence in the stories, in other words, is not simply to indicate unspeakable horror and fear, but also to offer a commentary on what remained unsaid—and the damage that the impulse for silence can do. The "unspeakable things" addressed in this chapter, in other words, refer not only to that which is difficult, even traumatic, to be put into words, but that which is not allowed to speak or be spoken.

In the gaps left by political, religious, and social discourses, the literature of illness—in the form of drama, memoir, poetry, novels, and short stories—makes a special claim of the reader precisely because it privileges stories of human suffering and insists on an empathic and ethical response. There is a particularity here in the sense that both stories question the powers of the collective, as they suggest that the idea of a collective identity, trying to do cultural battle, does not always work in ways that are productive, signaling that claims on behalf of a collective identity will not always work.

Michael Cunningham's under-read short story "Ignorant Armies" presents an exemplary case of literature that makes a claim on the reader during the HIV/AIDS crisis in the 1980s, a time in the United States when religious and political readers turned a blind eye to the realities of the sick, but also questions the tendency for people to come together as a unified front. Published in the wake of the Reagan administration's refusal to acknowledge the American AIDS crisis of the 1980s, Cunningham's story, "Ignorant Armies" considers the significance of ethical witness to a dying man's suffering. A story built upon keen awareness of how AIDS destroyed the young gay population, the story—provocatively, like the U.S. government—does not confront the syndrome directly. In fact, the illness from which the protagonist's lifetime friend dies is not even given a name. Instead, Cunningham's narrator describes the bodily horror of the disease through realistic depictions of lesions, needles, and fluids. The reader understands that it is a story about AIDS, ultimately, through context clues alone—mostly pronouns without antecedents and references to a gay community that we have erroneously come to conflate with illness.

What interests me most about this story is its ending, which centers on the death of the narrator's friend, and returns to echo lines from Matthew Arnold's "Dover Beach" (1867), lines cited in the beginning of the story as well. The "ignorant armies," which is a phrase from the poem, and which also gives the story its name, in this case are not nineteenth-century hyper-intellectuals, all too aware that one cultural moment has died without evidence of an adequate replacement—as in Arnold's "honeymoon" poem, but rather political figures who refuse to acknowledge those suffering from disease. Rather than providing poetic justice—a man dies, nearly alone, after all—the story provides poetic *ethics*: a literary awareness of empathy in the face of a man's suffering when others turned a blind eye.

Significantly, however, this ethics is troubled when the idea of the collective comes in, and this is signaled in the emphasis on Arnold's "armies": In the Arnold poem, the phrase "ignorant armies" alludes to Thucydides, who describes the battle of Epipolae, also on a cliff, under cover of darkness, when the attacking and defending armies' signals get confused—with each side shouting the other's signals—resulting in a mass slaughter. When we think about the word "army," we think about them working as a collective, fighting together for the same cause. However, the "ignorant armies" of Arnold, through Thucydides, work at cross-purposes, with the resulting misunderstandings leading to death. There is a way in which we can see Cunningham updating this intertext in his own story for the AIDS crisis, wondering what it means for the "community" to be working at cross purposes, or even as individuals, with independent needs and wants. So much is unspeakable in these stories, but perhaps the most compelling aspect is our own narcissims, our selfishness, our human desire to put our needs above others. That these stories grapple with such worries is what makes them, above all, ethical—an ethics that is underscored through allusion.

While critics have long recognized Cunningham's literary contributions by considering such novels as *The Hours* and *Speciman Days*, Cunningham's short fiction is very little considered, if considered at all. However, as I propose here, a consideration of Cunningham's short story highlights the possibility of redemption through poetry in the face of a government's failure. As trauma theorists and scholars of narrative medicine alike acknowledge: "'the shock of traumatic sight reveals at the heart of human subjectivity not so much as an epistemological, but rather what can be defined as an ethical relation'" (Caruth, qtd. in Charon 57).

"Ignorant Armies," like Leavitt's story, depicts the ethical relation through an unrequited love story, in this case as narrated by Charlie who has been friends with Tim since the age of ten. The story conveys both the "shock of traumatic sight" through detailed descriptions of a man who is ill as well as an "ethical relation" in the form of a repeated recitation of poetry that serves as consolation for the AIDS patient as well has his personal medical witness and friend.

Early on in the story, we learn that they, while exploring their sexual identities, fall in love with the same girl in a scene where the narrator recalls reciting lines from Dover Beach: "This is Nancy, Tim, and me on a summer night in Illinois, out by the reservoir" (483). The moment introduces the centrality of water to the story, and turns Arnold's phrase "darkling plain" into the Midwestern plains of the United States. He says here, in this very early moment in the story, before anyone is sick: "'And we are here as on a darkling plain, swept with confused alarms of struggle and flight, where ignorant armies clash by night.' Back then, I had a few lines of poetry memorized, and I used to mumble them as if I were consoling myself for a loss so huge it could only be expressed by someone already dead" (483).

What is interesting in this moment is what the consolation may be for, what the loss is, who the "someone already dead" could be. Significantly, it is Arnold, the dead poet whose words from the previous century, who comes back to offer comfort for young people who have yet to sort out their sexual identities. Ultimately, it is a happy memory, with Tim and Charlie reveling in the water while the girl, Nancy, looks on.

In this way, the story also conjures the poem's opening lines, "The sea is calm tonight." For Arnold, the calm is misleading; and while it may be calm *this* night, on other nights, it well may not be. A honeymoon poem, originally, it has Arnold's persona concluding, "Let us be true to one another," in the wake of the emergence of the industrial and scientific revolutions. The contemporary moment has us thinking that the honeymoon is for Tim and Charlie, as in this moment Charlie reflects on Tim's beauty for the first time.

That early scene beginning with "This is Nancy, Tim, and me on a summer night in Illinois, out by the reservoir"—sets up parallels with two later scenes in the story. The next one begins: "This is Mark, Tim, and me on the dock at Mark's house in Michigan" (488). Again, this is a moment that involves swimming, although here, Tim and Mark share the moment, leaving Charlie out. Tim and Mark are a couple now, so while we are slightly surprised by it, we understand when Charlie says: "There was only a moment, half a moment, that I felt simple vindication when Mark received the news. . . . When Tim found out about himself I held him so hard he choked" (490). Here, so late in the story, are the first two references to the effect of AIDS on their lives: "when Mark received the news" (what news?, we ask ourselves) and "found out about himself" are the first indications that something has gone awry. In both cases, the phrase "simple vindication" shows the limits of ethics in relation to the collective.

The second indication is the way the story continues, or refuses to continue, on the page. The repeated non-linguistic symbol on the page—in lieu of language—becomes a graphic indicator that what may follow is, in fact, unspeakable. Mark's illness is completely obscured, in part, perhaps, because Mark's illness is not Charlie's concern; Tim's is. After a brief (it feels too brief) description of Mark's funeral and Tim's illness—with an attempt at love making on Charlie's part and Tim's utter refusal—we are left only with more symbols to mark the unspeakable passage of time and then Tim is in the hospital and the observation: "Today, he has a different beauty" (492).

As he lies on the verge of death, Charlie recites from the poem again: "'And we are here as on a darkling plain,' I say, 'swept with confused alarms of struggle and flight, where ignorant armies clash by night'" (494). This second moment is more vexed than the first: the darkling plain is certainly darkened because of the promise of Tim's death; the "ignorant armies" could be as easily political, religious, spiritual or internal. The most dramatic moment is the quietest, offering no consolation at all, when the dying Tim confuses Charlie for Mark, and "[t]hen he is gone again" (494). When the narrator, Charlie, says: "I needed him to look at me, see me," we have this sense, too, that it is also the story's desire: It demands a witness, a consideration of the voice of the poet whose words express the unspeakable from the realm of death. But it also reveals a radical lack of ethics—itself unspeakable—in the context of desire complicated by the presence of the other.

In the wake of this radical unseeing, Charlie reflects: "We're here, right here, as the future closes up around us. Something will happen next. Something always does. We live with unspeakable losses, and most of us carry on" (495). At this point, by the story's end, our connotations with the poem, with these lines, have changed completely. The ignorant armies are not from a crucial point in nineteenth-century thought, but rather from the late twentieth century, when no one wanted to acknowledge—much like the story cannot acknowledge—what is making these men ill to the point of death. As if to reinforce that effect, key words like "stories" and "witness" and "silence" enter the story and linger, as though the unconscious of our culture is speaking through the story. Such phrases as “No one wants him now but me” (494) and “You live by telling stories” (482, 487, 489)—a version of that which appears three times—remind us that Mark’s and Tim’s stories are at risk of not being told, of being silenced, while being simultaneously at risk of being converted into Charlie’s story.

David Leavitt’s “A Place I’ve Never Been” is also, in many ways, a story about stories; and although it employs literary language to brilliant effect and exemplifies unity, which is so highly valued in the genre, it has not been widely discussed in academic critical literature.[1] The work’s title refers to a literal place, a place someone playing the game “Deprivation,” as played in the story, might have to name and therefore get paid a penny by the other players; but also it refers to the metaphorical place that is exile for those who carry, or have been exposed to, the HIV virus. It is Celia, the heterosexual speaker of the story, who says the line in the beginning as a way to articulate the limits of empathy in relation to Nathan, a young man she loved unrequitedly in college, indeed, whom she still loves, but who is gay and has moved to Europe. When she thinks about how AIDS will affect her own sex life, she pauses to reflect: “All my speculations were merely matters of prevention,” she tells us; “that place where Nathan had been exiled was a place I’d never been” (562).

Tellingly, Celia relays the story in a-chronological order, transitioning back and forth between her memories of before Nathan’s time in Europe and after Nathan’s trip to Europe. The pivot, between before and after, occurs when Nathan found out that his ex-lover had “tested positive” (561). The story does not explicitly specify what the positive test is for, but it is clear throughout the story that it is an HIV positive test, although Celia will not say the words. Celia tells us that it “was the day after he found out that he started talking about clearing out. . . . I believe he really thought back then that by running away to somewhere where it was less well known, he might be able to escape the disease” (561). Again, Celia is not specific about what Nathan is running from—first she uses the pronoun without antecedent, “it,” and then calls it “the disease,” which could be anything at all.

The aspect that makes this an exemplarily American story is the way Celia understands the contrast between being HIV positive in Europe and being HIV positive in the United States. She reflects that, “Over there, away from the American cityscape with its streets full of gaunt sufferers, you’re able to forget the last ten years, you can remember how old the world is and how there was a time when sex wasn’t something likely to kill you” (561). The “American cityscape,” in this case, the New York cityscape, carries physical reminders of the toll of the disease—and, in particular, the reminders comes in the form of the sick bodies, bodies gaunt and suffering from the previously simple act of sex. Contrasting the New York city scene with the Italian countryside, America seems to be the dangerous place; what goes unspoken also is the reason why: the fact that the ill and impoverished do not have access to clean air and healthcare; they are not looked after by their own governments.

Although Celia says, immediately following this moment, that it "should be pointed out that Nathan had no symptoms; he hadn't even had the test for the virus itself. He refused to have it, saying he could think of no reason to give up at least the hope of freedom," she refers to him, from even the beginning of the story when they navigate his time in Europe, as always already about to die (561). The irony here, of course, is that from the very beginning, and down to the end, we realize that Nathan is not free; he becomes celibate out of fear that he carries the HIV virus, and takes "Xanax and Halcion, Darvon and Valium—all crude efforts to cut the fear firing through his blood, exploding like the tiny viral time bombs he believed were lying in wait" (561). Here, fear is described as a virus might be, "firing through is blood," while the virus is referred to as a weapon, "time bomb . . . lying in wait." It is as though, through metonymic slippages, both fear and the virus are ticking inside Nathan, although we never really know if he is carrying it or not.

At some level, the story seems to be saying, Nathan is, for all intents and purposes, already dead, a connection with the character in the Cunningham story whose identity seems to be built on a relationship with someone already dead. Leavitt's story opens with a simple confession, in hindsight, that Nathan has gone to Europe and Celia is missing him. The language she uses to refer to his trip—"how I'd survive"; "with Nathan gone"; "'something awful has happened'"; "Nathan's departure"—all connote an unexpected and tragic death and the difficulty of the witness in the wake of that death. Later, when he does return to New York City, Celia is suspicious of his carelessness and annoyed at his slowness. Even before we learn he has slept with a partner who was diagnosed with HIV, the "awful thing that happened," is not what we think it is, but rather that the couple who sublet his New York apartment left it a mess, which only reinforces the language associated with illness and death: "he moaned" about the fact that there is no security deposit; the worries the landlord is "about to evict me"; and Celia does not know if she is up to the task, if she has what it takes to "witness another person's misery . . . to take care, to resolve, to smooth" (560).

Although the scene is shared between two friends who must clean up a trashed apartment, it echoes both Clarissa Vaughan entering Richard's squalid apartment in Cunningham's *The Hours* and James's righteous anger that those who have HIV are being served eviction notices in Schulman's *People in Trouble*. As she says, on her way to buy cleaning supplies, "I picked up my purse and closed the door, thus, once again, saving him from disaster" (561). It suggests that this apartment mess, like an adventure to Europe, are analogies for aspects of the AIDS crisis generally—the sense of escape offered by the trip and the static of an apartment in squalor being two sides of a larger crisis: a national desire to look in another direction and to refuse to clean up the mess in front of us.

The section of the story that features Nathan's return from Europe and the subsequent cleaning of his apartment ends with a conversation about Nathan's weight gain, which invokes a sense of relief. Twelve pounds, he says: "But I don't care. I mean, you lose weight when you're sick. At least this way, gaining weight, I know I don't have it" (564). Again, the "it" goes unexplained. It, by now, is shorthand for the virus he worries he has contracted from his ex, one that may be "ticking" in him at the moment, or not.

The next section continues in the present time, with a birthday party for their college friend Lizzie Fischman, a party that is also described in terms of trauma. Celia believes that so "many bad things happen to Lizzie you can't help but wonder, after a while, if she doesn't hold out a beacon for disaster" (565). The language seems to suggest jealousy on Celia's part, who has saved Nathan from disaster, while another girl, her friend, "holds out a beacon" for it. Again, the word "disaster" foreshadows difficulty to come, although, in this quiet story with these quiet characters pondering love and illness, the disaster will be more of a revelation than anything.

It is at the party where the attendees revisit the game, Deprivation—one that they had been playing since college, when it seemed like having risky experiences with drugs and sex was a way to gain much-valued experience in the world. The example Celia gives to explain the game is one of travel: "each person announces something he or she has never done or a place they've never been" (566). The people who have been to the place named—or done the thing described—throws a penny to the person who announces what he or she has not done. Here is the second reference to the story's title: all in good fun, a partygoer might name a place they've never been and hope to receive a penny from those who have, in fact, been there. But we also know that this innocent aside, this playful game, refers to Nathan's experiences with HIV, his place in exile—and in abstinence—one that Celia knows she will never understand. At the party, Celia notices Nathan "idly pressing his neck, feeling for swollen lymph nodes," and she drops in a parenthetical, "(None of us, of course, imagine[d] that five years from now the 'experiences' we urged on one another might spread a murderous germ)" (566–67). In this way, Celia seems to reveal a sense of responsibility for Nathan's illness, which points to a larger problem of the way the "straightgeist" marginalizes gay men, forcing them into behaviors that put them at risk, behaviors some ultimately embraced.

At the end of the game, Lizzie is nearly out of pennies, having experienced so much, and Celia worries about her the way she worries about Nathan: "I wondered if she was thinking about the disease, if she was frightened the way Nathan was, or if she just assumed death was coming anyway, the final blow in her life of unendurable misfortunes" (568). Again, for Celia, death seems to be a foregone conclusion, and it is difficult to tell, given her watchful eye over Nathan, whether she understands this assumed death to come sooner or later; again, the disease is not mentioned by name, but Celia, like everyone, has begun to use "it" and "the disease" as shorthand for what cannot be uttered, a death sentence, or a perpetual worry about a death sentence, that comes simply from sexual experience.

In its way, the story highlights a "before HIV" and "after HIV" timeline for the reader, as it does for Nathan, calling attention to what it must have been like in the 1980s, in college, or elsewhere, having unprotected sex as our predecessors did, without understanding fully the repercussions, without knowing how HIV—or that HIV—was spread from intimate contact, without public conversation about it until well after the crisis was underway. The only time AIDS is mentioned in the story is not in relation to the characters but in relation to a song on the radio: "That's What Friends Are For"—a song, Nathan explains was written to raise money "for AIDS," a casual comment offered in conversation, but one that reminds us of the commercialized aspects of so-called awareness.

The story ends not with the party, but in a café with Celia and Nathan after the party, discussing actual deprivation. Although Nathan seems always to play Deprivation with strategy, there is one thing he seems not to offer in the room, at the party—the experience of being in love. "'Do you realize, Celia,' he says, 'I've never been in love? Never once in my life have I actually been in love?'" (571). As he tells this to Celia, who has always loved him, one does not know if he is being manipulative or sincere, but probably it is both. The feelings between them are illustrated with hand imagery that literally goes hot and cold. While making an appeal to Celia to stay with him in friendship rather than pursue romantic relationships of her own, Nathan puts "his hand to his forehead"; Celia squeezed "his hand until the edges of his fingers were white"; a man and woman at the next table "intertwined their fingers" while Nathan's "hand was getting warm and damp" in hers and she has to let it go (571). The images point up what both, perhaps, will never have: the intertwined fingers of the couple in love beside them. Instead, what they have is clammy, uncomfortable, stifling.

All Celia is able to offer is "limp consolation," which makes clear she is not a satisfying romantic partner for him; nor is he for her. One simultaneously feels frustrated with both characters but also empathy for them: two people who came of age in a time before AIDS and are now living with its consequences after. What does such timing mean for sexual relationships and love, the story asks . . . what does it mean to collect "all the world's pennies" if it means living a life of deprivation? The answer to this question reveals that what is unspeakable is not the virus simply, but not knowing, and, in spite of it all, feeling as though one must give up the best parts of life: love and sex. In the logic of this story, innocence and experience are equally undesirable, the innocence because of everything one must give up, the experience because it could kill.

Invested deeply in this idea of experience, Leavitt writes in his introduction to the collected stories that "literature confronts the perversity of individual experience. Its role has never been to promote or prescribe particular ways of being but rather to expose the fine tension that exists between the way people actually are and the way the culture they live in would have them be" (xxvi). As his collection, and, indeed, these stories show is that the best literature is both personal and collective—it provides a voice for the larger community, paradoxically, through the singularity of an individual moment, with a nineteenth-century poem or a twentieth-century game. The cultural, ethical, and political work that these stories do is significant. Sinfield recognizes this, even as he gives critics like Croce a pass: "My point is not . . . that Croce should be made to attend work that does not appeal to her. Gay men are using imaginative writing, canonical or otherwise, to help us think together about the problems that confront us; that is what a culture is. It is our affair; we do not need help from Croce . . . and we should not expect it" (Sinfield 60).

But I do think that as engaged readers, critics, and citizens of the post-1980s era, we have a duty to confront crises through stories, if even they are not our own, and if even they do not, cannot, express the horror and loss through language. In the case of these stories, in the silence we find the particular; in their silence is the paradoxical demand to be heard. Dying as "art form?," Croce asked in 1994, to which I would answer: In its way, yes—in the way that it demands a witness to another's experience, and also in the way that it functions outside of the art. It lives beyond a dance or video installation or poem or game. To draw on Sinfield's plaintive language, the significance of representation is that it "will not stay inside the text"—it becomes a part of us, and, in so doing, bears witness to a tenuous collective while crucially, simultaneously, gesturing toward survival.

NOTE

1. Leavitt's short fiction is not widely discussed in literary criticism. However, for excellent examples that read his work in relation to other writers, see Hamilton, Kekki, and Rivkin.

Afterword

"You Should Correct That"

In Sarah Schulman's *People in Trouble*, Robert, a black character, calls out Peter, a white artist, for his blind spot regarding racial difference, with the withering assessment that "You don't know anything about black people. . . . You should correct that" (63). The metacritical comment feels very much on the nose as I conclude this book, well aware of, and disappointed in, the fact that it does not take up one literary or filmic example providing a black perspective on AIDS. It is unlike the classes I teach in American literature that assume first and foremost that you cannot have a tradition in American literature without recognizing the significance of black culture.

If this project is in need of updates and amendments, then that is one, among many. In the last year, as I have been writing, news has surfaced in many forms of media—film, newspapers, the internet—about lost voices in the war against AIDS, particularly, black voices, dating back to 1969, when the first known person died of complications from HIV. He was a black teen named Robert Rayford. According to Rea Carey and Jesse Milan Jr., "Deaths started mounting in 1981, but HIV would not be identified by scientists until 1984, and it wouldn't be until 1987 that HIV would be found in Rayford's tissue samples. When it finally was, few noticed his story" ("The Whitewashed History of HIV"). As Linda Villarosa reported for *The New York Times Magazine* in summer of 2017, two cases—*two* of *seven* cases—were left out of a report documenting five white men with PCP (pneumocystis pneumonia) in a June 5, 1981, report of the CDC's Morbidity and Morality Weekly Report (Villarosa 43).

It is for good reason, then, that in an interview with "HumanWrites," Michael Broder has emphasized that there are "50,000 new infections every year, and the hardest hit group is young black gay men and transgender women in urban areas. So even just in stark epidemiologic and public health terms, it's a huge clusterfuck" (Broder "HumanWrites: Interview"). As of 2017, fifty percent of African American gay men are expected to contract HIV in their lifetime (Villarosa 43).

Linda Villarosa's exposé of the lingering AIDS crisis in the black community, while important reading, probably strikes activists as a bit late (like my own work) to the conversation about what the June 2017 headline calls: "America's Hidden H.I.V. Epidemic." The story lead reads: "As the disease has disappeared from the national consciousness, black gay and bisexual men are still contracting it at rates higher than those of any country in the world" (6). Nevertheless, it serves as a new wakeup call that "Black gay men and bisexual men and the organizations and activists that support them have come to the painful realization that the nation and society have failed them and that they must take care of themselves and one another" (Villarosa 49).

Given the statistics, Robert E. Fullilove, asks, in a 2001 essay for *AIDScience*, "Why isn't anybody talking about the elephant in the room?" (1). He laments the fact that institutional forces have not been more creative or proactive in helping the black community out of the crisis, arguing:

> Structural factors—racism, poverty, and inadequate access to health care—also figure prominently among the causes of new and old HIV infections in black communities in the United States. When risk behaviors are largely shaped by social, cultural, and economic forces that are not under an individual's control or will power, simple education campaigns . . . cannot significantly or substantially reduce risk behaviors. (3)

For Fullilove, education must be supplemented with ways to reduce the structural effects of racism, poverty and little access to healthcare in order to reduce the prominence of HIV. He ends this paragraph by declaring, rightly: "this is not news" (3).

Where larger government and medical institutions have failed, however, I see interesting movement in the arts—in television, film, literature, and popular culture. As I have argued throughout, literary responses to HIV/AIDS can help to galvanize collective action, provide ethical perspectives on this crisis, and memorialize the dead. But this role is not reserved to literature alone: Lee Storrow, in writing about HIV representation in television, asserts that: "Pop culture provides a pathway to acceptance of our own identities and can break down the stigma we carry toward others not like us" ("HIV Visibility"). It is not only the *E.R.* example from television that provides such a pathway, although that is a very useful one, in the sense that writers and producers on the show were crucially aware of the effect the character—Jeanie Boulet, played by Gloria Reuben—would have on viewing audiences. In an interview with Jim Halterman for *Variety* Magazine, writer and producer Neal Baer, himself a doctor, reflected: "It was our duty as writers to explore this issue that really hadn't gotten attention except on movies of the week, where the character died. . . . We will show our character will live a full life even though this is going to be very messy [and] very ugly." In addition to *E.R.*'s character of Boulet, such examples of people of color with HIV/AIDS on television include: Josie Webb (actress Tisha Campbell) on *A Different World*; Pedro Zamora on *The Real World*; Ferdinand Holley (actor Giancarlo Esposito) on *NYPD Blue*; the ensemble case of the show *Oz*; Vince Taylor (actor Anthony Azizi) on *Commander in Chief*; Oliver Hampton (actor Conrad Ricamora) on *How to Get Away with Murder*; Bianca Evangelista (actress MJ Rodriguez) on *Pose*; and Pray Tell (actor Billy Porter) on *Pose*.

In the world of poetry, an important young poet named Danez Smith is one who deserves more scholarly attention than I am able to provide here. His 2017 *Don't Call Us Dead*, which was recently suggested to me by Michael Broder, Nels Highberg, and Jennifer Lavoie, is an important voice for the Black Lives Matter movement and the tradition in HIV/ AIDS representation. His poem "recklessly," for example, is dedicated to Michael Johnson, who was imprisoned for allegedly not disclosing his HIV status to potential partners (Smith 85). The poem, containing allusions to such musical influences as Beyoncé, Alicia Keys, Lauren Hill, and Whitney Houston, uses spacing on the page to highlight different connotations attached to the words "death sentence," revealing that, while AIDS is no longer a death sentence, the black man with AIDS may be sentenced to death for other unjust reasons:

> it's not a death sentence anymore
> it's not   death   anymore
> it's   more
> it's   a   sentence
> a   sentence (Smith 45)

The spaces between words, the gaps, become just as compelling as the words—six words placed in different relation to one another—uncannily to tell the story of AIDS, incarceration, and the effects of language, ending with "it's a sentence / a sentence" (45). Representations such as these will do the important cultural work of raising awareness for a multiplicity of silenced issues, which still, unfortunately, includes AIDS representation.

Finally, I write as the mother of a teen-aged boy who grew up reading Marvel comic books. I am especially struck by the representation of a young black man who is HIV positive in a series of *Incredible Hulk* comics in the 1990s. Beginning in 1991 at a time when mainstream institutions were still tentative about having conversations about AIDS, Marvel Comics seems among the forefront in bringing awareness of the crisis to its readers.

In issue #388 entitled, "Blood is Thicker than Water," published in December 1991, writer Peter David introduces Hulk's friend and activist Jim

Wilson, nephew of The Falcon, Sam Wilson, who runs a clinic for people with AIDS “whose families cut ties with them, folks who just want a shot at dying with a little dignity” and who himself tested positive for HIV (6). While Jim and Rick Jones pair up to protect the people at the clinic, with a little help from the Hulk, the two discuss realities of life with a HIV positive diagnosis. Rick ponders Jim’s revelation over the course of the entire book, blurting such thoughts as “I mean . . . you’re gonna die, man! No two ways! No reprieve. How can you be so relaxed?! Aren’t you mad? I mean, it’s not fair!” (14). One forgets at times, in 2018, that an HIV positive diagnosis did feel like a death sentence, especially in 1991. It is also an important point that emerges in such stories as Cunningham’s and Leavitt’s. Jim acknowledges his fate when he says “Hey, tell me about it! But I’m not gonna stop livin’ till I stop livin’, y’ know?” (14).

The cover of the comic makes nothing of this groundbreaking material. Instead, it advertises the introduction of a new character named SpeedFreek, who is employed by the father of a patient at the clinic who wants the partner who infected his son “to pay.” While it is the confrontation between the Hulk and SpeedFreek that provides the narrative thrust, what I am most interested in is not only the fact that Jim is injured and Rick hesitates, not wanting to come in contact with the blood, but also that the work’s hero, The Incredible Hulk, is rendered as physically heroic, by beating the bad guy, but also morally heroic in the sense that he takes care of Jim. On the one hand, the comic provides an answer for that—the Hulk’s system is immune—but on the other hand, the Hulk positions himself as an ally and activist in his own right as he carries Jim’s body to safety. When Rick says, “A hospital might give you trouble about helping him,” The Hulk answers, “They give me trouble. . . . I’ll give them more” (29).

The arc with Jim Wilson ends in issue # 420, which came out in August 1994. Again, Peter David is the author. The cover is black, with The Incredible Hulk written on top in white. Underneath, in gray against the black background is the subtitle: “In the Shadow of AIDS.” The bottom right hand corner of the cover features Jim in a hospital bed under a bright light and the Hulk is holding his hand. The rest of the cover is black, save for a red AIDS activism ribbon under the Marvel Comics logo. What is emphasized, as a result, is the black body at the margins who is nevertheless in the spotlight, and the big fist of the green Hulk holding the small hand of his friend seems less about Hulk as a superhero and more about Hulk’s humanity—his willingness to offer comfort in his friend’s moment in need.

The title page offers more text: Jim at a rally, holding a picket sign that reads: “Ignorance Breeds Fear,” and a moon beaming lines that provide the subtext: “Lest Darkness Come.” Again, in the opening, we see Jim’s battered body—this time not in a standoff with SpeedFreek, but at a riot where a school is trying to integrate an HIV positive boy. The Hulk/Jim plot is interlaced with a second plot, where Hulk's wife Betty is at an HIV/AIDS call center trying to talk down a disembodied voice from suicide in the wake of his own diagnosis. The whole issue, in other words, is very clear about where it—and Marvel—stands with regard to the AIDS crisis and its role as a cultural, artistic force. The Hulk comes to Jim's rescue after revealing "My people have been keeping tabs on you since the SpeedFreek incident. They alerted me you were in another dangerous situation" (7). The Hulk again underscores his commitment to their friendship by taking him to the Mount Pantheon Headquarters where he can get proper treatment.

From that moment on, there really is no action, which is a bit unexpected for a Marvel comic. There is no fighting, except for moral battles that the Hulk must wage with himself and Betty must wage on the phone, with her anonymous caller. The Hulk, significantly, grapples with the question of the role he might play in helping Jim to survive, venturing into the territory of medical ethics in the context of treating people about to die. The Hulk proposes: "Perhaps we should start him on the AG-34," to which his colleague, Dr. Harr says, "We're not ready to test that on humans yet. . . . It's illegal and immoral. I won't do what you're asking" (11). The second option, which Jim proposes, is a transfusion of blood from the Hulk, which also poses risks and has moral implications. "Don't ask me to do this," the Hulk says, in response to Jim's plea.

What follows, devastatingly, is an extended death bed scene, again, with dialogue between two friends which is all the more striking given the visuals: Bruce Banner in the big, green, monstrous form of the Hulk, and Jim Wilson looking gaunt and covered in white—a contrast against his brown skin. When Jim's life starts slipping away, his dialogue bubbles, ordinarily drawn with a solid black line, become dotted lines. As a result, the reader knows he is dying before the Hulk, Dr. Harr, and even Jim himself. When he says his final words, "Just gotta rest up a bit . . . and then you're gonna see someth . . . ," (22) the graphics cut to a faraway shot of Mount Pantheon, with the next frame giving us an empty bed, the Hulk looking down, and Dr. Harr saying, "'I'm sorry'" (23). When the Hulk crashes out of a room, leaving a Hulk-sized hole in the wall, it is not, as usual, in response to a super-villain nemesis, but in response to AIDS and medicine's failure in the face of it—a medical or moral or social or cultural nemesis that Hulk's strength could not battle against. When the two plots line up again, the Hulk, appearing in the Helpline call center with Betty, asks her, rhetorically: "Why is destroying things so easy and saving them so blasted difficult?" (26). The word "blasted" here emphasizes the Hulk's failure—successful as he is in blasting through walls, he is thwarted by the aspect of humanity that renders us vulnerable: disease.

The last two pages of this issue contain, as would be expected, a place for readers' comments—a page called "Green Mail," edited by Bobbie Chase, with assistant editor James Felder. A big blue box announces "Something different this month"—a box explaining that the regular letters-to-the-editor format is unusual in the sense that it printed letters from others in the comic book community to weigh in on an important issue. They write: "they're not talking about whether the Hulk is stronger than the Abomination. They're talking about a real-life foe; one that has taken hundreds of thousands of lives, and grows more dangerous every day. They're talking about AIDS." Twelve fellow writers are printed in the two pages that follow, ending with a poem written in couplets by Kelly Corvese: "In the shadow of AIDS, of this we're sure / When we band together, we will find a cure."

The issue is hopeful, in the sense that it presents a powerful ally and uses language and images to reveal the significance of the crisis. It calls attention to a crisis that not only existed in the shadows but that also cast a shadow on the world. As I prepare to zip the file with this manuscript and send it to Lexington, it is the summer of 2018—and, looking back, Corvese's call for community and a cure seem not only hopeful but, unfortunately given how long has passed, naïve. Twenty-four years later, while we seem a bit closer to both a cure and community, evidence of the racial disparities in this country remains pervasive. In June of 2018, George M. Johnson wrote an important essay for *them* titled, "Everything the *New York Times* Got So Dangerously Wrong about HIV/AIDS." It is in response to an Op Ed written by historian Patrick William Kelly who wrote: "AIDS is no longer a crisis, at least in the United States . . . and that is a phenomenal public-health success story. But it also means that an entire generation of gay men has no memory or interest in the devastation it wrought" (qtd. in Johnson).

For Johnson, Kelly is not wrong on one, but two counts: AIDS is a crisis in many parts of the United States, and gay men still do have an interest in its devastation. Johnson responds to Kelly's own blind spots by writing: "to say that we have forgotten how the virus has decimated our community is simply untrue, and disrespectful to the numerous Black-led agencies who continue doing work in communities most affected by HIV/AIDs, ones that the government has let down" (Johnson "Everything").

Supporting Johnson's claim that black-led agencies and advocates are continuing to work in the face of continued government silence, *POZ* published an article on July 31, 2018 highlighting the publication of new guidebook from HRC (Human Rights Campaign) Foundation entitled, *Making History + A Pragmatic Guide to Confronting HIV at Historically Black Colleges and Universities*. In the essay, Cameron Gorman offers four ways to confront HIV at HBCs:

- Develop and implement formal HIV-inclusive policies;
- Decrease stigma and discrimination;

- Promote and provide comprehensive HIV and LGBTQ-inclusive sexual health education on campus;
- Identify and collaborate with campus and community partners.

For Gorman and the HRC, change starts at the university level and must be directed at the underrepresented minority populations previously left out of the historical record. This book is in part to blame for that. I am hoping that the summer of 2018 offers some corrective. But it is worth noting that the work of Danez Smith, as well as Gorman and others provides a model for all of us. I would say that developing policies, reducing stigma, and collaboration would be important lessons that we could take in, anew. But it has been now almost forty years since we have been saying that, over twenty years since Jim Wilson died in the pages of *The Incredible Hulk*. If even the Hulk can't save us, I am most certain of one thing: We have to work to save ourselves.

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