# Love Becomes Possible: The Transformation of Gay Male Sexuality and Identity in the AIDS Crisis

by

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A thesis (or essay) submitted to the faculty of Wesleyan University in partial fulfillment of the requirements for the Degree of Bachelor of Arts with Departmental Honors in History

Middletown, Connecticut

April, 2011

"The world we created in a day's adventure exists outside the rest of the world."

David Wojnarwicz, Close To The Knives<sup>1</sup>

"...love was always love, any time and any place, but it was more solid the closer it came to death."

Gabriel Garcia Marquez, *Love in The Time of Cholera* Written in the preface of Robin Hardy's research proposal for his new book, provisionally titled "The Landscape of Desire." Following his death it was edited and released as *The Crisis of Desire: AIDS and the Fate of Gay Brotherhood.*<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> David Wojnarowicz, *Close to the Knives: A Memoir of Disintegration* (New York: Vintage Books, 1991), 179.

<sup>&</sup>lt;sup>2</sup> Robin Hardy Papers, Box 13, Folder 2, "Writings—The Crisis of Desire—R Hardy's file. The Landscape of Desire—Original book proofread+early typescripted drafts," NYPL.

### Acknowledgements

Acknowledgements have always made me wonder. Looking down at the long list of names before me, I find myself thinking "how does this person have *so many friends* while writing a book *this long*? When I first checked out the key to my carrell from Olin library, I think I had a somewhat romanticized image of the solitary intellectual. In 1987, the activist and writer Bradley Ball wrote to his boyfriend in trying to communicate some of his feverish excitement over the formation of ACT UP, exclaiming, "I have encountered *community*." After my experience this year, I understand his emotion here much better than I first did when I encountered his diaries this past summer.

My always helpful dean, Noel Garrett, asked me to consider the possibilies of community here at Wesleyan when I approached him with plans to transfer my freshman year. For this I am incredibly thankful. Since then, he has been endlessly supportive, involving himself in my personal and intellectual experiences at Wesleyan to a selfless degree.

Many professors have supported me in generous ways before and during this project. I am particularly grateful to Richard Elphick for helping me find and appreciate some of my talents when I was most doubtful of them after switching my majors. He showed me to connect with historical material beyond the calm passivity of some academic circles. As I hope I showed in my introduction, his essay that addresses the "principle of empathy" has been particularly inspiring.

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Parts of this thesis would have never come into being were it not for two wonderful professors whose classes I enrolled in entirely by chance. Judith Brown convinced me that I was being drawn to AIDS literature as a meaningful aspect of the epidemic's history, and helped me devise ways to engage this material that fascinated me as a historian. William Johnston, in turn, allowed me to push beyond epidemiological narratives in his course on the history of diseases and epidemics, stopping me only to suggest new directions for my thinking and research. I am uncertain what the final structure of this thesis would look like were it not for these mentors.

None of this could have happened, however, without the assistance of my adviser, Claire Potter. I had first heard of Professor Potter from some of my good friends who, in some of their own words, made her sound like a terrifyingy badass lesbian intellectual. I first spoke to her with little more in my head than a desire to pursue some study of same-sex sexuality. I was understandably scared, then, when I entered her office. What happened next has changed my entire experience here at Wesleyan. While she certainly is a badass lesbian intellectual, rarely, if ever, has a teacher put this amount of trust in me. While this has sometimes been uncomfortable and even frightening, she gave me a confidence in my own abilities I did not truly know I had.

The community more readily surrounding me, however, is that given by my friends at Wesleyan and elsewhere. Writing this at the last minute before my thesis is due, I am particularly grateful of the team of editors I somehow mustered—seemingly out of nowhere—in the final months and weeks of this project. I am grateful for the

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assistance of Janine Petito and Lena Solow for helping turn some of these thoughts into legible sentences. Margot Boyer-Dry and Georgia Flaum have often brightened my day when I have been working too hard. I owe an incredible amount to Kristina Budelis, who has read through parts of this thesis earlier than anybody other than my adviser herself. Betsy Barrett, one of the most wonderful friends I have ever had the privilege of knowing, has stayed in touch with me this year despite our mutual stress by helping me formulate my ideas about this thesis. I will always love debating queer theory and video games with Steven Scarborough, who has helped me talk through many aspects of this thesis and helping me laugh at them. I could not have spent so much time in Olin were it not for Alicia Gonzalez-Gross, who kept me company (and kept me sane) throughout this entire process with her cigarrette breaks.

This summer was my first experience researching this extensively into topics that are conceptually and emotionally draining, and I am grateful for the support given to me then. The archivists at the New York Public Library and the National Archive of Lesbian, Gay, Bisexual, and Transgender history helped guide me to many of the subjects that are at the heart of this thesis. Special thanks is owed to my good friend and translator of all things great and gay, Arthur Herskowitz, who would take time out of his days at one of New York's top law firms to answer my frequent text messages from the New York Public Library inquiring about intimate details of gay sex. George Aumoithe, another undergraduate conducting archival research on the history of AIDS at the NYPL this past summer, gave me a wonderful inspiration knowing that other people cared about this material as much as I do. The summer was made much more productive and enjoyable with the presence of my good friend

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Zander Furnas and our long discussions about sex, capitalism, and everything in between. I owe a lot to Rachel Tretter, who kept me company and supported me throughout the entire process of this summer. We both still wonder how she was able to stomach so much conversation about gay sex and STDs from her boyfriend.

I have been working on this project for longer than any previous school assignment, and I am struck by how much has changed in the constellation of my friendships who have supported me through the final period of writing and editing my thesis. I am grateful as well to the community of thesis writers that have accompanied me through this entire process. I met my two neighbors in my woodframe—Kristine Johnson and Molly Doctor—during the first stages of my writing process and they have been wonderful and supportive ever since. Jordana Hoyt, Samantha Pearlman, and Moon Herrick were all kind enough to loan me an extra room in their house when I was staying up late to finish my first two chapters. I partly met Amanda Faraone this past fall by virtue of our thesis carrell's proximity. Since then she has given me an incredible and selfless support, especially in these final weeks of editing and adjusting my thesis. It is somehow my luck that getting a carrell in the basement of Olin would lead me to something like this.

Most of all, however, I am indebted to my family in ways that I cannot express. My father, Jean-Pierre LeJacq, has always helped to diminish the stress of student life in whatever ways he can, whether by helping me move or buying me pizza and beer when I needed it most. This past summer my mother, Susan Stein, gave me a welcoming home, as she has always done, while I began my research. Our frequent breakfasts at the Broadway diner helped me process material I could not yet

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fully comprehend intellectually or emotionally. She continues to inspire me with her fearless approach to her life and art. My brother, the soon-to-be-acclaimed historian Seth LeJacq, was perhaps the only person other than Claire Potter to read through multiple drafts of my entire thesis. I hope he realizes how much of an inspiration and influence he has been on this work.

There was one member of my family that did not make it to the end of this thesis with me. Grief bears a strange etiquette, and I was surprised by the pain I felt when my mom tearfully called me one day to tell me that my childhood cat Hobbes had to be put down. Like the death of my family's dear friend Joan, I did not know what to make of sadness when it was not so clearly defined. In a way, he introduced me to a form of grief that I imagine some of the men about whom I write faced, a grief that appeared strange and even ridiculous to an indifferent society that did not understand human's diverse capacities for loving relationships, or perhaps more simply did not want to understand them. Hobbes had been there for me through ever calamitous move in my childhood, every terrifying and painful moment in my parent's continued seperation and divorce, every stressful moment in life and school that I wanted to escape. His absence on my pillow was strange and heavy. Hobbes, this thesis is for you.

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#### Introduction

# Reading With Uncertain Terms Disease in History, Sexuality in History

"If the sexual body is indeed historical—if there is, in short, no orgasm without ideology—perhaps ongoing inquiry into the politics of pleasure will serve to deepen the pleasures, as well as the widen the possibilities, of politics,"<sup>1</sup> David Halperin, *How To Do The History of Homosexuality* 

The year ended as frantically and dramatically as ever for Vito Russo in 1980.

An aspiring author, he was tirelessly promoting his new book on homosexuality in

American cinema, The Celluloid Closet. But his journal from the final months of the

year focus less on his upcoming book than on the everyday tribulations of sex,

relationships, and his life in the major gay urban center of New York City. One night

when travelling in Florida, he wrote about disturbing news from New York:

[I was] stopped at police station and in mid-conversation about violence against gays when news comes that an ex-cop and minister's son has opened fire on gays outside the Ramrod bar in New York, killing 2 people and wounding 8. Figures still coming in...called N.Y. no more info than what's in papers. Used automatic pistol and a submachine gun. Said he wanted to kill all gays [because] they're ruining the world.

I feel the same way I did in Berkeley when I read about the Everard fire...a kinship with these people that comes from sharing a sense of community and the changing of times we are seeing.<sup>2</sup>

Amidst the stress of managing his social, professional, and romantic life, the ever-

present threat of homophobic violence reified his sense of gay identity. Paradoxically,

with such a communal network of erotic and kinship structures, he felt secure. The

threat to gay men seemed so profound at times, however, that he was not sure if such

<sup>&</sup>lt;sup>1</sup> David M. Halperin, *How to Do the History of Homosexuality* (Chicago: University of Chicago Press, 2002), 103.

<sup>&</sup>lt;sup>2</sup> Vito Russo, Journal Entry, November 1980. Vito Russo Papers, Box 6, "Journal from 09/26/1980 to 03/29/1985," NYPL.

a community would be enough. "This poor, sick, battered country," he wrote four months later, "keeps killing and killing. What times I live in."<sup>3</sup>

Life continued at its frenetic pace regardless. He was still travelling frequently, and felt ungrounded and insecure. He commented frequently on his many insubstantial affairs. By this point, his celebrity status within the gay community was beginning to impact his social life negatively. "I don't like being whispered about in bars and at baths," he complained.<sup>4</sup> At the end of July, he prepared for his return to New York, a move he was eager to make. Waiting for a plane in Dallas, he noted disparagingly that "the gays" in Texas were less willing to display their sexuality, whether from personal shame, social stigma, or both: " [they] are wearing the same outfits, shirts, boots as the straight Texans on their way to Reno with their backless shoed wives."<sup>5</sup> But even here was a diverse network of gay men, invisible to the naked eye of America's heterosexual society.

Frequently frustrated by loneliness, Russo hoped to "discover a free, loving way to commit oneself to another person without the restrictions which usually come with falling in love."<sup>6</sup> He had complained earlier that summer that "the life I choose to lead is one of impermanence, constant travel, solitude for my writing always at war with a deep desire" to have a more enduring romantic partnership. The visibility of the New York gay community, he hoped, might give him a better chance at finding the kind of substantial romance he desired.

<sup>&</sup>lt;sup>3</sup> Vito Russo, Journal Entry, March 31, 1981.

<sup>&</sup>lt;sup>4</sup> Vito Russo, Journal Entry, June 1981.

<sup>&</sup>lt;sup>5</sup> Vito Russo, Journal Entry, July 31, 1981.

<sup>&</sup>lt;sup>6</sup> Vito Russo, Journal Entry, June 6, 1981.

Back in Manhattan, he suffered "the same old thing" in his relationships. But, as he recorded in a December 1982 entry, he felt a new anxiety in in his gay community that he could not yet identify.<sup>7</sup> "Something is afoot in the old life," he wrote warily, "but I'll be damned if I know what it is."<sup>8</sup> He was too busy to think much about it. In addition to advertising and touring with his book, he had also begun plans for writing, producing, and hosting the television series "Our Time" for WNYC-TV, the first show to focus on the gay community. Then, at the end of the month, he mentioned a new disease that was inspiring paranoia among his friends and lovers:

[...] friends having own situations...Arnie practically living with Harry now—both obsessed with AIDS crisis though Harry more than Arnie. Harry super paranoid about everything—'they'll blame the gays for disease, they come to get us, etc. etc. He's probably right but I'll stick to worrying about my TV show and make my contribution that way—I'm not getting crazy over the bigots anymore.<sup>9</sup>

Russo was most likely aware of AIDS before this point. But its brief appearance illustrates the disease's sudden presence among gay men. By the end of the year, all his journal entries were devoted to AIDS. Seemingly inescapable, the epidemic consumed him, forcing him to renegotiate his sexual identity and community. But as his previous frustrations show, this was as a process to which he was already well accustomed. Writing a month before AIDS would first be announced in the mainstream press (when the disease was certainly present but not yet understood), he described the impact his sexuality was having on his sense of self as he went through an especially painful break-up:

<sup>&</sup>lt;sup>7</sup> Vito Russo, Journal Entry, December 14, 1982.

<sup>&</sup>lt;sup>8</sup> Vito Russo, Journal Entry, December 9, 1981.

<sup>&</sup>lt;sup>9</sup> Vito Russo, Journal Entry, December 26, 1982.

I wonder sometimes if we ever really learn anything at all. We think we're so safe and protected from our emotions and then someone like Sean comes along and forces us to redefine [our] feelings about everything—relationships, priorities, the meaning of life, *everything*.<sup>10</sup>

Russo was writing about a relationship. But we could easily replace "someone like Sean" with the phrase "something like AIDS" without altering his meaning. What replacing the word "Sean" with "AIDS" does change, however, is the scope of Russo's message. Gay men were now killing each other without meaning to, knowing how, or even realizing that they were. In the presence of AIDS, their bodies held untold possibilities and dangers; Andrew Holleran wrote in 1988 "for a disease whose latency period is measured in years, not months, there is no telling which side of the line dividing the sick and the well each of us will be on before this affliction is conquered."<sup>11</sup>

The question gay men came to ask about AIDS—how it could "redefine [their] feelings about everything"—is the central axis of this thesis. This was, after all, a question they asked themselves. In 1983, two years after the mainstream press had first identified a "rare cancer affecting homosexuals"—sparking a flurry of cultural and scientific debates among gay activists, writers, and doctors—Michael Callen and Richard Berkowitz released *How To Have Sex In An Epidemic: One Approach*. Intended as a safe sex manual, the book reads both as a work of science journalism and as an impassioned manifesto. Callen and Berkowitz suggested that gay men make a shift in their relationships and self-interest to address sexual ethics:

From the day we are born we trained as men to compete with other men. The challenge facing gay men today in America is to figure out how to love someone you've been trained to "destroy."

<sup>&</sup>lt;sup>10</sup> Vito Russo, Journal Entry, June 9, 1981.

<sup>&</sup>lt;sup>11</sup> Andrew Holleran, Ground Zero, 1st ed. (New York: Morrow, 1988), 42.

The goal of gay male liberation must be to find ways in which love becomes possible despite continuing and often overwhelming pressure to compete and adopt adversary relationships with other men.<sup>12</sup>

Compare this with a quote from a 1987 speech given by the author and outspoken

activist Larry Kramer to the New York Civil Liberties Union:

The heterosexual majority has for centuries denied us every possible right of human dignity that the constitution was framed to provide to all. The right to marry. The right to own property jointly without fear that the law will disinherit the surviving partner. The right to hold a job as an openly gay person. The right to have child. The right not to be discriminated against in just about every area and avenue and byway and nook and cranny that can be found in which hatred is stored. Indeed—the right to walk down the street holding hands, as you do when you are freely in love. Yes, the right to love. We are denied the right to love. Can you imagine being denied the right to love?<sup>13</sup>

Embedded in these statements are two distinct definitions of "love" that imply

different understandings of gay male sexuality and identity. Love, for Callen and

Berkowitz, functioned abstractly to provide a metaphor for the types of open and

inclusive community that gay men could have. It challenged the emerging crisis of

public health and gay identity with a novel sexual ethic that developed new notions of

care and communal responsibility to better preserve gay liberationist sexuality

through the AIDS crisis. Kramer, in contrast, saw love as an already existing coherent

socio-political possibility: a commodity that was denied to gay men by a homophobic

society, forcing them into narcissistic forms of sexual abuse and self-destruction.

These were not the only viewpoints on sexual health and gay community during the AIDS crisis. But comparing them illustrates an emergent bifurcation about

<sup>&</sup>lt;sup>12</sup> Michael Callen and Richard Berkowitz, *How To Have Sex In An Epidemic: One Approach*, 38. Joseph Sonnabend Papers, Box 3, Folder 2, NPYL.

<sup>&</sup>lt;sup>13</sup> Larry Kramer, *Reports from the Holocaust: The Making of an AIDS Activist*, 1st ed. (New York: St. Martin's Press, 1989), 178.

sexual ethics among those who spoke on behalf of the gay community in New York. Why did these men feel the need to defend gay male sexuality and identity by reformulating them so profoundly? In other words, how did the AIDS epidemic influence the creation, definition, and identification of a novel sense of "gay," and ulitmately "queer," identity in the United States?

As the crisis developed, gay men began to interrogate the parameters of their community. Reflecting in the spring of 1984, Russo wrote that "life has changed for all those I know and for myself for all time":

It has happened slowly but in the measure of daily life the change has been almost instantaneous. People talk about 'the old days' with new meaning—they refer to a time where danger was not a part of everyday existence, when sex and death were strangers and when the future existed. Even the announcement this week of the discovery of the virus which causes AIDS and the possibility of a vaccine in 2-5 years is dampened by the number of lives taken; why do I know so many people who have gotten AIDS? Half the cases are in NY and I know a lot of people but it seems I know more than others.<sup>14</sup>

Russo's choice of words here illustrates an important consciousness that would come to inflect gay identity in the presence of AIDS. For many gay men coming out of a euphoric period of gay liberation, their "future" had seemed to be one of unstoppable progress summarized in the activist slogan "out of the closets and into the streets." AIDS changed this future to one in which survival itself now seemed contingent. As the activist and author Urvashi Vaid argues in *Virtual Equality*, AIDS is a focal point of gay identity and community equal only to the Stonewall uprising twelve years earlier: "we can mark two distinct eras: life before AIDS and life after AIDS."<sup>15</sup>

<sup>&</sup>lt;sup>14</sup>Vito Russo, Journal Entry, April 4th, 1984.

<sup>&</sup>lt;sup>15</sup> Urvashi Vaid, *Virtual Equality: The Mainstreaming of Gay and Lesbian Liberation* (New York: Anchor Books, 1996), 72.

Before there could be an "after," however, gay men were stuck in a communal crisis. A central focus of this thesis will be to rearticulate the cultural debates, sexual practices, and artistic interpretations that emerged to shape gay identity and community in response to this crisis. This identity, I argue, was constituted as much by these socio-historical transformation as by the disease itself. In each chapter, I ask: was AIDS a second "Stonewall moment" in gay American history? Did it, as the writer John-Manuel Andriote argues in his history of the period, defer "victory" for a gay movement bent on liberation?<sup>16</sup>

Answers to such questions, however, already presume the existence of a coherent communal identity and social movement prior to AIDS. Such a community—albeit in an embryonic form—was inhibited by the appearance of AIDS in this account, but it would ultimately continue to flourish in spite of the epidemic and its consequences for sex. In this thesis I will argue that rather than providing a kind of interruption or deferral of gay identity's further development, the history of AIDS must be understood as an intrinsic part of that process of identity formation. As the historian John D'Emilio argues, "AIDS built a queer movement that didn't yet exist, it reconfigured our movement and community in profound, irreversible ways."<sup>17</sup>

What was AIDS for gay men—as a disease, a historical moment, a common social trauma? Many scholars and journalists have addressed this question, but few historians taken up the challenge. Cathy Cohen speaks to the response of an African

<sup>&</sup>lt;sup>16</sup> John-Manuel Andriote, *Victory Deferred: How AIDS Changed Gay Life in America* (Chicago: The University of Chicago Press, 1999).

<sup>&</sup>lt;sup>17</sup> John D'Emilio, "A Meaning for All Those Words: Sex, Politics, History, and Larry Kramer," in *The World Turned: Essays on Gay History, Politics, and Culture*, ed. John D'Emilio (Durham: Duke University Press, 2002), 76.

American, rather than a gay, community in her work *The Boundaries of Blackness* (1999). Two important works by sociologists—Steven Epstein's *Impure Science* (1996) and Deborah Gould's *Moving Politics* (2009) engage more directly with gay communities by analyzing the social movements that developed around AIDS. The question of gay politics and AIDS activism is essential to the kind of social movement theory they use in their work. But the agents in Gould and Epstein's work were the most political elements of that community. In her recent work *Infectious Ideas* (2009), historian Jennifer Brier notes how these vocal elements of the gay community themselves (especially gay men) have continued to define the models of our historical analysis even after the AIDS epidemic.<sup>18</sup>

Methodologically, these works have been important influences. All of them expand our understanding of the history of AIDS, but they do so by introducing new subjects for historical analysis beyond the original identification of the disease as a "gay plague." While not disregarding such subjects, this thesis suggests that there is still much that has been overlooked, and much yet to be interrogated, about gay men themselves. As I show in chapters one and two, the dominant narrative of gay men's experience of AIDS given in Randy Shilt's *And The Band Played On* was uncritically adopted by early scholars. More recently, however, the history of AIDS—like the disease itself—has become a point of struggle in gay culture. Often following in the tradition set forth by Shilts, writers, journalists, and activists such as Gabriel Rotello, Robin Hardy, and John-Manuel Andriote have written work that offer either

<sup>&</sup>lt;sup>18</sup> Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill: University of North Carolina Press, 2009)., 12.

comprehensive historical narratives of the disease's cultural and communal history or concrete prescriptions for gay men themselves.<sup>19</sup>

These historiographical issues expand beyond AIDS and embrace larger issues in GLBTQ history. Reflecting not unlike Russo did before him, D'Emilio observed in 1989 that the period of crisis was also, for gay historians, "our breakthrough decade."<sup>20</sup> These first histories were addressed to more communityoriented ideological work than academic scholarship per se:

They generated enormous interest and commitment, and an esprit among participants. Composed mostly of self-trained historians, with only a smattering of academically trained members, they provoked research every bit as solid as what the profession produces and led to projects that were certainly more accessible to a lay audience. Much of their work appeared over the years in publications of the gay community, beyond the ken of the profession: *Body Politic, Gay Community News,* the *Advocate, Sinister Wisdom,* and elsewhere. I remember when Allan Berube first showed "Lesbian Masquerade," a slide lecture about women who passed as men in early San Francisco. The standing-room-only audience of almost four hundred laughed, cheered, and cried its way though a presentation that lasted two hours. Such events were replicated around the country. There was magic in these rooms as audience and author celebrated the product.

The purpose of such a history was producing narratives of self-empowerment creating traditions for a new, consolidating identity. It was written and performed as a way to provide the social visibility that had become a central focus of gay liberation. As Jonathan Ned Katz begins his classic work *Gay American History*: "we have been the silent minority, the silenced minority [...]. Long did we remain literally and metaphorically unspeakable, [...] nameless." He hoped that the new archive would

<sup>&</sup>lt;sup>19</sup> Andriote, *Victory Deferred*; Robin Hardy, *The Crisis of Desire: AIDS and the Fate of Gay Brotherhood*, ed. David Groff (Boston: Houghton Mifflin, 1999); Gabriel Rotello, *Sexual Ecology: AIDS and the Destiny of Gay Men* (New York: Dutton, 1997).

<sup>&</sup>lt;sup>20</sup> John D'Emilio, "Not a Simple Matter: Gay History and Gay Historians," *The Journal of American History* 76, no. 2 (1989): 440.

"reveal and record as much about heterosexual acts and attitudes towards homosexuals as they do about Gay life itself."<sup>21</sup>

But this quest for visibility ultimately expanded the purview of the scholarly discipline as well. When he first entered the academy in 1971, D'Emilio notes, "gay history' was a term not yet invented."<sup>22</sup> As I will show in my last chapter and conclusion, the emphasis on history as a form of visibility was actuated in part by the very threat AIDS posed to the social visibility gay men felt they had acquired in previous decades. "Since the work on gay and lesbian topics [was] commonly treated as a de facto statement of identity," he argues, "the task of producing gay history involve[d] more than simple matters of research and writing."<sup>23</sup> We are now at a different point in the development of such scholarship, where archives are rapidly being formed and collections processed, new anthologies published and fields of study introduced, and entire programs of study with academic lines created to address the emergence of these histories. But the field has yet to incorporate many of the lessons of this previous brand of activists-cum-historians and activist-historians-cum-professional-scholars.

### Writing Pornography Into History: Some Notes on Methodology

As recent history, a possible argument is that AIDS is less shrouded in scientific ambiguity and historiographical doubt than similar subjects in the far past. The same could be said of sexuality. Does such a recent gay culture, some of whose members are still alive and writing on this very subject, warrant a history? My

<sup>&</sup>lt;sup>21</sup> Jonathan Katz, *Gay American History: Lesbians and Gay Men in the U.S.A.: A Documentary* (New York: Crowell, 1976), 1-3.

<sup>&</sup>lt;sup>22</sup> D'Emilio, "Not a Simple Matter," 436.

<sup>&</sup>lt;sup>23</sup> Ibid.

professors, classmates, friends, and family members have all asked me at different times why I am writing this thesis in particular when the AIDS epidemic has been documented so extensively. I usually respond to this by asking if they know about the work of men like Michael Callen, Richard Berkowitz, or Joseph Sonnabend. Besides a handful of authors—such as Michael Cunningham, Tony Kushner, and Randy Shilts—much of what I write about here remains vague and unrecognized to people outside either the "gay community" as it is now constructed or certain parts of the rapidly expanding scholarly field of queer studies. As I will address more fully in my conclusion, this is even a generational issue for gay men themselves. Recently, when a friend of mine was taking me through the details of a disastrous break up, I joked that his ex-boyfriend sounded like the last vestige of clone culture. He stared at me blankly.<sup>24</sup> The gay scholar and activist Douglas Crimp laments this very same nonrecognition among gay youth in his article "Mourning and Militancy." But he does so through an internal communal process that addresses AIDS as part of gay men's common history.<sup>25</sup> This raises the question of how the scholar who does not necessarily identify as queer may write about queer subjects without participating in the homophobic logic such writing has historically engendered.

<sup>&</sup>lt;sup>24</sup> "Clones" were a subcultural formation in gay male life tracing back to the 1960s and 1970s in gay urban centers such as New York City and San Francisco. They were defined almost entirely by their distinct sexual aesthetic, which was characterized by a hyper-masculine muscular physique paired with working class attire (faded denim, handlebar moustaches, tight undershirts, and construction boots). By the 1980s, "clone" had become an umbrella term to describe sexually vivacious urbane upper-middle class white men. The term itself was often invoked, whether ironically or polemically, in the context of AIDS to hearken back to gay men's perceived sexual abandon of the past two decades. David Feinberg satirized this tradition in an article for *Diseased Pariah News* ranking the different merits of "The AIDS Clone vs. the New Clone." David B. Feinberg, *Queer and Loathing: Rants and Raves of a Raging AIDS Clone* (New York, NY: Viking, 1994).See also Joseph F. Lovett, "Gay Sex in the Seventies," (USA: Wolfe Video (DVD), 2005).

<sup>&</sup>lt;sup>25</sup> Douglas Crimp, "Mourning and Militancy," in *Melancholia and Moralism: Essays on AIDS and Queer Politics*, ed. Douglas Crimp (Cambridge: MIT Press, 2002), 129-50.

While recent, the history of AIDS is far from resolved. The intimacy of the historical subject, therefore, does not imply its clarity; As Mirko Grmek notes in his early history of the disease, "chronological distance and subjective detachment may [still] be lacking."<sup>26</sup> The disease also troubles the scholar's conception of history because, as of yet, its history has no closure. While people now live with AIDS, there is no cure, and only partial knowledge about the diverse viral mechanisms that trigger its onset. Hopeful messages about its "cure" are excitedly recorded in newspapers and blogs, only to be qualified or disproven entirely shortly thereafter.<sup>27</sup> Debates about its very "natural history" continue to this day.<sup>28</sup>

Studying AIDS is often disorienting as a result. Thomas Yingling writes that "the field of AIDS and HIV continues to be transformed so rapidly that those who write about it do so with the understanding that by the time their words appear in print, they will be largely obsolete." Such a protean analysis "induces in the subject enjoined to 'keep up' a [sensation of] vertigo." He continues:

[...] an overwhelming series of numbers and/or sheer magnitude of information defeats comprehension and induces an abysmal intellectual and epistemological encounter [...]. Anyone interested in AIDS must suffer from [such a sensation]: the number of books, essays, pamphlets and articles, the kinds of information, issues, and events that occur are so overwhelming in sheer number as to defeat any attempt at comprehensive incorporation by one person; the everincreasing number of written responses to the history of representation of the disease makes it impossible even to survey recent literature

<sup>&</sup>lt;sup>26</sup> Mirko D. Grmek, *History of AIDS: Emergence and Origin of a Modern Pandemic*, trans. Russell C Maulitz and Jacalyn Duffin (Princeton: Princeton University Press, 1990), ix.

<sup>&</sup>lt;sup>27</sup> Cary Schwartz, "Stem Cell Transplant Cures HIV in 'Berlin Patient," *The Huffington Post*, December 14, 2010. Accessed April 1, 2011, http://www.huffingtonpost.com/2010/12/14/hiv-cure-berlin-patient\_n\_796521.html

<sup>&</sup>lt;sup>28</sup> Donald G. McNeil Jr., "Precursor to HIV Was in Monkeys for Milleniums," *The New York Times*, September 16, 2010. Accessed September 18, 2010,

http://www.nytimes.com/2010/09/17/health/17aids.html?\_r=4&hp

much less to comprehend the totality of discourse about HIV since its appearance as GRID in January 1982.<sup>29</sup>

It is interesting that he switches almost unwittingly from "AIDS" to "HIV" in this passage, collapsing the two distinct entities even as he dismantles their hermeneutics. If it is impossible to grasp even the "totality of discourse," then is the totality of AIDS itself a foregone conclusion? Begging the possibility of a "cure" in the near future, this is probably so.

Perhaps it is the proliferation of these theories that has scared so many historians away from the task. The literature surrounding AIDS is growing rapidly; I hesitate to think about how many archives and secondary sources I have not consulted. However, I am also mindful of Yingling's cautions about how such histories are written. Like the "scientific" discoveries such scholarship attempts to track, how might a history function when it will so readily be eclipsed? "But already we have here begun to make sense of AIDS," Yingling adds, "even if only in noting how it defeats our usual academic practice of careful, inclusive analysis. And we have also here assumed AIDS as an ongoing event, as something that moves within a history that is only partially *its* history."<sup>30</sup>

This very difficulty continued to plague Yingling as he grappled with the disease both physiologically and intellectually:

AIDS had shifted from a question of morality to one of epistemology. Then, I am reading Wittgenstein, and I come across this: "Look upon this tumor as a perfectly normal part of your body"—what is a perfectly normal part of my body? AIDS has shifted to humor. But this is the move one must make, and in order to do it, one must not 'look

<sup>&</sup>lt;sup>29</sup> Thomas E. Yingling, "AIDS in America: Postmodern Governance, Identity, and Experience," in *AIDS and the National Body*, ed. Robyn Wiegman (Durham, NC: Duke University Press, 1997), 37. <sup>30</sup> Ibid., 38.

on' but *read*, and it is the question of reading with uncertain terms that AIDS forces upon us.<sup>31</sup>

This question of terminology confronts a methodological difficulty often experienced in historical scholarship, particularly in the history of sexuality and disease. As David Halperin argues in *How To Do The History of Homosexuality*, "the real question confronting the historian of sexuality is how to recover the terms" by which the subject understood both a concept of desire and self. In her work on lesbianism in renaissance Italy, Judith Brown asks how the historian might speak from silence; subjects "that cannot be named [...] literally had no name and left few traces in the historical record."<sup>32</sup> But is the other choice for the historian instead to write from what Lee Edelman has called a "plague of discourse?"<sup>33</sup>

My solution is one of empathy. "Discourses," as Judith Butler argues, "do actually live in bodies."<sup>34</sup> It is not difficult, when viewing different, and often untapped, archival materials from this time, to locate such discourses or the bodies they inhabited. But how does one begin the far more troublesome process of translating such cultural messages, not to mention a disease, into terms that are useful to the historian? Theory on the history of the disease is useful in this regard. In the

<sup>&</sup>lt;sup>31</sup> Thomas E. Yingling, "The Dream Visitor," in *AIDS and the National Body*, ed. Robyn Wiegman (Durham, NC: Duke University Press, 1997), v.

<sup>&</sup>lt;sup>32</sup> Judith C. Brown, *Immodest Acts: The Life of a Lesbian Nun in Renaissance Italy* (New York: Oxford University Press, 1986), 20.

<sup>&</sup>lt;sup>33</sup> "AIDS," Edelman argues, "lacks a coherent medical reference, remaining a signifier in search of the determinate condition or conditions it would signify." It is instead "a diagnostic term describing the state in which the immune system—compromised, it is currently thought, through HIV infection—can no longer ward off certain officially designated opportunistic diseases." The term is "so unstable a signifier even in the arena of medical discourse" that as late at 1991 a "14-page definition" was required by the Center for Disease Control (CDC) to approximate a meaningful nosological definition that still could not "secure the referential adequacy of 'AIDS." Lee Edelman, "The Mirror and the Tank: "AIDS," Subjectivity, and the Rhetoric of Activism," in *Writing AIDS: Gay Literature, Language, and Analysis*, ed. Timothy F. Murphy and Suzanne Poirier (New York: Columbia University Press, 1993), 9-10.

<sup>&</sup>lt;sup>34</sup> Irene Costera and Baukje Prins Meijer, "How Bodies Come to Matter: An Interview with Judith Butler," *Signs* 23, no. 2 (1998): 282.

essay *Disease in History: Frames and Framers*, historian Charles Rosenberg describes a similarly "intricate and intractable, yet highly significant, dilemma" that a scholar faces when confronting categories of illness and disease. Pathologies themselves evolve throughout their natural history while the social and scientific lenses through which such biological events are perceived change just as rapidly. "How does one make sense of this interactive negotiation over time," he asks, "this framing of pathophysiologic reality in which the tools of the framer and the picture to be framed may well have *both* been changing?"<sup>35</sup> The formation of coherent nosologies and nosographies for disease has consistently confounded social and natural scientists alike.

But this process is identical to the common analytic mode of the historian of sexuality. David Halperin, for example, mimics Rosenberg when describing the dilemma of translating the

[...] terms in which the erotic experiences of individuals belonging to past societies were actually constituted, how to measure and assess the differences between those terms and the ones we currently employ, and how to deal with the conceptual, methodological, political, and emotional consequences of the conclusions we draw from the evidence—the consequences for ourselves, for others, and for the history of sexuality that we hope to create (and, by creating, to be changed by).<sup>36</sup>

Much of gay American history has been written by men who take these terms for granted, men who are now, as D'Emilio's essay also implies, fairly well established in professional academic institutions, often because of their work on AIDS and the communities it made.

<sup>&</sup>lt;sup>35</sup> Charles E. Rosenberg, "Disease in History: Frames and Framers," *The Milbank Quarterly* 67, no. 1. Framing Disease: The Creation and Negotiaton of Explanatory Schemes (1989): 7.

<sup>&</sup>lt;sup>36</sup> Halperin, *How to Do the History of Homosexuality*, 63.

As a result, what is often understated is essential. In the 1980s, histories of disease and sexuality converged meaningfully, tragically, explosively. Robin Hardy wrote in his reflection on the crisis that "AIDS is a gay disease not just by dint of numbers [...] it is a gay disease because it attacks the gay male culture of eroticism."<sup>37</sup> Theories of disease, just as theories of race have already done for queer theory, "supplement," to borrow David Halperin's language, "our notion of sexual identity with a more refined concept of, say, partial identity, proto-identity, or subidentity." Halperin then suggests a new intention,

not to reinstall a notion of sexual identity as a historical category so much as to indicate the *multiplicity of possible historical connections between sex and identity*, a multiplicity whose existence has been obscured by the necessary but narrowly focused, totalizing critique of sexual identity as a unitary concept. We need to find ways of asking how different historical cultures fashioned different sorts of links between sexual acts, on the one hand, and sexual tastes, styles, dispositions, characters, gender presentations, and forms of subjectivity, on the other.<sup>38</sup>

I therefore attempt to describe the "multiplicity of possible historical connections between sex and identity" in the history of AIDS.

My use of multiple theories simultaneously may occasionally frustrate the reader, but this is an effect of working between fields. The history of disease necessitates considering nosologies (the systemic classification of diseases and their categorical formation) and nosographies (the systemic description of individual diseases), especially in a case as complete as AIDS where its resistence to these very classification characterizes much of its history. Histories of sexuality, in turn, often ask us to consider questions of sexual taxonomies.

<sup>&</sup>lt;sup>37</sup> Robin Hardy, "Outing ACT UP: Is AIDS Activism the New Closet?," 12. Box 14, Folder 8, NYPL.

<sup>&</sup>lt;sup>38</sup> Halperin, *How to Do the History of Homosexuality*, 43-44.

Different theories thus offer the possibility of writing alternative histories entirely. Ludwik Fleck's concept of "thought collectives" and their inherent "thought styles," I show in the first chapter, usefully informs our understanding of the promiscuity debates among gay physicians during the AIDS crisis. Critical race theory applied to queer subjects (borrowing from Roderick Ferguson, I will refer to this as "queer of color critiques"), as I discuss more fully in my third chapter, shows the important of literary studies and other forms of subjective analysis to the social sciences.<sup>39</sup> In frustrating readers, then, I hope to encourage them to consider the intersectionality not only of the human subject, but also of the historical method itself.

Given these terms, entering the archives was a process of discovery, but one which was colored by the realization that what was being "discovered" by me today may be commonsense to someone who lived through this period. Temporarily begging the question of whether or not historical scholarship alone may be able to glean new insights into the recent, lived past, the discrepancy between my own knowledge of such a fresh historical moment and what seemed to be regarded as taken-for-granted by my peers and professors was staggering. Hence, a large part of this thesis will be drawing such material from the confines of the gay community in American history and attempting to offer it anew as knowledge and history for a more general audience.

<sup>&</sup>lt;sup>39</sup> In his introduction, Ferguson defines the "queer of color critique" as an "epistemological intervention" that "approaches culture as a site that compels identifications with and antagonisms to the normative ideals promoted by state and capital." By denaturalizing culture, we can then attempt to view the historical subject—be it a individual corporeal entity, as I address in chapter one, a geographic regionality in chapter two, or a fictive imagination in chapter three—within a number of different analytical frameworks. Roderick A. Ferguson, *Aberrations in Black: Toward a Queer of Color Critique* (Minneapolis: University of Minnesota Press, 2004), 3.

In so doing, I have had to enter this world myself. It is difficult in a world where people now live with AIDS to imagine one in which those diagnised died an almost certain death. In his essay "Writing Religion Into History," Richard Elphick argues that historians must make use of "the principle of empathy" when interpreting matters of personal belief and faith.<sup>40</sup> It is only by truly attempting to understand and appreciate how believers themselves viewed religion and used it in their lives and culture than any insight can be properly gleaned. Through such a methodological assumption, a scholar can fully understand the import of a sociohistorical phenomenon such as religion.

This thesis attempts to carry such a principle into the writing of both the history of sexuality and disease. I was shocked when first entering the archives how my image of the history of AIDS, and of gay men, changed so dramatically when viewing primary source material. Much of the language and content of these archives is graphic, or even pornographic, particularly if defined by the standards of modern academic writing. I have tried to preserve some of this in my thesis not only to offer it to the reader in a less filtered or translated form, but also to relate how this period was lived by those who struggled with the disease. Some readers may take this as an attempt to shock, and I do hope to give the reader some sense of the surprise I experienced in my own research. But a more general question this thesis will raise is, what are the limits of academic respectability? If the historian is meant to be empathetic in some sense to his source material, can history be usefully pornographic?

<sup>&</sup>lt;sup>40</sup> Richard Elphick, "Writing Religion into History: The Case of South African Christianity," in *Missions and Christianity in South African History*, ed. H. C. Ross Bredekamp and Robert July (Johannesburg: Witwatersrand University Press, 1995), 3.

Pornography is a separate genre with a different goal—whatever that may be for the viewer—than that of the historical project. But I want this thesis to ask the reader to consider anew what pornography is. This, again, was an issue I had to wrestle with throughout my research. When watching Marlon Riggs's film *Tongues Untied* with a family friend (a decision I began to regret immediately after pressing the play button), she visibly flinched during one scene, shaking her head afterwards and saying to me "I guess you're just numb to it at this point."

Considering some of the things I had seen at that point, I personally considered it relatively tame. But whether or not that scene was graphic, or even pornographic, is irrelevant. What is meaningful for the question of translation is that she deemed it such. Particularly in the 1970's and 1980's, there was much less of a distinction between cultural spaces that were meant to be "erotic" and ones that were not in gay male cultures. The individual's experience, then, was often put in terms that were far more sexual than they might have otherwise been. In "The Evidence of Experience," Joan Scott asks how such individual experiences may be used textual support for the historian:

To do this, a change of object seems to be required, one that takes the emergence of concepts and identities as historical events in need of explanation. This does not mean that one dismisses the *effects* of such concepts and identities, nor that one does not explain behavior in terms of their operations. It does mean assuming that the appearance of a new identity is not inevitable or determined, not something that was always there simply waiting to be expressed, not something that will always exist in the form it was given in a particular political movement or at a particular historical moment.<sup>41</sup>

What is meaningful for the historian, then, is not assessing the "credibility" of an intersubjective experience as such, but interrogating the way such an experience is

<sup>&</sup>lt;sup>41</sup> Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17, no. 4 (1991): 792.

framed by the subject. What framed an experience as appropriately sexual for a gay man in the 1980's? Furthermore, how did this framing differ from that of epidemiologists, politicians, and other social actors newly interested in diverse forms of gay sex?

This raises a larger issue about shame present in our own culture and history. When researching at the National Archive of Lesbian, Gay, Bisexual and Transgender history in New York City this past summer, a friend of mine came to meet me after work. He walked into the room where I had been reading, and both of us looked down at the pamphlet from a gay sex club written during the 1980's that I had been reading. I realized anew in his presence that there was a picture filling the opposite page of a massive, erect penis. He waited in silence as I quickly shuffled my papers. We left the archive and I waited for him to start teasing me. But he said nothing. We met an exgirlfriend of mine and went to a movie. Still he remained silent. Then later that night the three of us sat down to dinner and he started to joke: "so today I got off work early and went to see Yannick in the archives and he was doing some 'research' on…"

I flushed. Lost in this moment of embarrassment was my learned ability to look more clearly at this historical document, to ask why an article responding to AIDS might be juxtaposed with an erotic image of the gay male body. In *Unlimited Intimacy*, Tim Dean argues that "when the term *pornography* is coined metaphorically, it tends to be unequivocally pejorative, not neutrally descriptive;

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when used in this manner  $[\ldots]$ , the term hinders our capacity to think analytically about sexual representations."42

As I suggested earlier, much of the earliest works of gay American history wrestled with issues of visibility. While gay American history has been accepted by and institutionalized within academia, I wonder how many scholars have experienced these same moments of embarrassment, how much shame still inflects the writing of the history of sexuality. How many men-straight men in particular-have run from this subject, as we are so often pressured to assert our heterosexual masculinity at the expense of gay men forcefully, even violently? In her work From Disgust To *Humanity*, the legal scholar Martha Nussbaum argues that gay men will only gain "equal respect" when we acquire "the capacity to imagine [their] experience and that of other gay and lesbian citizens."43

Nussbaum is speaking to the future of gay rights, but her logic also applies to historians. Lee Edelman interprets this as part of a "larger blind spot in the law's view of homosexuality: its inability it see it as anything but the observe, the backside, of the 'natural' self-evidence that phallic sensibility would assure." The uncertainty of terms shown in the "opacity" of the subject, Edelman suggests, ought to preclude our persistent inquiry. "Gay male sexuality," he concludes, "can always only be perceived

<sup>&</sup>lt;sup>42</sup> The term itself, Carolyn Dean suggests, "does not encourage but freezes discussion, which is arguably its most significant accomplishment." Quoted in Tim Dean, Unlimited Intimacy: Reflections on the Subculture of Barebacking (Chicago: University of Chicago Press, 2009), 153. This is an Dean wrestled with himself, Martha Nussbaum notes. His academic publisher (the University of Chicago Press) worried as the book approached its release date that any recognition of barebacking subcultures would be construed as an act of tacit moral approval on their part: "Many people were unwilling to see the press publish a book that could be seen as advocating 'risky behavior.'" It is interesting to note how in their anxiety, the publishers resorted to a homophobic logic that anti-gay legislation often deployed during the AIDS crisis itself in order to (ironically) prevent safer sex education, similarly arguing that teaching youth about the realities of gay sex would encourage in them a gay identification. Martha Craven Nussbaum, From Disgust to Humanity: Sexual Orientation and Constitutional Law (New York: Oxford University Press, 2010), 179. <sup>43</sup> Nussbaum, *From Disgust to Humanity*, xvii.

from behind by a law that is destined to find its angle of vision recurrently 'obscured' by a 'back.<sup>3344</sup> But we have a rare opportunity in writing this history to actually resuscitate some of these terms before they are, as Judith Brown laments, lost to the silence of a past both unspeakable and unspeaking. The principle of empathy here encourages the historian to reconsider how sources deemed pornographic might be brought into the record.

Furthermore, this source material is meant to inspire a new methodological language. Estelle B. Freedman and John D'Emilio, co-authors of one of the first comprehensive histories of sexuality in America, warn in a historiographical essay that "so many sources of sexual 'deviance' have survived that historians must be careful not to write a history of the unusual."<sup>45</sup> With new archival material, we may naturalize such a historical record by providing new angles of perspective to overcome, in George Chauncey's words, the "condescension of history."<sup>46</sup>

### **Cultural Logics of Disease**

Given his naturalist approach to the study of disease, Grmek implies that while historians may not be "able to write the 'official biography' of AIDS" yet, such knowledge may begin to cohere as its history recedes in the face of continuing scientific and medical advances.<sup>47</sup> Disease, in this approach, exists independently of its historical and cultural understanding. The task of the historian is thus, in part, to separate the disease itself from its social effects that reverberate into the community

<sup>&</sup>lt;sup>44</sup> Lee Edelman, "Tearooms and Sympathy; or, the Epistemology of the Water Closet," in *Homographesis : Essays in Gay Literary and Cultural Theory*, ed. Lee Edelman (New York: Routledge, 1994), 170.

 <sup>&</sup>lt;sup>45</sup> John D'Emilio, and Freedman, Estelle B., "Problems Encountered in Writing the History of Sexuality: Sources, Theory and Interpretation," *The Journal of Sex Research* 27, no. 4 (1990): 483.
 <sup>46</sup> George Chauncey, "The Trouble with Shame," in *Gay Shame*, ed. David M. Halperin and Valerie Traub (Chicago: University of Chicago Press, 2009), 278.

<sup>&</sup>lt;sup>47</sup> Grmek, *History of AIDS.*, p. ix.

effected. In contrast to Grmek, historians such as Rosenberg argue for the imaginative—even fictive roles—disease plays as it is socially constructed. AIDS then cannot be said to have, as Yingling proposes, its own history.

"AIDS," Lee Edelman has noted, "cannot unproblematically function as the subject of our writing, because 'AIDS' is ideologically constructed as a form of writing itself."<sup>48</sup> This highlights a significant dilemma present in the formation of AIDS narratives. During the attempted nosological formation of AIDS, the so-called "biological event" of the disease largely exceeded the grasp of public health authorities, medical researchers, and writers and activists alike. The instability of medical knowledge during an epidemic, Charles Rosenberg argues, constructs them as "dramaturgic events;" they "follow a plot line of increasing revelatory tension, move to a crisis of individual and collective character, then drift towards closure."<sup>49</sup> But as William Johnston has observed, Rosenberg leaves unanswered the question of how this social framing of a disease coheres with that same biological event. In his history of tuberculosis in modern Japanese history, Johnston then suggests that neither essentialist nor constructionist interpretations of disease are entirely true:

Concepts of epidemics, disease, and individual diseases are cultural and ideological constructs, creations facilitates by the intersection of specific historical forces. They are not therefore subject to timeless and essential definitions. But at the same time, the description of tuberculosis provided by modern science describes events that for practical purposes transcend times and places. In other words, the phenomenon now called tuberculosis predated the concept by at least a couple of millennia. Thus one can meaningfully discuss the disease in the past on the basis of its definition in modern science.<sup>50</sup>

<sup>&</sup>lt;sup>48</sup> Edelman, "The Mirror and the Tank," 15.

<sup>&</sup>lt;sup>49</sup> Charles E. Rosenberg, "What Is an Epidemic? AIDS in Historical Perspective," *Daedalus* 118, no. 2, Living With AIDS (1989): 2.

<sup>&</sup>lt;sup>50</sup> William Johnston, *The Modern Epidemic: A History of Tuberculosis in Japan* (Cambridge: Council on East Asian Studies, Harvard University : Distributed by Harvard University Press, 1995), 8.

Rather than offer a linear historical narrative, Johnston divides his work into three sections, approaching the disease's natural history, its cultural dimensions, and the political efforts at its containment in turn. This structure analyzes the disease and its social forms in equal parts, separating them to do each more justice. While not necessarily privileging the natural history of the disease, Johnston nonetheless maintains that such a history does indeed exist.

There are moments in the history of AIDS where such an analysis becomes possible. But gaps in our biological understanding of the syndrome and its etiologic factors preclude such a comprehensive account. But does this make Rosenberg's approach more convincing by default? "If epidemics are primarily 'dramaturgic events," Johnston asks, "does that mean they come to an end following the peak and decline in their dramatic intensity?"<sup>51</sup> Perhaps not, though if we extrapolate upon Edelman's argument, we can take Rosenberg's point about diseases being "social actors" to understand them as characters within a particular cultural narrative of illness. In order for it to make any sense, a disease must be embodied in different forms of cultural identity and logic.

How was AIDS embodied during the epidemic, and how did that embodiment overlap with, or distinguish itself from, the gay male body? Such a question must be answered by paying equal attention to the ontological categories of disease and sexuality. It is difficult to understand a single "cultural logic" of disease in United States history, especially as a disease such as AIDS achieved nosological coherence from the marginalized subcultures of those experiencing the illness. "Gay

<sup>&</sup>lt;sup>51</sup> Ibid., 6.

community" and gay culture were themselves ambiguous and evolving social realities. Just as it is impossible to look at AIDS in totality, it is therefore problematic to privilege any particular history of the disease. Medical advances and political changes both interact in a complex field of cultural and subcultural forces.

As a result, I resist the prominence of any single historical narrative in favor of an investigation into different cultural logics of AIDS. In attempting to arrive at some answers to these questions, I do not offer a straight chronology of the period spanning the "AIDS epidemic" (roughly from the late 1970's to the mid 1990's). Instead, each of my chapters offers a different historical analysis of a similar chronology. This may be disorienting at first. But it is meant to be. As the chapters look at unique subjects in turn, they also advocate a historiography that acknowledges muliple historical narratives rather than an singular comprehensive account.

My first chapter focuses on the story of Dr. Joseph Sonnabend, a former clinical researcher who, by virtue of his position as a "clap doctor" in one of New York City's "gay enclaves," was unwittingly placed in the path of the history of AIDS as medical and sexual communties intersected in his office. Sonnabend also illustrates the tension between gay physicians and writers and the mainstream medical community that emerged at the beginning of the epidemic. Along with other doctors, Sonnabend and his colleagues were integral to both research and treatment efforts generating medical knowledge through firsthand experience with the sudden influx of patients while also disseminating more 'expert' medical opinions to the gay community. In filtering such knowledge, however, they also shaped emerging categorizations of "disease" and "health," as well as "safe" and "legitimate" sexual

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behavior. Intertwined with their interpretations of AIDS and (in Sonnabend's case) its proposed etiology, therefore, were definitions of new, and idealized, forms of gay male sexuality that hoped to connect to an established sense of the erotic. These medical theories blended almost seamlessly into divergent forms of activism and conscious redefinitions of ideas about gay identity and community in the work of writers such as Larry Kramer, Richard Berkowitz, and Michael Callen. The close connection between medical and social thought, particularly in the critical period before the discovery of HIV and the ensuing understanding that AIDS was a virus, is often understated or overlooked entirely.

Alongside medical and political discourse, it is important to examine how sex actually changed for gay men during this same period. My second chapter will therefore focus on changes in public sex spaces and behaviors available to gay men as the AIDS crisis cohered. While much analysis has rested on the public discourses about such issues as the closure of bathhouses and other public sex spaces, few accounts have actually looked at these institutions themselves or the new ones that replaced them. A particularly interesting example here is the proliferation of what were called "Jerk-Off Clubs": social organizations where men engaged in a variety of forms of communal sex and mutual masturbation, during the 1980's. Such organizations attempted to create an alternative model for institutionalized gay sex, and thereby retain the utopian notions of communal sexuality among loving strangers fostered in the 1970's. These public sex spaces also acted as powerful cultural pathways to disseminate medical knowledge. JO Clubs therefore had a unique institutional ability to put ideas about "safe sex" into immediate practice as those

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ideas emerged from the medical and political writings discussed earlier. Because of this dual role, however, they ultimately (and perhaps unintentionally) instilled ideas about the dangers of the gay male body.

Scientific and sexual discourses were two of the dominant cultural media for gay men at the time to articulate a particular understanding of the disease. In my final chapter, I turn to gay male literature. Here I use literary analysis as a method for recovering historical voices. While literary history has a rich tradition, almost all of the scholarly analysis of AIDS literature has been done in the realm of literary theory.<sup>52</sup> Part of this chapter's goal, therefore, will be to borrow some of the analytic and interpretive modes set forth by literary scholarship for a historical project. Such an analysis is particularly useful when understood in the context of gay art and creativity at the time. Literature, more so than film and other popular forms of art, provided essential sites for debate about the nature of AIDS and gay male sexuality. Unlike their relationship to these other mediums, gay men already had a strong literary tradition of their own, and because they were aware of literature's power in their history, they used it to address this new condition that was effecting their communities. By ending here, I also hope to leave the reader with more general

<sup>&</sup>lt;sup>52</sup> In his classic *The Great War and Modern Memory*, Paul Fussell writes that literary responses to the trauma of World War One were necessary because of the essentially literary (ironic) character of the war, and the capacity it gave individuals to record and define their experiences in a novel way. Such literary phenomena also have the potential to redefine social and political responses to a disease. Describing the appearance of tuberculosis in modern Japanese literature, William Johnston argues that writing "offered alternative interpretations of reality, of the social and moral order." This "free market of ideas" produced by literary responses allowed for discursive possibilities which often resulted in a "tension between literary discourse on the one hand, and on the other, the discourses of government ideology and of the 'ordering principles of the natural village." Paul Fussell, *The Great War and Modern Memory* (New York: Oxford University Press, 1975), 9, 157. And Johnston, *The Modern Epidemic*, 125.

questions about the changing nature of gay politics and AIDS activism throughout the epidemic and in a new generation of gay cultural construction in the 1990's.

In advancing this structure, I have kept many voices silent. The genealogy of AIDS as a disease category, the frantic medical investigations into proper diagnoses and treatments, and the controversial responses (or, more accurately, the lack thereof) by the Reagan and Bush administrations have been addressed by others.<sup>53</sup> I ignore figures such as Ryan White and Magic Johnston, whose experience with AIDS has so often been overemphasized at the expense of gay men's. It is with a certain amount of relish that I only mention Reagan by name twice in this thesis, given that that is still two more times than he mentioned the word "AIDS" in public during the first period of the crisis.

As I will discuss more fully in my conclusion, I have not made political or racial dynamics central to my analysis. My narrative also has an urban bias. But these aspects may also inform my larger project. Marlon Riggs, for example, recalls indignantly his experiences with racism as a black gay man in the Castro, a space often mythologized in gay memory as the birthplace of liberation itself.<sup>54</sup> Kath Weston notes that the geographic and social parameters of the "gay imaginary" that

<sup>&</sup>lt;sup>53</sup> For accounts of scientific research and drug policy, see Peter S. Arno and Karyn Feiden, Against the Odds: The Story of AIDS Drug Development, Politics, and Profits, 1st ed. (New York: HarperCollins, 1992); Steven Epstein, Impure Science: AIDS, Activism, and the Politics of Knowledge, Medicine and Society; (Berkeley: University of California Press, 1996). For the most recent political history, especially in regards to the Reagan administration, see Brier, Infectious Ideas, 78-121. For social movement accounts that contextualize AIDS activism within gay politics more generally, see Deborah Gould, "The Shame of Gay Pride in Early AIDS Activism," in Gay Shame, ed. David M. Halperin and Valerie Traub (Chicago: University of Chicago Press, 2009); ——, Moving Politics: Emotion and Act Up's Fight against AIDS (Chicago: The University of Chicago Press, 2009). See also Elizabeth A. Armstrong, Forging Gay Identities: Organizing Sexuality in San Francisco, 1950-1994 (Chicago: University of Chicago Press, 2002), 154-92. For more popular accounts, see Andriote, Victory Deferred; Elinor Burkett, The Gravest Show on Earth: America in the Age of AIDS (Boston: Houghton Mifflin Co., 1995); Randy Shilts, And the Band Played On: Politics, People, and the AIDS Epidemic (New York: St. Martin's Press, 1987). <sup>54</sup> Marlon Riggs, "Tongues Untied," (USA: Strand Releasing, 1989).

informed such a gay community is itself a meaningful aspect of identity. "Whether introduced by words of surprise, satisfaction, disillusionment, or [in Riggs's case,] disappointment, the stories" given by gay men "confirm the power of participation in sexual imaginary at the very moments they dispute its existence."<sup>55</sup> As Charles Rosenberg justifies a similar urban focus, a major urban center such as New York (or, in my case, San Francisco as well), "was not just another community; it was the largest and most important city in North America."<sup>56</sup>

Even in their limitations, these features may thus allow us to explore the limits gay men placed on their community and identity even as it was being changed by AIDS. This thesis downplays many accounts to assert alternative histories, making it "incomplete" in some sense. But I consider it incomplete only insofar as the history of AIDS, and the history of gay men, themselves are. It is to these primary subjects that I now turn.

<sup>&</sup>lt;sup>55</sup> Kath Weston, *Long Slow Burn: Sexuality and Social Science* (New York: Routledge, 1998), 49. <sup>56</sup> Charles E. Rosenberg, *The Cholera Years; the United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962, 1987), 8.

#### Chapter 1

### I Invented A Disease: Scientific Theory and the Promiscuity Debates

"[The single virus theory was] appealing to many different constituencies [...] people who like family values, people who hate prostitutes, people who don't like gay men, people who would like to think that extramarital sex kills: they like that kind of stuff. Gay men like it too. They like it because it took the heat off a lifestyle (silly fools! Lifestyles spread germs). So they liked it too and joined hands with people who hated them to push the single killer agent notion."<sup>1</sup>

Interview with Joseph Sonnabend by Marcus Boon and Kate Hunter, 1991.

"It is certainly true that the epidemic had broken out in American homosexuals not because they had 'sinned against nature,' but because, as a group, they had been more prone to promiscuity than heterosexuals. However, it would be a methodological fallacy to consider this event as an accident in the strict sense, that is, as the fortuitous result of 'playing the odds.' American homosexuals created the conditions which, by exceeding a critical threshold, made the epidemic possible. They were a sort of 'cultural medium' that permitted virulent strains of HIV to emerge."<sup>2</sup>

Mirko D. Grmek, History of AIDS: The Emergence of a Modern Pandemic, 1987

In 1977, Dr. Joseph Sonnabend left his position at the Mt. Sinai School of Medicine after struggling to attract institutional support for his research. Originally from South Africa, Sonnabend had been working as a clinical researcher in both London and the United States since the early 1960's, examining the role of interferon in treating certain types of cancer. For a brief period he juggled several different positions in hospitals and public health office areas such as the Bureau of Venereal Disease Control at the New York City Department of Public Health. He also volunteered regularly in Chelsea, one of the city's prominent gay neighborhoods, at

<sup>&</sup>lt;sup>1</sup> Interview with Joseph Sonnabend by Marcus Boon and Kate Hunter, 1991, 3. Joseph Sonnabend Papers, Box 1, Folder 2: "Interviews (drafts, near-print) circa 1987, 1991," NYPL.

<sup>&</sup>lt;sup>2</sup> Grmek, *History of AIDS*, 168.

the Gay Men's Health Project. By 1978, he had settled into private practice as a physician in Greenwich Village, another gay neighborhood.

Business took off quickly. As the 1970's progressed in the cities that were the sites of gay liberation and what would come to be collective remembered as "The Party" among newly liberated gay men, a number of "clap doctors" sprung up to treat gay men for sexually transmitted infections. Though antibiotics, being both cheap and effective, gave many gay men a sense of sexual invincibility, homophobia still existed for many men seeking medical treatment. In his 2005 documentary film *Gay Sex In The Seventies,* Joseph Lovett describes the stigma he experienced when consulting a physician about a sexually transmitted infection (STI):

I remember once I thought I had gonorrhea in my throat, and I called a throat specialist I knew. [...] He said "there's absolutely no way you could have gonorrhea in your throat. You couldn't possibly [...] unless you were some sort of pervert." And I said of course I wasn't some sort of pervert, and I got the name of a gay doctor. And sure enough, I had gonorrhea in my throat. After that I went to gay doctors.<sup>3</sup>

Being both cheap and particularly sympathetic to his clientele, Sonnabend was foremost among these clap doctors. His rapport with his gay patients engendered a sort of trust that had rarely mediated the clinical encounters between gay men and much of the medical profession.

Parodoxically, the nature of his clientele made it difficult for Sonnabend to appreciate the significance of the increasing number of immune-suppressed patients who began to arrive in his office in 1978. "There'd never been such a volume of STD's," Sonnabend later recalled. "People were being continually infected with one

<sup>&</sup>lt;sup>3</sup> Lovett, Joseph, interviewed in Lovett, "Gay Sex in the Seventies." Eric Rofes gives a brief description gay physicians prior to the epidemic, see Eric E. Rofes, *Reviving the Tribe: Regenerating Gay Gen's Sexuality and Culture in the Ongoing Epidemic* (New York: Haworth Press, 1996), 114-16.

thing or another and there was great reluctance on the part of doctors to try and change people. They said it was judgmental."<sup>4</sup>

It was only when he began to notice patients with "lymphademopathy [the swelling of the lymph nodes that often suggests an auto-immune or malignant condition] and thrombocytopenias [the reduction of platelets in one's blood]" that he suspected there was "something unusual happening." Both of these conditions pointed to a more serious array of infections than the clap doctors had become accustomed to treating quickly and discreetly with antibiotics.<sup>5</sup> Enmeshed as he was in a unique moment in the history of gay sexuality, Sonnabend took an almost ethnographic approach to the new disease. "Somehow within that lifestyle," he later recalled, "had to be found the origins of this new stuff we were seeing."

This chapter addresses the dynamic between "that lifestyle" and the formation of a disease category that would come to be known as AIDS. Unlike other parts of this thesis that will speak to more general trends occurring among gay men, here I focus on the story of one doctor, his theory of AIDS, and the impact of that theory on

<sup>&</sup>lt;sup>4</sup> Sonnabend, Interview with Marcus Boon and Kate Hunter, 1.

<sup>&</sup>lt;sup>5</sup> In his social history *No Magic Bullet*, Allan Brandt shows how the discovery and production inculcated a new perception of venereal as non-threatening. On one level this was because penicillin cured and prevented many once fatal and stigmatizing diseases such as syphilis and gonorrhea. However the optimism of public health officials, physicians, and patients alike produced a willful ignorance of sexual health in the years following its discovery. Patients and doctors, meanwhile, were eager to enjoy their respective practices independent of such profound moral sway, which would alter their conception of sexual health: "Many physicians no longer saw the importance of identifying contacts when treatment could be applied with such great effect so quickly," while patients in turn "no longer saw the need to identify partners if the disease held so little danger." Penicillin was thus an integral component in the reconceptualization of the dynamic interplay between medicine and normative and moralistic understandings of sexuality. Lacking the same scientific appeals social institutions such as the American Social Hygiene Association, had to transform "sexuality itself [...] into a disease." Allan M. Brandt, No Magic Bullet: A Social History of Venereal Disease in the United States since 1880, Expanded ed. (New York: Oxford University Press, 1987), 170-77. Andrew Holleran jokes in Ground Zero that penicillin was "what made sex possible" for gay men; it "made accessible to the average man a dream of sexual paradise previous confined to the canvases of delacroix, the pages of The Arabian Nights." Holleran, Ground Zero, 32.

<sup>&</sup>lt;sup>6</sup> Sonnabend, Interview with Marcus Boon and Kate Hunter, 1.

gay communities. I do this because of the peculiarity of Sonnabend's position. As both a physician and researcher with ties to the medical community and the urban gay male culture of his time, his example illustrates the profound tensions that erupted as these two worlds—which might be best understood in terms of Ludwik Fleck's theory as separate and coterminous "thought collectives"—overlapped on the question of AIDS and gay male sexuality.

Describing his theory more fully than any previous scholarship on AIDS, this chapter suggests several revisions of the contemporary literature. Rather than situating Sonnabend in terms of HIV/AIDS denialism—a tendency that oversimplifies his multifactorial theory and inappropriately connects him with prominent and outspoken denialists such as Peter Duesberg—I ask why his theory continued to have relevance to the gay community when it was so quickly abandoned by the mainstream scientific community in the lead-up to HIV's discovery. I also correct a general tendency among gay historians to, in the words of Leo Bersani, only understand "gay shame as something imposed on gays by a homophobic society."<sup>7</sup> While the history of sexuality and homophobia in the 1980s has been examined extensively, scholars have only looked at the work of state-run public health organizations that already had an exotic image of gay culture ingrained prior to the epidemic.<sup>8</sup> A more important question for historian, then, is how gay cultures

<sup>&</sup>lt;sup>7</sup> Leo Bersani, "Excluding Shame," in *Gay Shame*, ed. David M. Halperin and Valerie Traub (Chicago: University of Chicago Press, 2009), 176.

<sup>&</sup>lt;sup>8</sup> Gerald Oppenheimer notes in his early analysis of the nosological formation of HIV and AIDS that epidemiology "has a strong social dimension [that] explicitly incorporates perceptions of a population's social relations, behavioral patterns, and experience into its explanations of disease processes." Even in the case of a single identifiable "new agent," as Mausner and Bahn state, the most cutting edge research models at the time of their writing (1985, the same year that a cluster of retroviruses were collectively renamed Human Immunodeficiency Virus, or HIV, by a number of elite research teams in correspondingly prestigious medical journals) had "been developed that deemphasize

operated within such a dense network of convergent discourses. In the presence of AIDS, the gay male body that had been produced in liberationist history and ideology was reformulated. It took on new sites of pleasure and pathologization in Sonnabend's theory.

Multifactorialism inflected the promiscuity debates that transformed the sexual and political parameters of individual and communal gay identity. Here I will focus on the writing of Lawrence Mass and Larry Kramer. Kramer's activism and writing has already been examined by many scholars and fellow gay writers alike.<sup>9</sup> But I look at Kramer not to question the effectiveness of his politics or the controversy of his rhetoric as scholars often do. By situating him in terms of these scientific writers, I therefore analyze the ways in which his emotional rhetoric borrowed from these scientific logics, and in the process concretized them for contemporary gay politics. In so doing, he defined for many gay men the "proper right to love" that Callen and Berkowitz left open to debate.

#### A "Gay Plague?": Causation and Contention

The new collection of previously unrelated symptoms soon began to attract attention beyond Sonnabend's private practice. When epidemiologists and other

<sup>&#</sup>x27;agent' and rather stress the multiplicity of interactions between host and environment." Oppenheimer compares this tendency to the singular focus held by virologists and other "bench scientists." A broader methodological focus, however, had a corresponding risk of imbricating "the social values of the scientist, the working group or the society" within scientific theories and therefore lending such judgements the appearance of "objective, well-grounded scientific statements." Homophobia was (perhaps unwittingly) insinuated into the "determinate social matrix" of HIV's epidemiological character. Gerald Oppenheimer, "In the Eye of the Storm: The Epidemiological Construction of AIDS," in *AIDS: The Burdens of History*, ed. Daniel M. Fee and Elizabeth Fox (Berkley: University of California Press, 1988), 269.

<sup>&</sup>lt;sup>9</sup> See, in particular, John D'Emilio, "Then and Now: The Shifting Context of Gay Historical Writing," in *The World Turned: Essays on Gay History, Politics, and Culture*, ed. John D'Emilio (Durham: Duke University Press, 2002); Kramer, *Reports from the Holocaust*; Lawrence Mass, ed. *We Must Love One Another or Die: The Life and Legacies of Larry Kramer* (New York: St. Martin's Press, 1997).

medical professionals first recognized the syndrome, it was largely articulated in both medical and popular discourse through the identities of those infected: namely hemophiliacs, Haitian immigrants, intravenous drug users (IDU's) and gay men (often referred to colloquially as the "four Hs")<sup>10</sup>. The names of the disease highlight its protean nosology during this formative period in its history. What began as Gay Related Immune Deficiency (GRID) (colloquially referred to as "gay cancer" in conversation and the press alike), was soon renamed Acquired Community Immune Deficiency Syndrome (ACIDS) or Community Acquired Immune Deficiency Syndrome (ACIDS).<sup>11</sup> "The disease that still did not have a name" seemed to borrow the names it did have from those people who were primarily affected by it, or those patients who actually visited doctors.<sup>12</sup>

Sonnabend vehemently resisted the identification of the disease with gay men. "Assuming that the risk factor is homosexuality per se seems a little bizarre to me," he stated in a 1981 interview. "I don't think that anyone is really claiming that homosexuals are so biologically different." He concluded, "A more logical assumption is that it has something to do with lifestyles, and I would imagine that

<sup>&</sup>lt;sup>10</sup> Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 20.

<sup>&</sup>lt;sup>11</sup> In his influential account of AIDS *And The Band Played On*, the journalist Randy Shilts dismisses the shift towards "community" as little more than a "polite way to say gay." But Mirko Grmek shows in his *History of AIDS* that part of the nosological transformation here came from the realization by researchers that "a factor could be discerned that way related not only to the patient's particular sexual comportment but also to their membership in a marginal social subgroup. The syndrome thus became 'community-acquired' and not simply 'gay." Shilts, *And the Band Played On*, 138. And Grmek, *History of AIDS*, 11.

<sup>&</sup>lt;sup>12</sup> Shilts, And the Band Played On, 138.

individual lifestyles of homosexual men are as variable as they are among heterosexual men."<sup>13</sup>

The claim of biological difference between hetero- and homosexuality alarmed Sonnabend. Upon reading the Morbidity And Mortality Weekly Report's (MMWR) early coverage of Kaposi's Sarcoma and Pneumocystis Carinii Pneumonia discovered in homosexual men, Sonnabend feared others would make an implicit connection between disease and gay male identity.<sup>14</sup> "Why on earth should specific localities in 1982 conform to generalizations contained in the Kinsey report of 1948?" he demanded in a letter to the MMWR's editor. "These are the flimsiest of referral sources to support a contention with such far-reaching implications," he continued, the only possible justification being "the perception of gay men as carriers of a cancer virus."<sup>15</sup> The following day he wrote another letter to the congressman Henry Waxman demanding congressional oversight: "to even suggest in an official publication that a particular minority group may be carriers of what is in effect a cancer virus is an act of tremendous seriousness."<sup>16</sup> For Sonnabend, there were many cultural and environmental factors that affected a community's health. The assumption of a new disease present in four different communities was thus implausible, given the MMWR's ignorance of the diverse pathways to immune suppression. He felt that epidemiology required, in the words of one of his later

<sup>&</sup>lt;sup>13</sup> "The Riddle of Kaposi's Sarcoma," *Emergency Medicine*, November 15, 1981. Joseph Sonnabend Papers, Box 1, Folder 6.

<sup>&</sup>lt;sup>14</sup> Morbidity and Mortality Weekly Report, "Kaposi's Sarcoma and *Pneumocystis* Pneumonia among Homosexual Men--New York City and California," in *AIDS: From the Beginning*, ed. Helene M. Cole and George D. Lundberg (Chicago: American Medical Association, 1986).

<sup>&</sup>lt;sup>15</sup> Letter from Joseph Sonnabend to Editor of *Morbidity and Mortality Weekly Report*, July 14, 1982. Joseph Sonnabend Papers, Box 1, Folder 8.

<sup>&</sup>lt;sup>16</sup> Letter from Joseph Sonnabend to Representative Henry Waxman, July 15, 1982. Joseph Sonnabend Papers, Box 1, Folder 8.

research papers, "a more rational description of the homosexual men at risk, in terms of exposure to environmental factors, rather than merely in terms of sexual orientation."<sup>17</sup>

### "A Disease of Our Times": The Gay Pathway to Immune Suppression

Sonnabend's experience as both a medical researcher and practitioner gave him an unusual and, as it would turn out, useful perspective on the new disease. But the ambiguity of his medical and professional identity would also place him in an awkward, and often oppositional, relationship with the American medical community. Fearing the stigma he already saw brewing in the dominant scientific literature, he attempted to enlist support for more nuanced scrutiny from established research facilities. A 1982 letter to the Executive Director of the International Biotechnology Foundation illustrates this:

[...] Not only was I among the first to observe the disease and its prevalence among homosexual men, [...] I have [also] been in the unusual position of applying the rather fundamental and theoretical knowledge I have to practical day to day matters of diagnosis and treatment. What this is really saying is that I have the training and experience to approach the study of a syndrome that requires knowledge in infectious diseases, immunology, virology, oncology, epidemiology, and in addition has tremendous social implications. My practice has truly become the nucleus of a center for the scientific study of AIDS.<sup>18</sup>

Repeatedly rejected by the medical establishment, Sonnabend was eventually able to attract the attention of Dr. David Purtilo of the University of Nebraska Medical Center and Mathilde Krim of the Sloan-Kettering Institute for Research, whom he

<sup>&</sup>lt;sup>17</sup> Joseph A. Sonnabend, Steven S. Witkin, and David T. Purtilo, "A Multifactorial Model for the Development of AIDS in Homosexual Men," *Annals of the New York Academy of Sciences* 437(1984): 177.

<sup>&</sup>lt;sup>18</sup> Letter from Joseph Sonnabend to J. Grant Halladay, Executive Director of the International Biotechnology Foundation, December 12, 1982. Joseph Sonnabend Papers, Box 2, Folder 2.

had worked with earlier on interferon. "I realized then that I was in a unique situation," he recalled later in an interview. Other physicians "were just doctors with patients. And the academic researchers, the top immunologists didn't have the patients. I had both the background and the patients."<sup>19</sup>

The disease that would come to be known as AIDS, Sonnabend would later write, troubled the "traditional separation between the practice of medicine and the conduct of clinical research." Maintaining arbitrary distinctions in the intricate bureaucracy of institutionalized medicinal practice ultimately "had the result of impeding progress in both areas."<sup>20</sup> What distinguished Sonnabend was his ability to transgress the boundaries of official medical science. But what made him particularly alluring for researchers was something much more basic. "I had patients who liked me," he explained, "who were willing to give me blood."<sup>21</sup> Finally mustering together a research team along with David Purtilo and another colleague, Steven Witkin, Sonnabend began to describe AIDS in terms of an alternative understanding of disease that he called a "multifactorial theory."<sup>22</sup>

Multifactioral etiology, as Judith Mausner's 1985 introductory text *Epidemiology* described, requires that "more than one factor be present for disease to develop."<sup>23</sup> Applied to the case of AIDS for Sonnabend's theory, such a model emphasized the diversity of pathways and accumulation of multiple pathogens

<sup>&</sup>lt;sup>19</sup> Sean Strub, "The Good Doctor," POZ, July 1998, 84.

<sup>&</sup>lt;sup>20</sup> Sonnabend, "Do We Need New Ways To Evaluate Experimental AIDS Treatments?", November 1988, 1. Joseph Sonnabend Papers, Box 3, Folder 5.

<sup>&</sup>lt;sup>21</sup> Sean Strub, "The Good Doctor," 85.

<sup>&</sup>lt;sup>22</sup> Michael Callen and Richard Berkowitz, *How To Have Sex In An Epidemic*, 1.

<sup>&</sup>lt;sup>23</sup> Judith S. Mausner, Shira Kramer, and Anita K. Bahn, *Epidemiology: An Introductory Text*, 2nd ed. (Philadelphia: Saunders, 1985), 27.

necessary to produce a diseased state. As a fellow advocate of multifactorialism explained to Krim:

The disease resembles that which occurs in plants which have multiple viral infections. Plants may show no effect when infected with one, two, or three (so-called benign) viruses. However, when a fourth benign virus infects the plant, the plant will droop and die.<sup>24</sup>

It was unclear, however, what had finally tipped the scales for gay men. Sonnabend assured his readership in the prominent gay newspaper *The New York Native* that the hasty and uncritical assumption of a "new agent" that caused the disease was based on two conjectural hypotheses: "the common identity of the disease in at least four different groups, and the newness of its occurrence in all four groups." But he did so in an article for the *New York Native* that was alarmingly titled "Promiscuity is Bad for you Health."<sup>25</sup> Hoping to offer some medical certainty to assuage any ensuing panic or polemics, he devoted himself to journal writing.

Given the fact that he believed there to be "diverse pathways to this particular immunosuppressive condition," Sonnabend felt compelled to offer a coherent narrative for the trajectory of such a disease within the gay community. His theory interpreted the disease largely through the lifestyles of actively sexual gay men. Rather than a novel pathogen or disease agent that found a particularly welcoming host in their bodies, Sonnabend identified the "unprecedented level of promiscuity" among gay urban subcultures as the crucial factor in the development of AIDS. The "intense promiscuity of a subset of male homosexuals," rendered them "immune suppressed due to deleterious responses to sperm, cytomegalovirus (CMV) and other

<sup>&</sup>lt;sup>24</sup> Letter to from Joseph L. Melnick, Professor of Virology and Epidemiology at Baylor College of Medicine, to Mathilde Krim, January 26, 1983. Joseph Sonnabend Papers, Box 1, Folder 3.

<sup>&</sup>lt;sup>25</sup> Joseph Sonnabend, "Promiscuity is Bad for Your Health: AIDS and the Question of an Infectious Agent," *New York Native*, September 13, 1982, 39.

infectious agents.<sup>26</sup> Cytomegalovirus played a particularly virulent role; due to rapid evolutions and mutations, it quickly appeared in a number of different strains that were further amplified by the "lifestyle changes" of gay liberation that "permitted the expansion of the pool of men carrying [the virus].<sup>27</sup>

He and his research team defended this viewpoint in a number of journal articles, dividing the progression of AIDS into two distinct stages. The first stage was the process of viral accumulation over "a period of frequent sexual contact with different partners in a setting in which the prevalence of CMV carriages is such that repeated infection with this virus [in particular] will occur." So accumulated, however, the syndrome in the second stage "eventually results in a switch to a self-sustaining condition characterized by an inability of cytotoxic lymphocytes to clear CMV." The "deleterious immune responses to semen" became more pronounced over time as the amount of CMV (and the multiplicity of unique viral strains) in any given man's sperm increased exponentially. The standard "immune response to spermatozoa [that] was elicited after deposition of semen into the rectum," Sonnabend theorized, began to wane as an immune system was increasingly depressed due to repeated exposure.<sup>28</sup> The body's immune system became over whelmed by the massive presence of CMV now left to fester in the rectum, and

<sup>&</sup>lt;sup>26</sup> Letter from Joseph Sonnabend to Alexandria Levin, Professor of Hematology and Oncology at University Southern California Medical Center, February 14, 1983. Joseph Sonnabend Papers, Box 1, Folder 3.

<sup>&</sup>lt;sup>27</sup> Sonnabend, Witkin, and Purtilo, "A Multifactorial Model for the Development of AIDS in Homosexual Men," 178.

<sup>&</sup>lt;sup>28</sup> Joseph A. Sonnabend, Steven S. Witkin, and David T. Purtilo, "Acquired Immunodeficiency Syndrome, Opportunistic Infections, and Malignancies in Male Homosexuals," in *AIDS: From the Beginning*, ed. Helene M. Cole and George D. Lundberg (Chicago: American Medical Association, 1986), 389.

gave out entirely. Infections and resulting immunosuppression ultimately "becomes irreversible and self-sustaining and independent of promiscuous sexual behavior."<sup>29</sup>

Sonnabend thus saw the problem as quantitative (the sheer number of infections and differing viral strains) rather than qualitative (an entirely new disease agent). "Promiscuity" amplified the normal medical risk of any sexual encounter exponentially, making it potentially uncontrollable without behavioral changes. Such a process was further exacerbated by the time period during which the disease festered without producing recognizable symptoms. "I don't think lifestyles have changed that much in the last ten years," he said in an interview from the time. "But suppose someone has been promiscuous—by whatever definition—for eight to ten years. Then the probability of infection is probably increasing and the probability of encountering a person who will transmit a virus is much greater than it was ten years ago."<sup>30</sup>

Sonnabend's historical genealogy of AIDS implicated the powerful historical role of sexual liberation. AIDS did not simply appear amidst an unsuspecting gay community. It had been built up over the previous decade; its genealogy mirrored the chronology of gay liberation. "Promiscuity" was thus rearticulated as less of a sexual ethic or preference, than as what Charles Rosenberg calls a "protodisease state."<sup>31</sup> As

 <sup>&</sup>lt;sup>29</sup> Joseph Sonnabend, Steven Witkin, and David Purtilo, "Acquired Immune Deficiency Syndrome (AIDS)--an Explanation for Its Occurrence among Homosexual Men," in *AIDS and Infections of Homosexual Men*, ed. Pearl Ma and Donald Armstrong (Boston: Butterworths, 1989), 416-17.
 <sup>30</sup> "The Riddle of Kaposi's Sarcoma," *Emergency Medicine*, 164.

<sup>&</sup>lt;sup>31</sup> Rosenberg writes specifically about "chronic conditions" such as hypertension or high blood pressure. Complicating this further he describes more recent phenomenon wherein "we have [...] also generated another, psychologically rather than physiologically or biochemically defined, type of or proto-illness." These new constructions such as "type A and addictive personalities [...] parallel and reaffirm traditional assumptions about the necessary connection between body and mind, health and behavior—as well, of course, as the need to deal with the 'passions' if health is to be maintained." This idea is expanded upon usefully in sociological accounts of gay life in the aftermath of the AIDS

Sonnabend had written in his letter to the editor of *MMWR* in the Spring of 1982, the "types of immunologic abnormality seen in Kaposi's Sarcoma is not restricted to symptomatic men, but may also be demonstrated in promiscuous healthy men."<sup>32</sup> In this view of the gay male body, the phrase "promiscuous healthy men" was a biological impossibility. There could be many healthy gay men; but there could be no promiscuous gay man who was simultaneously healthy.

Describing protodisease states, Rosenberg writes that individual and social character traits undergo a "movement from propensity to habit," which in turn "slide[s] gradually yet finally irreversibly into disease."<sup>33</sup> What Sonnabend feared was that a trend of "irreversible" decline would become more deeply imbricated within gay men's sexual culture than it was already among a small cluster of highly promiscuous, diseased men. On a social level, then, promiscuity risked pushing gay men past this disease threshold into a realm of epidemiological disaster. His argument for diverse pathways to AIDS emphasized the prevalence of poverty,

malnourishment, and other abject conditions among the other social groups identified

epidemic when the virus, so identified and contained by virology and epidemiology, may now be controlled and "managed" as a similarly chronic condition. The modern safer sex movement that was produced largely as a result of the AIDS epidemic produced an inversion of the epidemiological construction of "risk groups" by offering instead "risk behaviors." Risk itself, Tim Dean argues, then becomes a symptom: "to live riskily is to be diseased." Dean's work is focused on contemporary sexual subcultures, but his point may be brought back to this earlier historical moment when a diagnosis of AIDS was immediately fatal. If anything, the logic of "risk" that today centers around the transmission of bodily fluids is a specification and crystallization of this earlier understanding of promiscuity. A "lifestyle hypothesis" such as Sonnabend's offered a narrative trajectory for gay men as a social group in their entirety. Dean argues that "when illness is conceived in terms not of present physical conditions but of a future that must be forestalled at all costs via scrupulous risk management, then we 'create a new class of lifetime pariah's, the future ill[...]."" "Promiscuity," however, could not be managed so precisely. Charles E. Rosenberg, Our Present Complaint: American Medicine, Then and Now (Johns Hopkins University Press, 2007), 27, 68-70. Dean, Unlimited Intimacy, 67-68. See also Walt Odets, In the Shadow of the Epidemic: Being Hiv-Negative in the Age of AIDS (Durham: Duke University Press, 1995), 178-232.

<sup>&</sup>lt;sup>32</sup> Letter from Joseph Sonnabend to Editor of *Morbidity and Mortality Weekly Report*, July 14, 1982. Joseph Sonnabend Papers, Box 1, Folder 1.

<sup>&</sup>lt;sup>33</sup> Rosenberg, Our Present Complaint, 69-72.

with the disease. But "as far as gay men are concerned," he ruefully noted in a letter to a colleague, "it would appear that a subset of gay men have manage to recreate disease settings equivalent to those of poor third world nations and junkies."<sup>34</sup>

"Though to say it sounds like a throwback to Victorian morality," Sonnabend stated in a 1984 interview, AIDS had shown him that "there is such a thing as sexual excess."<sup>35</sup> He thus counseled moderation of sexual activity in his articles for the gay press, arguing that men could achieve a kind of sexual and physiological rehabilitation if they were able to limit their sexual contacts. If promiscuity was curtailed, he hoped that viral proliferation would ebb as well.

The theory of a multifactorial etiology for the new disease was unpopular and controversial from its inception, posing problems for the financial and institutional prospects for Sonnabend's research. His practice was so poorly funded in the first years of the epidemic that he could not even store his blood samples properly—he confessed embarrassingly to Purtilo in their first correspondence that he was keeping the vials in a refrigerator freezer.<sup>36</sup> While Purtilo and Krim endorsed his research to many potential sponsors and fellow researchers, Sonnabend continued to work on the margins of the medical community. In one request the following year, Krim admitted to a colleague that even after supporting him with her personal funds, Sonnabend was

<sup>&</sup>lt;sup>34</sup> Letter from Joseph Sonnabend to Dr. Mervyn Susser of the Sergievsky Center of Columbia University, April 11, 1983. Joseph Sonnabend Papers, Box 1, Folder 8.

<sup>&</sup>lt;sup>35</sup> Ronald Bayer, "AIDS and the Gay Community: Between the Specter and the Promise of Medicine," *Social Research* 52, no. 3 (1985): 593.

<sup>&</sup>lt;sup>36</sup> When he eagerly wrote back to David Purtilo during their first exchange in 1982, Sonnabend reassured his colleague that the latest samples "are in a freezing compartment of a refrigerator. I am getting a decent freezer now...the samples have been inconsistently frozen." Letter from Joseph Sonnabend to David Purtilo, July 27, 1982. Joseph Sonnabend Papers, Box 1, Folder 1.

in a state of near bankruptcy "unless he can stop paying out of pocket [...] for research related expenses."<sup>37</sup>

Many research laboratories also dismissed Sonnabend's theory as "too complex." One review of a manuscript he had drafted with David Purtilo and another colleague, Steven Witkin, demonstrates the common wish for a more direct research model:

In the practical sense, I guess I tend to view things more simply and would look for the single link that, if broken, could stop the epidemic of the disease. [...] While I think your thesis and analysis are excellent, I think the solution will be found in discovering one agent, new, that is the source of the problem. Deterring the agent will hopefully open the way to control and elimination of the infection as a significant health problem.<sup>38</sup>

Sonnabend replied: "I'm not sure that I believe the details myself; however, in outline, I think it could have happened as described, at least in homosexual men." He therefore accepted that AIDS was a novel condition, but only insofar as gay men themselves were newly visible: "I truly think of this as a disease of our times," he ended, "it stems from a culture that made possible the sexual excesses of the past ten to fifteen years."<sup>39</sup>

In 1983 his co-authored article finally appeared in the prestigious *Journal of the American Medical Association (JAMA*). Entitled "Acquired Immunodeficiency Syndrome, Opportunistic Infections, and Malignancies in Male Homosexuals: A Hypothesis of Etiologic Factors in Pathogenesis," the article's emphasis on "intensive

<sup>&</sup>lt;sup>37</sup> Letter from Mathilde Krim to J. Grant Halladay, March 11, 1983. Joseph Sonnabend Papers, Box 1, Folder 8.

<sup>&</sup>lt;sup>38</sup> Letter from Maurice R. Hilleman, Senior Vice President at Merck Sharp & Dohme Research Laboratories, to Joseph Sonnabend, December 31 1982. Joseph Sonnabend Papers, Box 2, Folder 2.

<sup>&</sup>lt;sup>39</sup> Letter from Joseph Sonnabend to Maurice R. Hilleman, December 31, 1982. Joseph Sonnabend Papers, Box 2, Folder 3.

promiscuity" caused skepticism among medical researchers. In a phone call discussing the paper, Dr. James Curran of the Center for Disease Control (CDC) commented to Mathilde Krim that promiscuity was compatible with either hypothesis as a purely biological statement. On a social level, he cautioned that "it may not be useful to discriminate between 'good' gays and 'bad' gays."<sup>40</sup>

Some of these critiques point to how knowledge of AIDS would, in fact, evolve. Dennish McShane and Neil Schram, both doctors working for the American Association of Physicians for Human Rights, wrote a letter to the editor of *JAMA* that criticized the "profound promiscuity" argument for failing to account for non-gay patients who they were starting to see with a similar syndrome. Published in the next issue of the journal, their letter expressed a fear that his scientific focus on gay men alone was thus "liable to give a false sense of security to the population that they are not at risk of the disease." Sonnabend's undue emphasis on gay men's semen as a particularly potent factor for transmission was a notable vulnerability because it led to potential moral judgment of patients by doctors. As they pointed out:

It is important to note that terms such as "profound promiscuity," when used by medical personnel to describe multiple sex partners, have a strong judgmental quality and as such are not suitable to the scientific medical literature. Those physicians caring for gay males, with or without AIDS, have been encouraged to be supportive of their patients. It is terms such as 'promiscuity' that make many gay men and lesbians reluctant to discuss their sexual orientation with their health care providers even though doing so [would] clearly improve [the] quality of medical care.<sup>41</sup>

<sup>&</sup>lt;sup>40</sup> Fax from Mathilde Krim to Joseph Sonnabend, David Purtilo, and Steven Witko, "Comments made over the phone by Dr. J Curran, C.D.C." February 2, 1983, Sonnabend papers, Box 2, folder 3.

<sup>&</sup>lt;sup>41</sup> Drs. Dennis McShane and Neil R. Schram, "Letter to the Editor," JAMA 251, no. 3 (1984), 341. Joseph Sonnabend Papers, Box 1, Folder 9.

Their resistance to the phrase "profound promiscuity" highlights an emerging gap between the kind of neutral biological arguments that "bench scientists" felt they were making and the epidemiological and cultural perspective from which Sonnabend derived his view.<sup>42</sup>

In his response, Sonnabend maintained that epidemiological and biological perspectives must be considered together. In a co-written piece for the *Annals of the New York Academy of Science*, he argued that "a[n] understanding of the environment in which AIDS develops and the ways in which affected individuals have interacted with that environment [was] not the only way in which epidemiology can contribute." Epidemiologists, he concluded, should then foreground "the analysis of the interaction of the various biological effects generated by these exposures." The promiscuity enabled by public sex spaces therefore hosted, in ecological terms, "the environment in which the patient has been sexually active" and therefore placed "him at considerable risk for acquiring other sexually transmitted infections" in addition to those described in his theory.<sup>43</sup>

The irony, of course, was that Sonnabend began to articulate his theory so intricately because he felt that these same scientists were harming gay men more with their postulations of a possible "gay cancer" or "gay plague." As a "clap doctor," Sonnabend had most likely witnessed the most intensely sexual aspects of "fast-lane" gay culture. One man interviewed in *Gay Sex in the Seventies*, for example, recalled another gay doctor that hosted orgies regularly, only to see his business "triple" the

<sup>&</sup>lt;sup>42</sup> While they may have overlooked Sonnabend's acknowledgement of "diverse pathways" to developing AIDS in different social groups and epidemiological ecologies, his analysis here addressed the disease in gay men alone.

<sup>&</sup>lt;sup>43</sup> Sonnabend, Witkin, and Purtilo, "A Multifactorial Model for the Development of AIDS in Homosexual Men," 181.

following week. Another man remembered that cruising occurred even in these clinics as men went to pick up their medication.

Sonnabend therefore felt that he was validated in making these kinds of claims about gay men as scientific facts. As a historical figure, he then allows us to interrogate the dimensions of what Fleck calls in his classic Genesis and Development of Scientific Fact a "thought collective" that contributed to a reconstitution of the gay community through AIDS. If we consider a question of identity intersectionally, the borders of such thought collectives reveal themselves as they overlap within the individual.<sup>44</sup> Sonnabend understood himself to be resisting the harmful segmentation of medical knowledge and practice, and the inclusiveness of his multifactorial theory said as much about the disease itself. Yet, as the sociologist Steven Epstein argues, Sonnabend lacked the professional teams of epidemiologists that more robust research institutions had at their disposal. While he saw it as steeped within his experience of gay culture, his epidemiological perspective was deemed little more than "informed speculation." As the debates over the viral etiology of AIDS increased in their intensity, Sonnabend's medical credibility was quickly surpassed and he began to be regarded, in the words of one report evaluating opponents of the HIV hypothesis, "primarily as a clinician" and no longer an "expert" in any capacity. Even to the increasingly marginalized opposition in these biological and virological

<sup>&</sup>lt;sup>44</sup> Fleck defines thought collective as a "community of persons mutually exchanging ideas or maintaining intellectual interaction." Speaking of individual's placement there, he adds that "the individual can be examined from the viewpoint of a collective just as well as, conversely, the collective can be considered from that of the individual. Whether in the case of the individual personality or in that of the collective entity, that which specifies the one or the other is accessible onto to adequate methods." Ludwik Fleck, *Genesis and Development of a Scientific Fact*, ed. Thaddeus J. Trenn and Robert K. Merton, trans. Fred Bradley and Thaddeus Trenn (Chicago: University of Chicago Press, 1979), 39; 45.

debates, Sonnabend's theories were not considered scientifically useful within several years of their genesis.<sup>45</sup>

What allowed Sonnabend to participate in one thought collective while he was so readily dismissed by another? His claims that promiscuity mattered seemed dubious and unfounded to elite scientists because promiscuity was almost impossible to measure with the tools of a "bench scientist." However, the same observation provoked multiple debates because it was largely assumed that gay men were promiscuous. "At stake in the debate," Epstein notes, "was 'gay identity' itself."<sup>46</sup> While multifactorialism eventually became incommensurable with purely biological perspectives on the disease, it continued to influence epidemiological and cultural perspectives to a degree that, as the earliest accounts of the history of AIDS show, it found its way into the biography of AIDS itself.<sup>47</sup>

In *Fatal Advice*, Cindy Patton argues that the "national AIDS pedagogy" created two distinct "zones of information" about the disease. These in turn established two separate standards of citizenship in the American body politic, divided along this same line of "general" and "subcultural" fields of knowledge.<sup>48</sup> Sonnabend and gay physicians and writers like him appear both constrained and directed by their investment in gay liberationist tradition. But how did gay culture participate in this bifurcation itself?

<sup>&</sup>lt;sup>45</sup> Steven Epstein notes that Project Inform, an HIV awareness activist organization, said in a 1992 report that Sonnabend was the only doctor "professional involved with AIDS" of the professionals they examined who disagreed with the HIV caustion theory, his role "primarily as a clinician" made "his arguments against HIV [...] no more valid than the others." Epstein, *Impure Science*, 61, 156. <sup>46</sup> Ibid., 64.

<sup>&</sup>lt;sup>47</sup> This multifactorialism is an important theme in Grmek's *History of AIDS*. He identifies "organized homosexual promiscuity" as the critical factor "of a quantitatively new type" that triggered its outbreak in the United States. However, Sonnabend is not named. Grmek, *History of AIDS*, 158.

<sup>&</sup>lt;sup>48</sup> Cindy Patton, *Fatal Advice: How Safe-Sex Education Went Wrong* (Durham: Duke University Press, 1996), 9, 28.

In addition to thought collectives, Fleck defines the phenomenon he calls "thought style" as "the readiness for [...] directed perception, with corresponding mental and objective assimilation of what has been so perceived." Thought is a social process that "constrains the individual by determining 'what can be thought in no other way."<sup>49</sup> Such a process so influenced Sonnabend that he refused to see AIDS in terms of its viral etiology, let alone as an incurable disease. His views on promiscuity and gay culture directed his perception towards rehabilitation.

In *Infectious Ideas*, Jennifer Brier shows how gay physicians like Sonnabend came to refute liberationist sexual ethics, thus embodying the "fear that gay doctors would unwittingly join forces with the right."<sup>50</sup> But regardless of the particular position they took, all experts enmeshed themselves in the same sexual and scientific episteme as a prerequisite for participation in the debate. Another way to interpret this historical moment, then, is to ask how and on what terms did gay physicians and researchers establish themselves as the experts and leaders of this thought collective. The nature of these debates, in turn, had particular valences within the gay community that made their translation to mainstream medical perspectives nearly impossible.

# "Bottoms Rule!" or, The Epistemology of the Anus: *Multifactorialism and the Gay Male Body*

In her early and influential queer theory work, Eve Sedgwick asks her readers to consider the factors intrinsic to developing a coherent "epistemology of the closet" by which modern homosexuality was described and defined within a heterosexual social order. The "closet" here implies a space, however narrow or restrictive, that

<sup>&</sup>lt;sup>49</sup> Fleck, Genesis and Development of a Scientific Fact, 99.

<sup>&</sup>lt;sup>50</sup> Brier, Infectious Ideas, 24-26.

remains separate from the individual so encapsulated. And yet it is a space known to all, a space with geographical and ideological boundaries that might obscure the subject hidden within. Scientific logic, through what Charles Rosenberg calls the "tyranny of diagnosis" at work in modern medicine, enhanced the specificity of discourses of homosexuality, relocating such spaces within the body.<sup>51</sup> As Andrew Holleran recalls, gay men's health became defined by the "spatial integrity [...] of the inside of your rectum."<sup>52</sup> The epistemology of AIDS necessarily interacted with the simultaneous thought styles and constraints of gay liberation and sexology produced by gay writers and physicians to form in turn what I might call an epistemology of the anus.

To fully appreciate the impact of such a theory on the gay community, we must understand the emergent discourse around gay sex that the liberation era had produced. What had begun as a social movement in the years following Stonewall had become, by the second half of the 1970's, an effort to articulate and rationalize a coherent set of sexual values and practices for all gay men. The landmark sex manual *The Joy of Gay Sex*, written by Dr. Charles Silverstein and the prominent gay author Edmund White, was published only a year before Sonnabend opened his practice.

Anal intercourse, renamed in medical publications as "anal trauma," was also already beginning to receive special medical attention. New disease entities specifically linked with gay men's rectums such as "gay bowel syndrome," or

<sup>&</sup>lt;sup>51</sup> Rosenberg, *Our Present Complaint*, 13.

<sup>&</sup>lt;sup>52</sup> Holleran, Ground Zero, 139.

amoebiasis, originated during the proliferation of STD's in the 1970's.<sup>53</sup> In a research paper written on the syndrome, Bruce Gingold warned that the incidence of anal trauma (usually documented through fisting-related injuries) and other types of anal infections were repeatedly reactivated by continued "anogenital sexual activity," a condition he feared would only worsen as the sexual revolution continued. "In the future," he ended ominously, "as morality in society continues to change, and as more homosexuals "come out of the closet" and seek medical treatment for associated conditions, many if not most of these entities should be seen even more frequently."<sup>54</sup>

Gay men responded to this new pathology on a community level. Just months before AIDS was first reported in the mainstream and gay press in 1981, Ron Vachon, a founding member of the Gay Health Collective in Boston and a member of the National Coalition of Gay Sexually Transmitted Disease Services, published an article titled "Care For Your Rectum" in the Boston-based paper *Gay Community News* (*GCN*). In the article, Vachon joked that "most medical people who don't enjoy [anal intercourse] will tell you it's hazardous and painful," but they were only able to perceive "the damage that is done subsequent to no relaxation, bad lube, and excessive drugs to help 'get into it." Vachon was working at a health clinic in Chelsea. <sup>55</sup> Though he and Sonnabend most likely witnessed the same proliferation of STI's, Vachon focused on removing the stigma from gay men's clinical encounters as a prerequisite to sexual health: "the pleasure is real," he finished, "trust me!"<sup>56</sup>

<sup>&</sup>lt;sup>53</sup> Lawrence Mass later recalled of the 1970's: "we were experiencing very significant STD epidemics ourselves, and some of them were kind of unique to us. Especially amebiasis...syphilis...also gonorrhea, anal gonorrhea...anal warts." Lovett, "Gay Sex in the Seventies."
<sup>54</sup> Bruce S. Gingold, "Gay Bowel Syndrome--an Overview," in *AIDS and Infections of Homosexual* 

<sup>&</sup>lt;sup>54</sup> Bruce S. Gingold, "Gay Bowel Syndrome--an Overview," in *AIDS and Infections of Homosexual Men*, ed. Pearl Ma and Donald Armstrong (Boston: Butterworths, 1989), 61-62.

<sup>&</sup>lt;sup>55</sup> Brier, Infectious Ideas, 17.

<sup>&</sup>lt;sup>56</sup> Ron Vachon, "Care For Your Rectum," *Gay Community News*, April 25, 1981, pp. 10-12.

Anal intercourse, Vachon argued, had the potential to achieve for gay men "a bond that other sexual positions can't approach." Sexual fulfillment, he wrote a few months later in another *GCN* article, was directly linked with sexual health: "getting in touch with myself means getting in touch with my sexual needs. Staying physically healthy is intimately connected to self-love." As Brier notes of Vachon, such a prescription medicalized the gay liberationist tradition: "anal sex," she writes, "thus served as a metaphor for a commitment between men to intimate bonding as well as the reality of what could bring a community of interest together for gay men."<sup>57</sup>

What about anal intercourse in particular made it so applicable to a liberationist ideology? Receptive sexual roles seemed antithetical to archetypal notions of masculinity. "To be penetrated is to abdicate power," the theorist Leo Bersani wrote in his 1987 essay about the health crisis, "Is The Rectum A Grave?" In the nexus of social power relationships that privilege "active" sexual roles over "passive" ones, receptive anal intercourse appeared as an especially stigmatized form of "radical sex."<sup>58</sup> The "sacred boundary [of] nonpenetrability" of the masculine form, Martha Nussbaum argues, has historically made the "body of the gay man [...] a central locus of disgust anxiety."<sup>59</sup> The movement to make anal intercourse a location for a different sort of power in the 1970's, summed up by the activist slogan "bottoms rule!", can thus be understood not only as a form of sexual creativity, but as a dramatic effort to reformulate masculine identity and male sexuality in American culture. By empowering and normalizing it, gay men confronted what queer theorist

<sup>&</sup>lt;sup>57</sup> Brier, Infectious Ideas, 17.

<sup>&</sup>lt;sup>58</sup>Leo Bersani, "Is the Rectum a Grave?," in *AIDS : Cultural Analysis, Cultural Activism*, ed. Douglas Crimp (Cambridge, Mass.: MIT Press, 1988), 212.

<sup>&</sup>lt;sup>59</sup> Nussbaum, From Disgust to Humanity, 18-19.

Michael Warner has called "a primal encounter with shame" unique to their gender and sexuality.<sup>60</sup>

Debates in the gay press about the merits and risks of promiscuity (and sexuality more generally) had preceded the AIDS crisis, but the urgency of the health crisis aggravated these incipient controversies into what the gay physician and writer Lawrence Mass described as a "crisis of ideology [that] was threatening to explode within the gay community."<sup>61</sup> As Mass understood it, part of the trouble with the prospect of a distinctly gay related immune deficiency (GRID was still prevalent in the lexicon of the illness at the time of his writing) was that gay men, unlike feminists, had never established a coherent discourse concerning the nature of their sexuality separate from the sex itself. Debates had largely centered on how to have the best sex possible, not whether the kind of sex men were having promoted good health. Insofar as a "crisis of ideology [was] threatening to explode," then, these same ideologies were predicated upon mutually exclusive and potentially opposed sexual ethics that were still in formation. The first reports of a "rare cancer" affecting "homosexuals" that began to trickle through mainstream newspapers in 1981 cast a sudden and harsh light on what had previously remained a largely intracommunity discourse about sexual ethics and responsibility. Just as public health concerns medicalized a liberationist ideology, it also gave scientific merit to criticisms of that same ideology.

<sup>&</sup>lt;sup>60</sup> Michael Warner, *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life* (Cambridge: Harvard University Press, 1999), 8.

<sup>&</sup>lt;sup>61</sup> For analysis of pre-AIDS promiscuity debates, see Brier, *Infectious Ideas*, 15-19. Lawrence Mass, "The Epidemic Continues: Facing a New Case Every Day, Researchers Are Still Bewildered," *New York Native*, March 29, 1982, 1.

Similar to Sonnabend's abrasive response to the MMWR's classification of KS among gay men, Mass feared the naming of "gay cancer" because of its potential indictment of gay identity. The first New York Times article discussing the disease briefly assured its readers that the "cancer is not believed to be contagious" and the "conditions that might precipitate it, such as particular viruses or environmental factors, might account for an outbreak among a single group."<sup>62</sup> More immediately alarming, however, was the fact that such reports highlighted the lack of concrete knowledge about an odd cluster of seemingly unrelated symptoms. Mass feared that this would fuel both homophobia in the "general population" and panic in the gay community. Mass was hoping to make a "case against medical panic" for his constituency of gay clients and readers. He assured them that the etiology of promiscuity did not "imply that sexually active individuals [were] going to contract the disease because of immorality." He therefore tried to provide his gay audience with a concrete and pragmatic approach to the disease that emphasized ways to limit risk. But there were no established methods; like Sonnabend before him, he turned to a lifestyle he had witnessed in the gay community. "Sexual frequency with a multiplicity of partners—what some would call promiscuity—is the single overriding risk factor for developing infectious diseases and KS," Mass instructed in the Native.<sup>63</sup>

<sup>&</sup>lt;sup>62</sup>The article, written by Dr. Lawrence Altman, was based on the earlier *MMWR* reports, including the one that provoked Sonnabend. To borrow Fleck's typology again, AIDS was thus established on the levels of both "journal science" and "popular science" in terms of its separation from the "general population," and the apparent indifference of that same "general population" towards the "single group" that was being affected. Lawrence K. Altman, "Rare Cancer Seen in 41 Homosexuals," *New York Times*, July 3, 1981, A20. And Fleck, *Genesis and Development of a Scientific Fact*, 161.
<sup>63</sup> Lawrence Mass, "Cancer in the Gay Community," *New York Native*, July 27, 1981, p. 21. And "The Case Against Medical Panic," *New York Native*, January 17, 1983, 23.

But what was the difference between "promiscuous" gay men and those who were simply "sexually active?" This ambiguity allowed other critics of gay male sexual culture a voice. While speaking in less distinctively scientific terms, they made cultural claims for the meaning of AIDS. "It's difficult to write this without sounding alarmist or too emotional or just plain scared," the gay writer Larry Kramer explained in an article following Mass's. "It's easy to become frightened that one of the many things we've done or taken over the past years may be all that it takes for a cancer to grow from a tiny something-or-other that got in there when doing who knows what." Kramer ended his "personal appeal" to gay men by encouraging community building as a response to the disease: "this is our disease and we must take care of each other and ourselves."<sup>64</sup>

The disease's multifaceted symptoms and unexplained occurrence in previously healthy men, however, resisted medical logic. As Sonnabend and his colleagues noted in one of their research papers, its "very heterogeneity is one of its essential features."<sup>65</sup> He later wrote to a colleague that "the syndrome appears to be 'spreading' partly, I think, [simply] because it is now recognized: seek and ye shall find."<sup>66</sup>

But while it was certainly "recognized" in a certain sense, the opacity the disease and its correspondent pathogens leant it social power.<sup>67</sup> "On the superficial

<sup>&</sup>lt;sup>64</sup> Kramer, *Reports from the Holocaust*, 8-9.

<sup>&</sup>lt;sup>65</sup> Sonnabend, Witkin, and Purtilo, "Acquired Immune Deficiency Syndrome (AIDS)--an Explanation for Its Occurrence among Homosexual Men," 409.

<sup>&</sup>lt;sup>66</sup> Letter From Joseph Sonnabend to Michael B.A. Oldstone, head of the Viral Immunology Unit at the Scripps Clinic and Research Foundation, February 17, 1983. Joseph Sonnabend Papers, Box 1, Folder 3.

<sup>&</sup>lt;sup>67</sup> Charles Rosenberg argues that technological improvements and bureaucratic rationalization of the American scientific and medical community produced "ideal-typical disease pictures." This framing of pathology "creates experience as well as conceptualizes and records it." AIDS, however, confounded

basis of numbers alone," Mass bleakly joked in his next article for the *Native* in March of 1982, "wearing handkerchiefed Levi's and having Judy Garland records in one's collection might also seem risky." The *Native* printed this article on the front page bearing an alarming title: "The Epidemic Continues, Facing a New Case Every Day, Researchers Are Still Bewildered."

The fears expressed by this headline were situated directly above a grainy photograph of a man dressed only in a leather harness. He was facing away from the camera in a way that suggested anonymity and thus, potentially, his universality to the gay male experience (or at least the often stereotyped images brought about by "the party"). Bound in a vulnerable position, he was only able to cover his butt for the photograph by unfolding his hands, which were handcuffed behind him at the wrists. The tagline for the picture explained: "My Weekend In Hell: A Bottom's First Time."<sup>68</sup> Even in its doubt, then, the disease was situated in terms of receptive anal intercourse. By additionally suggestion its relationship with leather culture and BDSM, this *Native* spread highlighted fisting—itself a recent product of gay liberation—as a particularly dangerous form of anogental sexual activity.

The rectum was located in moments such as this one as the primary site of danger on the gay male body. This occurred, in part, because of the flexibility of medical discourse by gay physicians such as Mass and Sonnabend that blurred the standard distinctions between fields such as virology, oncology and epidemiology. Gay men, their doctors, and homophobic critics alike perceived anal intercourse as

modern medicine's reliance on "instruments of precision" that "seemed to provide objective ways of helping characterize and ailment's essential character." Rosenberg, *Our Present Complaint*, 20, 22. <sup>68</sup> Lawrence Mass, "The Epidemic Continues: Facing a New Case Every Day, Researchers Are Still Bewildered," *New York Native*, March 12, 1982, 15.

both a defining feature of gay male sexuality and a co-factor in disease transmission.<sup>69</sup>

Lee Edelman argues that representations of "gay male sexuality [...] are deeply informed by the dread of [the] space" in which such sex occurs. Specifically addressing men's restrooms, where "the act of defecation remains [...] discreetly closeted," he concludes that this "dread" is in part a product of a homophobic society's imaginative fear of waste and animalistic bodily functions. But if we accept Rosenberg's point about the importance of specificity in the act of diagnosis, we arrive at a different interpretation. Stigma is indeed "memorialize[d] in the anus," as Edelman suggests, but with less metaphorical weight than biological gratuity. The dreaded space of sex was now in the gay male body itself. With increasingly invasive measures of observation, scientific theories, like the BDSM practices they criticized, widened this space in the gay male body, expanding its role and function in the construction of modern gay identity. Sonnabend's original theory, after all, had created a visceral image of gay men allowing countless viruses and infections to marinate in their anuses until they suddenly erupted years later into a fatal disease. It did so, however, through the passage of gay men's semen, which was now defined as a different substance—although just as present in sex acts—than that of other men. Semen came to be understood, as I will show more fully in the next chapter, as a "biohazardous material."<sup>70</sup>

<sup>&</sup>lt;sup>69</sup> Barry Adkins, "Looking At AIDS In Totality, A Conversation with Joseph Sonnabend," *New York Native*, October 7, 1985, 22.

<sup>&</sup>lt;sup>70</sup> T.O.M. Newsletter, October 8, 1987. New York Jacks Records, Folder 20: "T.O.M. (The Organization of Man) (Rochester, NY) newsletter, 1987-1988," National Archive of Lesbian, Gay, Bisexual, and Transgender History (NALGBTH)

Such a dramatic and scientifically constructed image was reiterated in the popular science of these public debates. "It is an unfortunate biological fact," Michael Callen and Richard Berkowitz wrote the next year in their safe sex manual inspired by Sonnabend's theory, "that passive rectal intercourse is one of the most dangerous sexual activities from a disease transmission standpoint."<sup>71</sup> Another implication of such an emergent sexual taxonomy, was the distinction between sexuality and a coherent rubric of sexual "acts" that signified a gay identity. Previously only meaningful as they were fetishized in a given sexual context or subculture, the definition and precision of such acts became instrumental in the development of "safe sex."

# "Our Great Gay Imagination(s)": *Gay Culture and the Question of Sexual Ethics*

If, as the title of Sonnabend's article for the *Native* six months after Mass's piece stated, "promiscuity is bad for your health," then a legible definition of "promiscuity" was required. This did not mean simply offering medical treatment, but also giving stronger prescriptions for healthy lifestyles, a responsibility he felt gay doctors had deliberately shirked:

[I]t should be stated that gay men have been poorly served by their medical attendants during the past 10 years (and I must include myself in this criticism). For years, no clear and positive message about the dangers of promiscuity has emanated from those in whom gay men have entrusted their well-being. The message has been, rather, that responsibility consists of being screened for gonorrhea and syphilis every three months.

The propensity to avoid any views of gay men's sexual praxis that might be deemed erotophobic or pathologizing, Sonnabend lamented, had made gay doctors complicit

<sup>&</sup>lt;sup>71</sup>Michael Callen and Richard Berkowitz, *How To Have Sex In An Epidemic*, 12.

in the epidemic's spread. "If we are truly to serve our patients," he concluded, "we must admit that our desire to be nonjudgmental has interfered with our primary commitment." Sonnabend was asserting that gay doctors thus needed to move beyond the language of sexual empowerment in order to share with their unassuming and potentially uninformed patients a more nuanced idea of gay sexuality and health.<sup>72</sup>

The outcome was what he feared. "Sonnabend's word choice," Brier argues, "had an effect on what people heard when he spoke or wrote, allowing them to dismiss his theories as ineffective at best and anti-gay at worst."<sup>73</sup> While much of his criticism was directed at gay doctors rather than gay men as a whole, asking physicians to be more judgmental was difficult for an activist press to support. In his regular health column for the gay magazine *The Advocate*, Nathan Fain retermed Sonnabend's theory "the 'overload' theory." Reitering McShane and Schram's disagreement, he dismissed it as being as being "at odds [with the theories of] nearly all other scientists concerned with AIDS." <sup>74</sup> Furthermore, the detached and clinical vantage point of his writing separated him from his gay readership in a way that even Kramer's controversial and emotional rhetoric did not. While his theories were relevant to gay men, his language was not.

Sonnabend found an unlikely pair of allies when he introduced two of his clients, Michael Callen and Richard Berkowitz, to each other. Having expressed an interest in writing about the new illness in the gay press, they attempted to deliver much of Sonnabend's logic from a community perspective that took gay male

<sup>&</sup>lt;sup>72</sup> Joseph Sonnabend, "Promiscuity is Bad for Your Health: AIDS and the Question of an Infectious Agent," *New York Native*, September 13, 1982, 39; 49.

<sup>&</sup>lt;sup>73</sup> Brier, *Infectious Ideas*, 24.

<sup>&</sup>lt;sup>74</sup> Nathan Fain, "Health," *The Advocate*, undated. Joseph Sonnabend Papers, Box 1, Folder 6.

promiscuity for granted. By emphasizing their own experiences as gay men who "have been excessively promiscuous, and are both victims of AIDS," they hoped to offer, in Callen's words, a reduction of "the multifactorial theory to simple layperson's terms."<sup>75</sup> Sonnabend would later say that Callen functioned as his "mouthpiece." "I'm a rather reserved person. I don't like being in the public eye, but I feel I've had things that needed to be said," he remembered. "And Michael was a brash person who loved fame and all that. So, I wrote his lines on medical and scientific issues, basically."<sup>76</sup> If we return to the notion of an endogenous gay "thought style" that Sonnabend was trying to approach with great difficulty, Callen and Berkowitz offered a new medical and sexual lexicon to describe the same disease phenomenon. This language became dramatically explosive in the gay press as scientific and liberationist logic in relation to the term "promiscuity."

This drama is evidenced by the article they wrote to follow Sonnabend's piece in *The Native*. Initially titled "We Know Who We Are," Berkowitz claims in his memoir that the newspaper's staff added the provocative subtitle "two men declare war on promiscuity."<sup>77</sup> This demarcated the borders of the "crisis of ideology" Mass had earlier predicted. The "crisis," however, was now a new frontier in gay men's own sex wars. The article told these men that "disease has changed the definition of

 <sup>&</sup>lt;sup>75</sup> Michael Callen and Richard Berkowitz, "We Know Who We Are: Two Gay Men Declare War On Promiscuity," *New York Native*, November 8, 1982, 23. And letter from Michael Callen to "David, Ruth, and Helen," Summer 1983. Joseph Sonnabend Papers, Box 1, Folder 3.
 <sup>76</sup> Strub. "The Good Doctor." 109

<sup>&</sup>lt;sup>76</sup> Strub, "The Good Doctor," 109.
<sup>77</sup> Richard Berkowitz, *Stayin' Alive: The Invention of Safe Sex, a Personal History* (Boulder: Westview, 2003), 149-50.

promiscuity. What ten years ago was viewed as a healthy reaction to a sex-negative culture now threatens to destroy the very fabric of urban gay male life."<sup>78</sup>

Such a statement arrived on the scene of public debates already pitting gay men against each other as doctors and activists alike who made scientific and cultural claims to their sexuality. The same month, for example, the activist Michael Lynch wrote an indictment of gay doctors such as Sonnabend in the Toronto-based periodical *The Body Politic*. Physicians focusing on "lifestyle changes," he argued, "seek to rip apart the very promiscuous fabric that knits the gay male community together and that, in its democratic anarchism, defies state regulation of our sexuality." Lynch maintained that the "thrust of gay liberation, even if the term does feel nostalgic in 1982, remains that we make our own lives, that we do not give ourselves over to the panic mongering journalists and doctors."<sup>79</sup>

In the difference between "fabric" and "promiscuous fabric," Callen and Berkowitz attempted to give an alternative definition of gay liberation. They would develop this idea more fully the following year in their book *How To Have Sex In An Epidemic: One Approach.* "Men *loving* men was the basis of gay liberation," they concluded, "but we have now created 'cultural institutions' in which love or even affection can be avoided." By redefining gay liberation, they also hoped to dismantle the view that promiscuity was integral to gay male identity:

[...] "sex" and "promiscuity" have become the dogma of gay male liberation. Have we modified the belief that we could dance our way to liberation into the belief that we could somehow fuck our way there?<sup>80</sup>

<sup>&</sup>lt;sup>78</sup> Michael Callen and Richard Berkowitz, "We Know Who We Are: Two Gay Men Declare War On Promiscuity," *New York Native*, November 8, 1982, 29.

<sup>&</sup>lt;sup>79</sup> Michael Lynch, "Living With Kaposi's," *The Body Politic*, November 1982, pp. 36-37.

<sup>&</sup>lt;sup>80</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 38-39.

As the title of their final section—"Love"—indicated, the answer did not require a return to erotophobic or homophobic expectations of romantic and sexual monogamy. For Callen and Berkowitz, this was a problem of American culture's construction of a masculine personal ethic that was antithetical to notions of care or communal responsibility.

Just as there were multiple pathways for the development of AIDS, they argued, "love becomes possible" in diverse forms of sex. "It certainly has become easier to fuck each other," it continued, "but has it become any easier to love each other?" The preservation of a sexual ethic was constituted by imbricating sex itself with care: "[...] If you love the person you are fucking with—*even for one night*— you will not want to make them sick." Callen and Berkowitz argued that the disease placed new demands upon liberation as an ideology that were more expansive than simply enabling adventurous forms of sex. "Maybe affection is our best protection," they ended hopefully: "Hard questions for hard times, but whatever happened to our great gay imaginations?"<sup>81</sup>

In February of that same year Michael Callen ended his appearance on *Our Time* with a similar manifesto: "Hard questions for hard times, but whatever happened to our great gay imagination?"<sup>82</sup> Perhaps the shift in cases was just a typo. But as the debates in which Sonnabend, Callen, and Berkowitz had insinuated themselves indicate, there was no single or univocal "great gay imagination." Instead there were multiple overlapping "imaginations" competing for the same territory of

<sup>&</sup>lt;sup>81</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 39.

<sup>&</sup>lt;sup>82</sup> Berkowitz, *Stayin' Alive*, 171.

the gay male body and community. The inclusiveness of liberationist rhetoric often disregarded the fact that "liberation" itself was now a contentious term.

#### "The Proper Right To Love": Reconfiguring Gay Relationships

As many writers have shown, *How To Have Sex In An Epidemic* was foundational to the modern safer sex movement, in particular for the argument that by blocking the transmission of bodily fluids, gay men could control the spread of AIDS. Organizations such as the Gay Men's Health Crisis later adopted this literature and used it to reconfigure both the place (both in terms of their physical geography and cultural role) of gay institutions such as bars, bathhouses, and sex clubs, and the types of instructions about safer sex that they could offer men.<sup>83</sup> I will discuss this more in the next chapter in terms of the history of public sex during the epidemic. For now, it is important to simply recognize that Callen and Berkowitz, like Sonnabend and his team, saw public sex spaces as the primary environment where AIDS began to germinate among gay men and where it could be interrupted.

Furthermore, as would become crucial to their defense of gay identity, such spaces were seen as unique not only to modern gay culture, but to specific urban locations in America alone. As Dr. Purtilo explained to an editor of the British medical journal *The Lancet*, Sonnabend's multifactorial view was "entirely localized in specific areas of the US" that were affiliated with a "marked increase in promiscuity." This was abetted by the presence of "pleasure palaces where indiscriminate and multiple sexual encounters hold forth," he continued, suggesting

<sup>&</sup>lt;sup>83</sup> In a 2008 interview for the documentary *Sex Positive*, Berkowitz recalled that while the GMHC adopted the language and prescriptions of *How To Have Sex In An Epidemic*, they only agreed to help disseminate its material if all passages supporting the multifactorial theory were removed. Daryl Wein, "Sex Positive," (USA: E1 Entertainment Distribution, 2008).

that "perhaps this level of sexual abandonment has not occurred on the European continent."<sup>84</sup> Sonnabend later referred to bathhouses in particular as "breeding grounds" for AIDS. Despite this characterization, he disagreed with their forced closure by public health authorities, saying that "we should simply make it widely known that people with AIDS are attending the baths frequently. That might keep some people away."<sup>85</sup>

For Callen and Berkowitz, the creation of such institutions for sexual fulfillment was a phenomenon related to the emergence of "clap doctors" like Sonnabend himself. Both were institutional means to facilitate impersonal interactions that precluded certain possibilities for either intimacy or empathy among gay men. As they argued in *How To Have Sex In An Epidemic*, the "commercialization of urban gay male culture today offers us places to go and get sick and places to go and get treated. Too many gay men get together for only two reasons: to exploit each other and to be exploited."<sup>86</sup> While they were reluctant to mandate any type of sexual or romantic relationship as a norm or an ideal situation for gay men, Callen and Berkowiz argued that any type of sex warranted a certain amount of affection, mutual responsibility, and even love, to make it fulfilling and safe: "as the rising epidemic of STD's have demonstrated, there are certain unfortunate (and unforeseen?) side-effects when love and affection become so separated during sex."<sup>87</sup>

<sup>&</sup>lt;sup>84</sup> Letter from Dr. Purtilo to Ian Munro, December 3, 1982, Joseph Sonnabend Papers, Box 1, Folder 1.

<sup>&</sup>lt;sup>85</sup> Nathan Fain, "Prevention and More Prevention," *The Advocate*, February 7, 1984, 16.

<sup>&</sup>lt;sup>86</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 28.

<sup>&</sup>lt;sup>87</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 38.

This viewpoint was not unique to them. As Brier argues, a number of gay writers and physicians worked in conjunction with rapidly forming AIDS service organizations (ASO's) to create such an inclusive "community of practice."<sup>88</sup> What was unique about Callen and Berkowitz, however, was their movement away from abstract liberationist ideology and rhetoric and towards concrete examples of how this novel form of "love becomes possible":

If you find that you are uncomfortable talking about health concerns face to face in a bar or bathhouse situation, ads offer an alternative method of screening out those men who do not share your health concerns.

Attracting responsible partners through an ad will make easier for you to avoid taking risks.

Since people are not always honest, plan to meet potential partners for the first time in public places such as a bar or a restaurant. Then after you meet, you have the option of going home alone or together.<sup>89</sup>

It is odd to read some of these prescriptions today because, as prescriptions designed to curb a public health crisis of enourmous dimension, advice for gay men on how to ask one another out on dates seems overwhelmingly basic. But such moments come from Callen and Berkowitz's position against the kind of free-form contact and individualistic culture of gay male cruising. This practice that had fashioned itself around an idea of collective anonymity, they feared, had come to define gay male culture entirely.

Larry Kramer, who had already become notorious for his views on promiscuity as evinced in his parodic novel *Faggots*, was quick to respond to this trend, deploring men "who moan that giving up sex until this [the AIDS epidemic] blows over is worse than death." For Kramer the problem was "guys who think that

<sup>&</sup>lt;sup>88</sup> Brier, Infectious Ideas, 41.

<sup>&</sup>lt;sup>89</sup> Michael Callen and Richard Berkowitz, *How To Have Sex In An Epidemic*, 32-33.

all being gay means is sex in the first place.<sup>"90</sup> While he would go on to found *The Gay Men's Health Crisis* (GMHC) and other seminal gay and AIDS organizations, he became increasingly frustrated with what he saw as safer sex proponents avoiding judgmental or contentious pronouncements. To Kramer, Sonnabend's concern that doctors were not being open or direct enough with their patients about what types of sex were acceptable or safe was irrelevant and even dangerous. As his pseudonymous character Ned Weeks declares in his autobiographical play *The Normal Heart*, "there's absolutely no such thing as safe sex." In 1983, Callen and Berkowitz posed an open, but perhaps rhetorical, question to gay men, "if sex is liberating, is more sex necessarily more liberating?"<sup>91</sup> Two years later when Kramer's play was first produced in New York City, Ned Weeks answered: "more sex isn't more liberating. And having so much sex makes finding love impossible."<sup>92</sup>

While Kramer and Mass came under attack by other gay writers for the sexnegativity some perceived in their messages, both men argued that it was deeply ingrained homophobia in American politics and society that produced gay men who were so dangerously self-destructive. In a draft of an address Mass gave at the Beth Israel Medical Center on June 17<sup>th</sup>, 1983 for a conference on AIDS, he strongly critiqued what he saw as a search for "gay medicine" in response to this idea:

It is this dilemma that mainstream medicine now faces in its characterization of the so-called new gay diseases. The truth about AIDS like the truth about the gay bowel syndrome is that it is no longer simply or clearly so much as superficially related to sexual

<sup>&</sup>lt;sup>90</sup> Kramer, *Reports from the Holocaust*, 46.

<sup>&</sup>lt;sup>91</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 33.

<sup>&</sup>lt;sup>92</sup> Larry Kramer, *The Normal Heart*, 1st Plume ed. (New York: New American Library, 1985), 61; 79.

orientations. AIDS is a syndrome of immunodeficiency, not of homosexuality.<sup>93</sup>

A logic for the disease that was defined entirely in terms of the identity of its victims was, to Mass, little more than a newfound opportunity to further pathologize and stigmatize gay men in the way they had been prior to Gay Liberation. "You see the problem," he concluded in this first draft, for "to demand that gay establishments be closed would [...] control the spread of AIDS, but could significantly hasten the no longer creeping pace of fascism in this country.<sup>94</sup> The idea of "gay medicine" was a return to an obscure positivist approach to homophobic segregation. He then offered an interesting prescription for transformation:

In my opinion, there is one preventative medical approach, upon which all others must commence: integration. [...] At the present time, society says to gay people, you are immature, compulsive, antisocial. Therefore we deny you any and all opportunities to be mature, stable, and integrated. That, ladies and gentlemen, is in my opinion the definition of catch-22. You cannot condemn people for not having monogamous partnerships and use that condemnation to justify [the fact that] you're not offering any opportunity to legally establish such partnerships. In a phrase, if you want gay people to 'behave' you must give them not a reward, but [...] *some* opportunity to do so."<sup>95</sup>

"Gay medicine," for Mass, obscured a cultural disposition towards homophobia and prejudice within scientific language—a manner of judgment held above the political and cultural discourse of the period. A medicinal or curative response to AIDS then required one to look past assumed biological or physiological evidence and regard political and social change more broadly as the "cure."

<sup>&</sup>lt;sup>93</sup> Lawrence Mass, Draft 1, 1. Lawrence Mass Papers, Box 14, Folder "Impact of AIDS On Gay Community (Dan William)," NYPL.

<sup>&</sup>lt;sup>94</sup> Mass, Draft 1, 5.

<sup>&</sup>lt;sup>95</sup> Mass, Draft 1, 6.

Writers like Mass and Kramer were more visible to the heterosexual mainstream, and therefore felt a pressure to balance the interests of the gay community against the pressure to communicate its needs to a largely straight audience unfamiliar with, or often disgusted by, gay male sexual subcultures. This led them to internally discipline their fellow gay men. In his influential article "1,112 And Counting," written for the *Native*, Kramer asked his readers "how can [promiscuous men] value life so little and cocks and asses so much? Come with me, guys, while I visit a few of our friends in Intensive Care at NYU. Notice the looks in their eyes, guys. They'd give up sex forever if you could promise them life."<sup>96</sup>

Kramer also told non-gay audiences that homophobic logic encouraged gay men to participate in self-segregating and self-destructive interpersonal relationships. As he said in an address given to the New York Civil Liberties Union:

I'm going to tell you something you've never heard before. I am going to tell you that the AIDS pandemic is the fault of the white, middleclass, male majority. AIDS is here because the straight world would not grant equal rights to gay people. If we had been allowed to get married, to have legal rights, there would be no AIDS cannonballing through America.<sup>97</sup>

Promiscuity was perceived as a tragic vice, akin to something like alcoholism or drug addiction, that originated only under conditions of extreme duress. This was a far cry from its stereotypical liberationist definition as being the very basis of gay male identity, the deciding factor that distinguished gay men from, and empowered them against, their heterosexual counterparts (pejoratively referred to as "breeders").

Kramer thus refused to place all the blame on gay men themselves. "The concept of making a virtue out of sexual freedom, i.e., promiscuity, to use that loaded

<sup>&</sup>lt;sup>96</sup> Kramer, *Reports from the Holocaust*, 46.

<sup>&</sup>lt;sup>97</sup> Ibid., 178.

word," he continued in his speech, "came about because gay men had nothing to call their own *but* their sexuality." The response, then, was one that envisioned a more holistic reformation of gay identity. "Gay medicine," rather than homophobia, ought to center a civil rights agenda. Bereft of civil rights that guaranteed "the proper right to love," he argued, gay men lacked the capacity for civil behavior.<sup>98</sup> Love, in Callen and Berkowitz's argument, was embodied in certain actions. The idea and emotion did not mandate monogamy or other relational forms that mimicked those of the heterosexual world's social reality. For Mass and Kramer, love was similarly imbricated within a new type of sexual ethic founded upon personal and interpersonal responsibility. But it was also understood as a necessary ingredient for the maturation of gay relationships into a new ideal.

Mass placed this concept at the center of his final draft by justifying promiscuity as a symptom of gay men's "catch-22": "Prevention means limiting not just promiscuity itself," he argued, "but the factors that most questionably contribute to that promiscuity." Therefore he reasoned that "if gay people were to have *the option* of legitimizing their relationships, [...] they would have an *incentive* to eschew promiscuity." Without civil rights, however, "gay people cannot think about working for such options."<sup>99</sup> A year earlier Mass had written in his influential reporting for the *Native* that "we must find new ways to meet the substantial responsibilities of sexual freedom."<sup>100</sup> Settling for pragmatism, he thus concluded that monogamous relationships would mitigate these responsibilities and dangers alike.

<sup>98</sup> Ibid.

<sup>&</sup>lt;sup>99</sup> Mass, Draft 3, 1.

<sup>&</sup>lt;sup>100</sup> Mass, "The Epidemic Continues," 13.

Sexual freedom, for Kramer, was literally killing gay men. In a 1987 speech entitled "I Can't Believe You Want To Die," he lamented "the terrible realization that I believe this gay community of ours has a death wish and that we are going to die because we refuse to take responsibility for our own lives."<sup>101</sup> Even Mass's desire for sexual health that preserved liberation was murderously indifferent by this logic. While Mass advised variations on monogamy and Callen and Berkowitz openly considered the revolutionary possibility that even people with AIDS could have sex, Kramer adopted an unforgiving approach to the rehabilitation of gay men's sexual culture. Rather than rejoining sex and love as these other writers suggested, Kramer argued that love must exist without sex if gay men were to survive. In both Mass and Kramer's account, however, the consolidation of the gay couple was integral to the rehabilitative process.

## "I Invented A Disease": Cultural Frames for AIDS

In his essay "Explaining Epidemics," Charles Rosenberg describes two "fundamental styles of explanation" with which a particular people understand illness: configuration and contamination. "The configuration theme is holistic and emphasizes system, interconnection, and balance," he states, "while the contamination theme foregrounds a particular disordering element."<sup>102</sup> Much of the writing discussed in this chapter can be interpreted as actively denying homophobic understandings of AIDS and advocating, in turn, configurationist understandings of the disease. In the absence of broad-based social change or readily available disease remedies, however, this understanding denies the inherent contaminant ideas within

<sup>&</sup>lt;sup>101</sup> Kramer, *Reports from the Holocaust*, 163.

<sup>&</sup>lt;sup>102</sup> Charles E. Rosenberg, "Explaining Epidemics," in *Explaining Epidemics and Other Studies in the History of Medicine*, ed. Charles Rosenberg (New York: Cambridge University Press, 1992), 293, 95.

the supposed configurationist framework. The fact that activists often settled for prescribing behavioral change alone recognized gay men as a contaminant. That is to say, gay physicians and activists who first entered into a public and intracommunal discourse in the early history of AIDS held in common a view on the need to substantially alter the role of sex in gay identity. With the development of a theory of HIV as the viral etiological factor, "lifestyle" arguments were defused. Then being understood in terms of biological contingency, HIV's discovery withdrew the question of contamination from gay identity.

Why was Sonnabend's multifactorial theory so important? In a 1987 interview when he still maintained that HIV was not the sole cause of AIDS, Sonnabend explained:

[...] What I came up with was an entirely fanciful—which may yet be true—model, in which I invented a disease. You look back at the environment of people who are getting the disease and ask yourself, 'can we identify influences that impact on the immune system in ways that are know?' I am not saying drugs, but things that you can pinpoint, know and [quantify] to some extent. I could do so. We know that biological effects generated by these factors, some of which are infectious, some are not, infectious are the common herpes viruses, salomega virus, the effects of foreign semen in immunizing effects. I made a model. I looked to the biological effects of these influences. How can these biological effects, which we know exist, impact on the functioning of the immune system to result in the kinds of disasters we seen in AIDS? I had a plausible model. I don't believe it because it would be too good to be true, and there are problems with it.

Interviewer: It excludes HIV

Sonnabend: Yes, it has no place for HIV.

Sonnabend remained unwilling to accept the HIV hypothesis, and thereby give men

this kind of viral pardon, well into the early 1990s. Even after admitting he was

mistaken, he nonetheless maintained (truthfully, it should be noted) that many of his theories effectively predicted means of preventing viral exposure.<sup>103</sup>

If he felt that he had invented a disease, why did he invent one that was so abhorred by gay men? Sonnabend is a difficult figure to read in the history of AIDS for precisely this reason. Different authors have interpreted him as either indicting gay male sexuality entirely or unwittingly promoting further sexual abandon. In his polemical work of science journalism *Sexual Ecology*, Gabriel Rotello critiques Sonnabend for reifying anal intercourse as the "essential [expression] of homosexual intimacy."<sup>104</sup> Brier conversely describes him as interpreting gay liberation as "inherently unhealthy," and thus representing gay men in turn as "selfish" and unfamiliar with, or incapable of, "healthy sexual behavior."<sup>105</sup>

But just as Sonnabend "invented a disease" for gay men in particular, he also invented a cure. In a June 1984 article in *AIDS Research*, a journal he helped to create with Michael Callen, he argues that "significant abnormalities in the structure of chromosome chromatin, number of chromosomes, structural aberrations which were mostly due to translocations, and simple breaks in lymphocytes" found in homosexual men "may be due to exposure to agents or factors associated with the lifestyle of some homosexual men." At first glance, his observation that "no numerical and structural aberrations except for rare technical artifacts were found in heterosexual individuals" might seem to imply that there was some innate, biological difference

<sup>&</sup>lt;sup>103</sup> Letter from Richard Berkowitz and Joseph Sonnabend to Sex Panic, August 31, 1997. Joseph Sonnabend Papers, Box 3, Folder 6.

<sup>&</sup>lt;sup>104</sup> Rotello, *Sexual Ecology*, 101.

<sup>&</sup>lt;sup>105</sup> It is unclear how Brier interpreted his relationship with Callen and Berkowitz, since she argues for the merits of their activism having the exact opposite effect of Sonnabend's writing in her interpretation. Brier, *Infectious Ideas*, 24-26.

between the two. His deduction that "various agents or factors in healthy homosexual men produce chromosome aberrations before symptoms appears," lends itself, in turn, to his identification of the paradoxically healthy gay man. But he ultimate concluded that if such men "change their lifestyle (i.e. cessation of sexual activity and drug use) after becoming symptomatic [...] the aberrant cells die."<sup>106</sup>

It is hard to read such a hypothesis today and not be struck by its sheer optimism. Sonnabend was, essentially, giving medical authority to the possibility of a kind of rehabilitation from the sexual "overload" of the previous decade. Furthermore, he did not see this as a turn away from sex. Through his definition of two separate stages of the "progression" of AIDS, he hoped to arrest gay culture while it still stood a chance of remaining in the initial reversible stage of the epidemic. Standing at the brink of "sexual excess," Sonnabend saw AIDS as a threshold over which gay men did not have to cross. As he said a year later in an interview for the *Native*, "the rectum is a sexual organ, and it deserved the respect that a penis gets and a vagina gets....Anal intercourse is a central sexual activity, and it should be supported, it should be celebrated."

Discussing safer sex education, he tried to assure gay men that AIDS was only a temporary condition from which they would all eventually be rehabilitated.

Sonnabend: [...] we have to recognize what is hazardous, but at the same time, we shouldn't undermine an act that's important to celebrate just because it's under attack by the straight community. [...] What is called great, 'healthy' sex is not great. You can't just write off anal intercourse and tell men that they can no longer fuck, without giving them some kind of support. One should celebrate the act, but indicate that there is an epidemic which has stopped, if you like, this activity,

<sup>&</sup>lt;sup>106</sup> George Manalov et al., "Aberrations in Chromone of Peripheral Lymphocytes of Male Homosexuals Predisposed to Acquired Immune Deficiency Syndrome," *AIDS Research* 1, no. 3 (1984): 157-59.

an important part of one's life, and that, hopefully, there are circumstances in which unprotected anal intercourse will again become possible between two partners, in time. The risk-reduction [sexual education material] I've seen doesn't address this at all. It probably does a terrible thing to younger people who have misgivings about their own sexuality, who are confronted with all these terrible things. God knows, people find it hard enough to express themselves sexually. All they need is a sex-as-risk-reduction pamphlet to turn them off forever."

Adkins: Especially people who are just coming out.

Sonnabend: Absolutely. We have a community that's not being very thoughtful or very kind to its own members.<sup>107</sup>

Such a revitalization of gay sex could only occur, however, in the case of a new sexual ethic with more far-reaching notions of intercorporeal generosity and care. To establish such a sexual ethic, gay men could not rely on condoms alone.

"As a researcher worker," Fleck comments on the invidual within the thought collective, "[one] is part of that community with which he works. He may give rise to ideas and developments, often unconsciously, which soon become independent and frequently turn against their originator."<sup>108</sup> Sonnabend often described himself as a scientist who was only conveying a positivist perspective on sickness and health. The story of his disagreement with the "new agent" theory and his influence on the safe sex movement and promiscuity debates, however, illustrate how it was impossible to separate AIDS in its formative years form a particular normative understanding of sexuality and identity. In at least one court case, his research papers were used by both the prosecution and defense to support or decry the legitimacy of anti-gay

<sup>&</sup>lt;sup>107</sup> Barry Adkins, *New York Native* article "Looking at AIDS in Totality, A Conversation with Joseph Sonnabend," October 7, 1985, 23.

<sup>&</sup>lt;sup>108</sup> Fleck, Genesis and Development of a Scientific Fact, 45.

legislation.<sup>109</sup> This is an example outside the gay community, but the same could be said of the promiscuity debates themselves. As Kramer and Mass's rhetoric show, cultural claims became more effective in jettisoning the gay community than scientific theories alone. Berkowitz himself recalls Sonnabend being frustrated at him and Michael Callen for extrapolating too much from his scientific theory.<sup>110</sup>

The emerging focus on gay rights as a curative, however, crystallized gay men's situation within an ongoing disease framework that analyzed AIDS in terms of sexual morality and identity. No matter whose fault it was, promiscuity for the moment was defined as a vice. The very idea of "integration" as given by Mass created, however unwittingly, a presumption of normalcy in the very type of heterosexual monogamous relationships that he also found so oppressive.

Condoms, and safe sex more generally, did take gay men a long way in terms of both sexual health and developing a new array of normative values and behaviors within a diverse set of sexual subcultures. In 1997, Sonnabend admitted that while "before safe sex was invented" his condemnation of promiscuity in medical terms appeared perfectly logical, the successful establishment of safe sex practices implied that "support of promiscuity may [actually] be the best way to prevent AIDS."<sup>111</sup> If individual behavior change became the mantra of safe sex, the question is then raised

<sup>&</sup>lt;sup>109</sup> In a 1985 court case, the Gay Student Services at Texas A&M University sued the school for prohibiting the club's meetings. In the defense's statement, they claimed "the number of communicable diseases prevalent in the homosexual community and their extremely high incidences, compared to the small overall homosexual population, are almost staggering to the untutored mind." Citing Sonnabend, they additionally noted that "there is a dramatic correlation between homosexuals and the most significant and disturbing disease of all, Acquired Immune Deficiency Syndrome (AIDS). Public health concerns, this defense suggested, legimitated anti-gay legislation. As he did in other similar cases, Sonnabend was asked to submit an *amicus* brief on behalf of the lambda legal defense fund to assist with cases of AIDS-related discrimination. Gay Student Services, et al. v. Texas A&M University, et al., 1983 Jun and Aug,1985 Apr 26, 9-10. Joseph Sonnabend Papers, Box 4, Folder 5. <sup>110</sup> Berkowitz, *Stayin' Alive*, 85.

<sup>&</sup>lt;sup>111</sup> Berkowitz and Sonnabend, letter to Sex Panic.

of how sex changed for gay men in the AIDS crisis. Such an issue leads to my next subject of inquiry, the history of public sex in the epidemic.

Chapter 2

## A Community Built on Love, Or, Why Cum Should Be Considered A Biohazardous Material: Jerk-Off Clubs, Communal Sex, and the Boundaries of Gay Identity

In short, to put the matter polemically and even rather brutally, we have been telling a few lies—lies whose strategic value I fully understand, but the AIDS crisis has rendered obsolescent. I do not, for example, find it helpful to suggest, as Dennis Altman has suggested, that gay baths created 'a sort of Whitmanesque democracy, a desire to know and trust other men in a type of brotherhood far removed from the male bondage of rank, hierarchy, and competition that characterize much of the outside world." Anyone who has ever spend one night in a gay bathhouse knows that it is (or was) one of the most ruthlessly ranked, hierarchized, and competitive environments imaginable. Your looks, muscles, hair distribution, size of cock, and shape of ass determined exactly how happy you were going to be during those few hours, and rejection, generally accompanied by two or three words at most, could be swift and brutal, with none of the civilizing hypocrisies with which we get rid of undesirables in the outside world.<sup>1</sup>

Leo Bersani, "Is The Rectum A Grave?", 1987

"One individual showed up alone one night," the November 1982 newsletter of the New York Jacks noted disapprovingly, "and when asked how he happened to appear, said that he had chanced to be walking down the street when he noticed a very good- looking man enter the door, so he just decided to follow him in." This, the newsletter curtly reminded the group's members, was against the club's policy on cruising. "Well, he was right about the good looking men," it continued, "and we don't blame him for trying to get in. But as a private club, and a highly specialized one at that, we had no alternative but to deny him admission."<sup>2</sup>

<sup>&</sup>lt;sup>1</sup> Bersani, "Is the Rectum a Grave?," 206.

<sup>&</sup>lt;sup>2</sup> The New York Jacks Newsletter November 1982, 1. New York Jacks Records, Folder 17: "New York Jacks newsletter, 1982-1987," NALGBTH.

The early 1980s was a period of unprecedented growth for the New York Jacks. Originally founded in 1979 by a group of like-minded gay men who preferred mutual masturbation (hence the generic title, Jerk-Off Clubs), the group was suddenly inundated with eager applicants. By the summer of 1982 their newsletter boasted 178 paying members.<sup>3</sup> Five months later their numbers had increased to 226. The NY Jacks met this development with excitement and trepidation in equal parts. The January 1983 newsletter proudly noted that they were "about to begin [their] fourth year of existence with a record number of 251 active members." This enthusiasm was quickly tempered, however, with a warning to new and old members alike:

For all of us, presumably, our choice of sexual behavior has lately been reinforced by the medical supposition of a possible viral agent, transmissible through body fluids, in the epidemic proliferation of AIDS (Acquired Immune Deficiency Syndrome). Since we have already chosen to engage strictly in J/O, this supposition can only serve to heighten our resolve that individual New York Jacks, and their guests, must subscribe wholly to our club's aims. If a member or guest cannot be fully satisfied by J/O alone, then the New York Jacks is not the club for him.

"A few problems have become evident" with visitors, it continued, leading to another new restriction that limited members to one guest per session. Each member, the club emphasized, was "fully responsible for his guest's behavior." In an emphatic statement against the cruising culture, it specified that the member and guest "must know each other, i.e., don't give entrance to someone who may solicit you outside."<sup>4</sup>

The anxiety in this policy statement illustrates a larger trend within public sex institutions with the onset of the AIDS crisis. However, the emphasis on the club's

<sup>&</sup>lt;sup>3</sup> NY Jacks Newsletter, June 23, 1982. New York Jacks Records, Folder 17, "New York Jacks newsletter, 1982-1987."

<sup>&</sup>lt;sup>4</sup> NY Jacks, January 1983 newsletter, 1. New York Jacks Records, Folder 17, "New York Jacks newsletter, 1982-1987"

"specialized" and "private" status also hints at how the NY Jacks, in an effort to protect both its members and its integrity, would address new and rapidly evolving public health concerns. In the previous chapter, I showed how the cultural and scientific debates in which gay men participated produced a new conception of idealized, and demonized, forms of gay sex. In this chapter, I will examine how some of these changes were actuated by institutions that facilitated continued practices of gay public sex. By introducing a new archive generated by some of these groups, I argue that gay men did not simply participate in or ignore the epidemic's "incitement to discourse" that is often consigned by scholars to the gay press alone. Rather, the institutions themselves reformulated ideas about the gay male body, and its sites of pleasure and danger, in order to foster a new sexual ethic.

## A "Great Refuge": Masturbation, Public Sex, and Liberationist Sexual Ethics

The recognition of AIDS by gay communities in the early 1980's increased the visibility and legitimacy of clubs like the NY Jacks as offering a unique form of public exhibitionist and voyeuristic erotic pleasure. Growing attention to and activity in JO clubs nationally, a 1983 newsletter from the NY Jacks noted, had attracted the gay press. Inspired visitors and others who had heard about the clubs through general word of mouth had opened new JO clubs in San Francisco, Los Angeles, and Washington. Increasing membership and a developing network of clubs suggested that more men, they noted hopefully, "have come to appreciate the special satisfactions of uninhibited group J/O scenes."<sup>5</sup>

<sup>&</sup>lt;sup>5</sup> NY Jacks, "The Word Spreads." New York Jacks Records, Folder 17, "New York Jacks newsletter, 1982-1987"

The repeated emphasis in these letters on membership restrictions and exclusiveness, however, reveals that divisions were beginning to appear within the club. A core group of sexual devotees saw their particular form of sexual pleasure and communal experience disrespected by a new wave of members who were, in turn, frustrated by the apparently stringent limits placed upon their sexual praxis by the organization. As the January newsletter suggested, AIDS might have given the fetish of masturbation —otherwise mocked by other elements of gay sexual subcultures as excessively "vanilla"—some biomedical justification (though this was probably not the type of encouragement they wanted). More important to the New York Jacks at this point, however, was maintaining its distinction from the mainstream of gay sex, particularly more casual and less regulated forms of communal sex.

By the following March, however, their position had changed with their new awareness that safe sex practices made their role distinctive in other ways. They now sounded a note of caution for their members and all gay men:

Something else which is spreading, and in this case, most unfortunately so, is AIDS. A number of people who have joined the Jacks recently have indicated that they have done so as reaction to the epidemic of AIDS cases. The implication is that the Jacks represent a safe port in which to anchor until the storm subsides and one can reenter the mainstream.<sup>6</sup>

Masturbation, as this statement implies, had different meanings in the different cultural logics of public health and gay liberation. Perhaps it was because of this security that communal masturbation was looked down upon by the "fast lane" gay lifestyle that saw it as boring, puerile, and even shameful.

<sup>&</sup>lt;sup>6</sup> NY Jacks, "Newsletter for March," 3. New York Jacks Records, Folder 17, "New York Jacks newsletter, 1982-1987"

Whether new participants were fully satisfied by masturbation alone or merely saw it as a temporary displacement of desire, the New York Jacks took it upon itself to expand its role as a gay institution and shoulder some responsibility of maintaining the health of its members. The newsletter went on to cite one of its "physician members": "Given the steady increase in incidence of AIDS among gay men," he argued, "it would not be unlikely that among members and guests of the Jacks are fellows who will have, or will find in the coming months and years, that they have contracted AIDS."<sup>7</sup>

In 1983, notions of "safe sex" in the gay community were only beginning to emerge from the ferocious debates about the epidemic taking place in the gay press. A number of publications—most notably Michael Callen and Richard Berkowitz's *How To Have Sex In An Epidemic* —gave contending theories about the disease's communicability and attempted to offer tangible instructions to interrupt disease transmission.<sup>8</sup> The Jacks, therefore, could only sound a note of caution. "We're *all* at risk," the physician continued in the Jacks newsletter. "Each of us now has to act responsibly for himself and for others. And we need to act responsibly even as we carry on Jacks sessions."<sup>9</sup> But whatever the intentions of the club or their methods of surveillance, such normative values could only be reconstituted within the specific and, in their own words, "highly specialized" boundaries of its communal space. This troubled the distinction between what counted as communal and as private space,

<sup>&</sup>lt;sup>7</sup> NY Jacks, "Newsletter for March," 3-4.

<sup>&</sup>lt;sup>8</sup> Callen and Berkowitz's book suggested that "creative masturbation" was a no-risk sexual endeavor because it did not involve any fluid transmission. And it gave an "alternative to jerking off at home," seeming to imply that most men who were frightened suddenly found themselves with nothing else to do. Callen and Berkowitz, *How To Have Sex In An Epidemic: One Approach*, 16. <sup>9</sup> NY Jacks, "The Word Spreads."

both as it applied to the individual Jacks members and the place of the club itself amidst a larger tapestry of highly developed sexual subcultures.

In this frightened atmosphere, the new regional Jacks chapters quickly took hold. Founders worked collaboratively to help the disparate organizations cohere into an international network and a sexual movement.<sup>10</sup> "We have about 75 members in the first month and a half of our existence and the club has really taken off far beyond my expectations," the Chicago Jacks' founding member Dick Snyder wrote to the SF Jacks, asking for a placement in their mailings.<sup>11</sup> "It seems that more and more clubs are springing up across the country," he proclaimed in the September 1984 newsletter in a section entitled "Nation-Wide Jacks." Listing various cities already incorporated into the network, he assured his readers that "if you are travelling to any of the cities I have indicated be sure to call me and I will give you whatever details I have on them." By 1985 clubs began offering "reciprocity arrangements" between their memberships and newsletters frequently ended with a "News From Other Clubs" section.<sup>12</sup> Like gay bars and bathhouses, such an emergent network posed the

<sup>&</sup>lt;sup>10</sup> The NY Jacks collection has material from one club founded in Amsterdam and two in France. While the scope of this project prevents me from including these works, it is interesting to compare such a sexual phenomenon with the debates surrounding the origin of AIDS itself. Shilts and Grmek alike speculate throughout their works on how, precisely, AIDS came to be exported to America, where it then found the right conditions among promiscuous homosexual men for its explosion into an epidemic. Shilts opens *And The Band Played On* with a flashback to the July 4<sup>th</sup> celebration in New York City: "Deep into the mornings, bars all over the city were crammed with sailors. New York City had hosted the greatest party ever know, everybody agreed later. The guests had come from all over the world." As a decidedly modern disease, AIDS acquired its virulence from its international fluency. "This was the park the epidemiologists would later note," he ends, "when they stayed up late at night and the conversation drifted toward where it started and when. They would remember that glorious night in New York Harbor, all those sailors, and recall: From all over the world, they came to New York." Shilts, *And the Band Played On*, 3.

 <sup>&</sup>lt;sup>11</sup> Letter from Dick Snyder to SF Jacks, July 9, 1984. New Yorks Jacks Records, Folder 3
 <sup>12</sup>Atlanta Jacks Newsletter, 1985. New York Jacks Records, Folder 7: "Atlanta Jacks Newsletter, 1985-1986."

possibility of commonality in gay experience and desire that superseded, however temporarily, the barriers of geography and ideology.

As this network expanded nationally, however, so did the recognition and fear of AIDS. Regional Jacks and other newly formed JO clubs therefore continued to solidify their restrictions. The San Francisco Jacks made clear in its early newsletters its aversion to such casual forms of sexual choreography:

Cruising is the great gay past-time—an easy way to kill time, money, and self. Its negative aspects include posturing, non-communication, selfishness, competitiveness, and alcoholism. One can cruise all evening, not connect, go to the Trocadero to cruise all morning and not connect and go to the park or the End-up and not connect. What bar cruising does accomplish is wealth for a very small percentage of the gay community—restauranteurs and bar owners.

What was important to fostering a more inclusive and democratic sexual community, this implied, was not the specific institutional space itself if such a space—whether or not it be "gay"—was ultimately beholden to a simple profit motive. What mattered was the sexual ethic and relationship of the members of such a community. "The first party of the San Francisco Jacks was the *least* 'cruising-est' even in town," the newsletter assured its readers.<sup>13</sup>

Despite their frequent demographic changes, then, JO clubs maintained a self definition as offering a different type of sex than these more flexible and potentially anonymous encounters. In this way, they reiterated a new perspective on the "commercial institutions" that AIDS safe sex advocates had begun to criticize. The Washington, DC based J/OE warned in its October 1984 newsletter against "Guest Players":

<sup>&</sup>lt;sup>13</sup> San Francisco Jacks Newsletter, April 1983. New York Jacks Records, Folder 21: "S.F. Jacks (San Francisco, CA) newsletter, 1983-1989."

"I hardly know the guy"..."Oh, he's just someone I met in a bar a couple of months ago"..."I only brought him because he's been bugging me to take him to one of our meetings."

Would you believe that these are remarks virtually verbatim from a few of our members about men they have brought to our sessions as their guests?

We don't want to make a Federal (much less a Redskin) case out of this. However, we have a minor but persistent problem with just a handful of members who do not seem to understand their responsibilities for their guests or their fellow members.<sup>14</sup>

Boundaries were established around the community by articulating an idea about common desire that produced communal trust. Complaining about a guest who described their club as a "great refuge," the November 1984 newsletter of the New York Jacks sounded particularly frantic at the prospect of the club becoming a safe haven for the sexually adventurous: "It would be wise not to view it as that. We have grown to over 300 members, with new guests introduced weekly." Such hasty and dramatic demographic shifts, they feared, would compromise the character and integrity of an exclusive society. They ended by reminding their members that "we are, as it were, comrades in hands, not comrades in arms, and members or guests who are not similarly inclined should not expect to be graciously accommodated."<sup>15</sup>

AIDS ignited a debate between the public health authorities, state governments, and diverse elements of the gay community over the nature and utility of disease transmission and prevention in public sex spaces frequented by gay men. Commentators and participants alike often noted that such spaces, particularly gay bathhouses, had "historically [...] served as a refuge for gay men who previously had

<sup>&</sup>lt;sup>14</sup> J/OE Newsletter, October 24, 1984. New York Jacks Records, Folder 23: "J/OE (Washington, DC area) newsletter, 1983-1989."

<sup>&</sup>lt;sup>15</sup> NY Jacks, "Newsletter for July," 1984, 2.

no socially sanctioned meeting place."<sup>16</sup> Now in the presence of a new epidemic, the Jacks themselves were perceived as a "refuge" from this previous gay "refuge."

Despite the obvious creation of such borders, it is important to recognize what factors did not immediately necessitate exclusion. "Our seriousness stems not from attempting to prevent transmission of disease, though hopefully that may be a fortuitous side-effect," the New York Jacks noted in the same newsletter. Rather, they argued that their vigilance stemmed "from a positive, independently established desire to express ourselves through the medium of group J/O."<sup>17</sup> A significant result of this perceived independence from the growing fear of AIDS was that the clubs refused to arbitrarily exclude symptomatic and infected members. The San Francisco Jacks went a step further in their June 1984 newsletter and explicitly recognized people with AIDS (PWAs) as members of their sexual community, inspired by one particular member's relationship outside the club:

Jacks' member Jeff Cothran called me to related a moving sexual experience with a man who has Kaposi's Sarcoma. Jeff said the fellow was a handsome man, an athlete who has given up on jogging for fear of frightening people with his lesions, which Jeff described as looking like measles. This man has not been naked with another man for a year and has confined his sexual activity to pornography. Jeff held this man, exposed himself to him sexually, and, more important, let this person expose himself to Jeff.

"Exposure" was a term largely used in epidemiological and biological discussions of AIDS. Public sex debates hinged upon such a question, with proponents and critics alike debating the efficacy of any kind of "safe" sexual practice in such spaces. In New York City, for example, "high risk activity" was officially defined by the New

<sup>&</sup>lt;sup>16</sup> Mervyn F. Silverman and Deborah B. Silverman, "AIDS and the Threat to Public Health," *The Hastings Center Report* 15, no. 4 (1985): 22.

<sup>&</sup>lt;sup>17</sup> NY Jacks, "Newsletter for July," 2.

York State Sanitary Code to include any kind of anal or vaginal intercourse and fellatio, and did not specify whether condoms or other forms of protection reduced risk.<sup>18</sup> Fears of transmission by any sort of human contact had left at least one AIDS patient stranded in a hospital with a "do not touch" sign.<sup>19</sup> The Jacks tried to offer a way for how the idea of AIDS, embodied individually in the person with AIDS but also in the general specter and fear of contagion, could be approached, accepted, even touched. JO clubs thus took the rhetoric and logic of "exposure" from a scientific perspective and re-appropriated it for sexual purposes. The SF Jacks went on to propose the idea of creating a "network to provide people with AIDS-related disease with the love that is expressed through sexuality."<sup>20</sup>

## The Lights Come Up: Gay American History and the Imagined Geography of Public Sex

Concern about infection, however, was hard to simply cast off. JO clubs realized that new public health concerns were incompatible with the heedless gay world of sexual abandon that characterized "the Party" of the 1970's. But despite this commonly invoked stereotype, by the late 1970s gay men were already devising strategies to curb the transmission of STD's that had proliferated in the previous decade. A year prior to the discovery of the disease, Richard Edwards founded a "discreet fraternity" he called Meridian to "alleviate the problem of V.D. infection" with what he called a "consensual gentlemen's agreement."<sup>21</sup> In order to attain

<sup>&</sup>lt;sup>18</sup> Marc E. Elovitz and P.J. Edwards, "The D.O.H. Papers: Regulating Public Sex in New York City," in *Policing Public Sex : Queer Politics and the Future of AIDS Activism*, ed. Dangerous Bedfellows, et al. (Boston, MA: South End Press, 1996), 295-96.

<sup>&</sup>lt;sup>19</sup> Silverman and Silverman, "AIDS and the Threat to Public Health," 21.

<sup>&</sup>lt;sup>20</sup> SF Jacks Newsletter, June 1984.

<sup>&</sup>lt;sup>21</sup> Richard Edwards, "Letter To Potential Members," Lawrence Mass Papers, Box 8, Folder "Meridian," NYPL.

membership, applicants had to provide an up-to-date medical record proving that they were not positive for any STI's, and they could not have "sexual relations in any contagious forms" prior to clearance.<sup>22</sup>

Membership was then divided between "No. 1" and "No. 2" status that identified the degree of sexual exclusivity a given member practiced (No. 2 members agreed to a "sexually mutually exclusive relationship between all status 2 members"). Membership within each group was also "further subdivided into a sub-classification of A, B, or C," which determined a member's status based on the sexual acts in which they chose to indulge:

- A. Having had sexual contact with another, but no sexual contact involving the anus (i.e., heavy kissing, cocksucking)
- B. Having had sexual contact with another, including light, very careful anal contact (i.e. light fucking, getting fucked, finger fucking, fucking with a rubber, but being very careful that there is no hand to mouth contamination, and, meticulous washing directly after sex)
- C. Having had sexual contact with another, including heavy anal contact (i.e., heavy fucking, fist-fucking, rimming, etc.).<sup>23</sup>

Edwards stressed that as a "naturally masculine" structure of care, the legitimacy of

the fraternity depended upon openness and sincerity of communication.<sup>24</sup>

Members were then given gray pins with a white strip through the center to

"informally signal by numerical membership status" to others in the group that they

<sup>&</sup>lt;sup>22</sup> "Agreements For Meridian Fraternity Memberships," 2-5.

<sup>&</sup>lt;sup>23</sup> "Agreements For Meridian Fraternity Memberships," 7.

<sup>&</sup>lt;sup>24</sup> New members were required to sign several agreements that reiterated such an oath to interpersonal responsibility in claiming and adhering to their membership identities: "the effectiveness of the fraternity is fully dependant upon my integrity in communication. I understand this agreement to be the basis of the entire fraternity." Mr. Rick, "In Gays We Trust," 4. "Agreements For Meridian Fraternity Memberships," 10.

could be trusted.<sup>25</sup> Me could thus covertly identify and communicate with each other even in the midst of larger cruising and public sex spaces. Addressing concerns with this exclusivity, Edwards assured the gay community that the club was "not a Gestapo outfit" but simply "an alternative" to more free-form sexual behavior. "If you want to eat ass on the floor of the Mineshaft five nights a week, fine," he reasoned. "But I want you to honestly communicate to the other members that you have exposed yourself to a higher risk of infection." Despite its emphasis on selfless responsibility, then, he explicitly distinguished the "good boys" of the fraternity from the general negative portrayals of "fast-lane" gay men at the time.<sup>26</sup>

Meridian was later singled out in a thinly disguised critique in *How To Have Sex In An Epidemic*. "Recently a number of clubs have been formed which use various methods (such as membership buttons) to indicate an individual member's perception of the status of his health," Callen and Berkowitz wrote. "While these clubs also rely on the trustworthiness of its individual members," they summarily warned, "it would probably be foolish to trust this system to protect you from disease."<sup>27</sup>

While Callen and Berkowitz distinguished their own prescriptions for sexual health from those of a "sex club" such as Meridian, it is not immediately clear what the distinction was. What was so different about Meridian's system of trust besides its institutionalized and formal practices? It proposed, after all, forming a "closed circle of fuck buddies" as a possible form of risk reduction, saying that such a simple

 <sup>&</sup>lt;sup>25</sup> "Quiet Good Taste," p. 18. Lawrence Mass Papers, Box 8, Folder "Meridian," NYPL. Brier interprets Meridian as thus attempting "to elevate themselves above the out-of-control uneducated gay men that surrounded them." Brier, *Infectious Ideas*, 19.
 <sup>26</sup> "Quiet Good Taste," 23.

<sup>&</sup>lt;sup>27</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 31.

"expanded version of monogamy [...] offers the variety of 'promiscuity' with the safety of mutual monogamy."<sup>28</sup> Meridian had similarly emphasized mutual trust and honesty as the determining factor for such a network's success. It was more explicit in its exclusion of infected or unhealthy individuals, but that was certainly not unique to such a small group of men. Joseph Sonnabend, after all, had said that warning men that people with AIDS might be present at bathhouses should be enough to scare men away from such facilities.<sup>29</sup>

What was so different about the "community of practice," to borrow Jennifer Brier's language, between Meridian's guidelines and those of *How To Have Sex In An Epidemic*? "Health is about to become the biggest issue in gay life," an eerily prescient Edwards stated in an interview shortly after the group was founded. "I am setting up an organization that will allow this health consciousness to become a way of life."<sup>30</sup> While it addressed issues in a way that seemed more oppressively masculine and exclusionary than Callen and Berkowitz, Meridian's rhetoric also revealed the gaps that existed in such male chuavinistic virtues. These virtues, one of its leaflets demonstrated, could then be revised to suit a new sexual ethic. 'The New Status Symbol," the sheet announced in bold typeface above a picture of the Meridian pin. Below the image, in much larger text, the ad continued: "CARING." A smaller subtitle explained "a fraternity of sexual health communication for men who care."<sup>31</sup>

Perhaps the greatest point of contention was Edwards's eagerness to divide gay men between the unhealthy, infected, or imminently "diseased" and their healthy

<sup>&</sup>lt;sup>28</sup> Callen and Berkowitz, *How To Have Sex In An Epidemic*, 31.

<sup>&</sup>lt;sup>29</sup> Nathan Fain, "Prevention and More Prevention," *The Advocate*, February 7, 1984, 16.

<sup>&</sup>lt;sup>30</sup> "Quiet Good Taste," 18. Lawrence Mass Papers, Box 8, Folder "Meridian," NYPL.

<sup>&</sup>lt;sup>31</sup> "The New Status Symbol." International Gay Information Center, Box 13, Folder "Meridian," NYPL.

counterparts. "If 50 percent of all gay men were in [the group]," he concluded in his interview, "the other 50 percent would have to join. And what would we have? A lot of healthy gay people."<sup>32</sup> In the period before AIDS, this type of social pressure only temporarily excluded men as they recuperated from some bout of illness. A year later, the same logic established a stigma the gay community feared from the rest of the American public. Callen and Berkowitz, since they hoped to create a more democratic community of sexual practice, were unwilling to go this far in their exclusion. Notice, however, how Meridian itself came to be judged retrospectively for a category of illness and shame Edwards did not fully predict. The intricacies of their disagreement show the difficulties gay men encountered when the ideas of what constituted a "club" itself had changed so dramatically.

In his influential history *Gay New York*, George Chauncey shows how sexual interactions, even in their most purely libidinal form, often had the (perhaps unintended) consequence of creating and defining social spheres for gay men to interact. In the early 20<sup>th</sup> century, the "enormous presence of gay men" in public spaces such as Central Park, Bryant Park, and Riverside Park firmly established them not only as cruising sites, but also as "social centers" for diverse groups of gay men.<sup>33</sup> As social purity groups and policemen targeted these men, they developed a kind of "tactical" logic for cruising, forming codes and symbols intelligible only to their particular subculture. They did this so well, Chauncey notes humorously, that doctors

<sup>&</sup>lt;sup>32</sup> "Quiet Good Taste," 23.

<sup>&</sup>lt;sup>33</sup> George Chauncey, *Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940* (New York: Basic Books, 1994), 180-82.

expressed bafflement at a perceieved "sixth sense" that gave gay men "a mysterious bond of psychological sympathy between them."<sup>34</sup>

Chauncey recognizes an important point in the distinction between public and private space that would become salient during the Department of Health's attempts to regulate cruising sites in the 1980's. The "gay uses of the streets," he notes, "came under attack [...] because they challenged bourgeois conceptions of public order, the proper boundaries between public and private space, and the social practices appropriate to each." Different "scenes" in gay life intertwined geographically because, as he notes of the "hustler scene," "the streets and bars functioned as extensions of each other." Tea-rooms (public restrooms) provided a more mutable space that seemed to offer "privacy in public." Since they additionally had none of the social or economic obligations of a bar or bathhouse, they were particularly enticing for poor men or those seeking cross-age, cross-generational, or cross-racial sex.<sup>35</sup>

Lee Edelman notes that "in the twentieth-century American social landscape the institutional men's room constitute[d] a site at which the zones of public and private [crossed] with a distinctive psychic charge."<sup>36</sup> Metaphorically speaking, these spaces were characterized by their function as places for collective seclusion of defecation and material waste rather than any kind of affirmative sexual identity. Men who fully identified as gay in the aftermath of liberation thus looked down upon such places as breeding grounds for shame and secrecy, seeing them as only fit for gay men who were unable to attend to other forms of sexuality or identify openly as gay.

<sup>&</sup>lt;sup>34</sup> Ibid., 188.

<sup>&</sup>lt;sup>35</sup>Ibid., 181, 93.

<sup>&</sup>lt;sup>36</sup> Edelman, "Tearooms and Sympathy," 158.

This formed a dichotomous cultural logic of tearooms, providing for the gay and straight world alike a coherent image of disgust and gay male notoriety while simultaneously offering to many men their first exposure to what they saw as a sexual "underworld of enormous dimensions."<sup>37</sup>

Chauncey distinguishes such gay spaces from the baths, which were uniquely "theirs alone." The privacy of the space—protected by the commercial interests of the owners themselves—guarded many of the men from the potential violence or public shame that lay dormant in other sexual encounters. Bathhouse managers would even exclude men thought to be straight or simply unattractive. While much of the sex that occurred out on the streets operated in a complex nexus of race, class, and genderbased intersections, sex within the baths affirmed same-sex eroticism as purely and unambiguously gay.

As the baths defined sex between men as "overt expressions of homosexual interest," they also described the social world existing around this type of "mass sex" as equally gay, thus giving men the rare experience of socializing as fully gay men.<sup>38</sup> Recalling they playful atmosphere of the bathhouse stalls in the 1970s, the writer and activist Arnie Kantrowicz notes that "the idea that we could also have fun while we were busy being dirty and oppressed was an important part of things."<sup>39</sup> In Chauncey's words, the bathhouse was thus a "starting point" in gay culture; public

<sup>&</sup>lt;sup>37</sup> Chauncey, Gay New York, 200-01.

<sup>&</sup>lt;sup>38</sup> Ibid., 207; 19-20.

<sup>&</sup>lt;sup>39</sup> He continues, "even during the days of the most advanced and reckless promiscuity, it was still a search for someone. And each time I was with someone it was the fantasy that he was the one" (he later explains that he and his lover, Lawrence Mass, first met at the baths). In a certain way this mimics the retrospective historical memory that Chauncey describes in the post-Stonewall generation, which has "usually proclaimed that all the men who participated in this [sexual] underground must have been heterosexuals or tortured, shame-filled homosexuals who crawled there and back." Now, however, the "condescension of history" was being performed by the AIDS generation in critiquing itself. Lovett, "Gay Sex in the Seventies." And Chauncey, "The Trouble with Shame," 281.

sex furnished the "very large closet" that characterized such spaces and in which "a gay world was [thus] built."<sup>40</sup>

Much of the literature and scholarship that followed public sex debates during the AIDS crisis argued more defensively that bathhouses had a purely "symbolic" value to gay men.<sup>41</sup> But as the historian and activist Allan Berube argues in his essay "The History of Gay Bathhouses," such spaces were the first institutions to foster a sense of common, desiring community. Berube explicitly linked this with gay pride and public health concerns among his contemporary generation of gay men:

When the bathhouses emerged in the 1920's and 1930's, they offered homosexual men a new option: they could meet and have sex in a gay bathhouse, in addition to having sex with "normal" men in a public bathhouse. Many men who came out before there were any gay bathhouses looked down on having sex with other gay men. [...] It was a later generation of gay men who, partly by using the gay bathhouses, learned to enjoy having sex with and loving other men. At a time when no one was saying "gay is good," the creation of an institution in which gay men were encouraged to appreciate each other was a major step toward gay pride. Since then, several generations of gay men—partly because of the opportunities provided them by gay bathhouses and, later, gay bars—have learned to prefer sexual partners who were also gay. The bathhouses, thus, are partly responsible for this major change in the sexual behavior and self-acceptance of gay men."<sup>42</sup>

Berube originally proposed this argument in 1984 and submitted it as an amicus brief

to the California Supreme Court during the legal battle over the closure of

bathhouses, sex clubs, and adult theaters in San Francisco. His description of gay

men's emergence from an abject state to positive self-affirmation in the heady days of

the sexual revolution illustrated a profound ideological discrepancy that subsequently

<sup>&</sup>lt;sup>40</sup> Chauncey, *Gay New York*, 133, 224-25.

<sup>&</sup>lt;sup>41</sup> Bayer, "AIDS and the Gay Community: Between the Specter and the Promise of Medicine," 596. <sup>42</sup>Allan Bérubé, "The History of Gay Bathhouses," in *Policing Public Sex : Queer Politics and the* 

Future of AIDS Activism, ed. Dangerous Bedfellows, et al. (Boston, MA: South End Press, 1996), 195.

widened between gay men and the "general population" during the AIDS crisis. He tried to emphasize the possibility of bathhouses promoting safe sex because of their history of empowerment. But the very idea of gay men being "encouraged to appreciate each other" in these spaces seemed antithetical to the epidemiological character of AIDS.

While Chauncey admits that the baths "became part of gay folklore," he also makes a case for the broader sociohistorical importance of such spaces. In his now classic essay "Capitalism and Gay Identity," the historian John D'Emilio similarly argued that advanced stages of industrial capitalism engendered a nascent gay identity by propagating both the decline of the heteronormative family as "an independent unit of production" and the proliferation of commercialized social spaces and institutions that fostered diverse identities independent of "the confines of the family."<sup>43</sup>

D'Emilio wrote this essay in the early 1980's as the severity and extent of the AIDS epidemic was first becoming apparent. His final message to envision a "society where autonomy and security do not preclude each other but coexist" seemed to predict the ferocity of attacks that were being marshaled against such public spaces even as he wrote.<sup>44</sup> But his distinction highlights a feature of this moment that he was unable to see at the time. Notions of "autonomy," "privacy," and "security" had very different meanings for gay men. Furthermore, notions of "privacy" assumed different social dimensions for the gay subculture than they did for mainstream political

 <sup>&</sup>lt;sup>43</sup> John D'Emilio, "Capitalism and Gay Identity," in *Powers of Desire : The Politics of Sexuality*, ed.
 Ann Snitow, Christine Stansell, and Sharon Thompson (New York: Monthly Review Press, 1983), 105.
 <sup>44</sup> Print 1000

<sup>&</sup>lt;sup>44</sup> Ibid., 111.

defenses of personal and domestic privacy, a logic that was typically invoked in legal battles for sexual rights.

In a nation-wide analysis of gay bathhouses written six years prior to the epidemic, the sociologists Martin Weinberg and Colin Williams gave a telling description of these sexual values. Such institutionalized spaces, they argued, offered gay men a kind of "organized reality" or "road map" for sexual and social interactions that would otherwise be frightening and anomic. Since "sodomy" was still illegal in the United States, the very survival of such spaces depended upon the discretion they provided and their social regimentation. The regulated anonymity of these sexual encounters, they argued, was what made such interactions so secure, for it gave patrons a "sense of concealment and ease."<sup>45</sup> Rather than being shamefully private, such interactions had a potential of establishing a community of social and sexual normative values.

This, in turn, explains the centrality of such spaces in many gay men's accounts of their discovery of homosexuality. Richard Berkowitz wrote in his memoir of first having had identifiably gay sex with other men after receiving his "emancipation" in the form of a driver's license. Social mobility allowed him to travel to a restaurant in the neighboring New Jersey township—a place rumored of being "infested" with deviance and disease.<sup>46</sup> John Preston, in his autobiographical

<sup>&</sup>lt;sup>45</sup>The study notes: "Soliciting and carrying out impersonal sex often makes participants uneasy. Anomie is inherent when one person does not know whether or not the other recognizes and shares the intent to have impersonal sex, and participants may fear embarrassments or the other person's anger." Also, in most settings there are no simple, institutionalized rules for transforming the intent into various stages of interaction (from solicitation on). Thus, awkwardness may prevail, and considerable time and energy may be expended without any sexual outcome." Martin S. Weinberg and Colin J. Williams, "Gay Baths and the Social Organization of Impersonal Sex," *Social Problems* 20, no. 2 (1975): 126, 30; 28; 29.

<sup>&</sup>lt;sup>46</sup> Berkowitz, Stayin' Alive, 17.

collection My Life As A Pornographer, describes his first sexual experience at the age of fifteen when he was picked up at a bus station in Boston after travelling there to investigate the rumors of "horrible men who loitered about in bus stations." While the man who picked him up was originally suspicious of his claims to inexperience, Preston recounts, "finally he listened to my carefully enough to realize I was telling

the truth":

I have always been astonished by what happened after that: He proceeded to give me a complete sex education, including play-byplay illustrations of all the possible acts two men could perform. I sucked him; he sucked me. I fucked him; he fucked me. I ate his ass; he devoured mine. All through this action, he delivered a running commentary on how it should be done, with what discretion, and how to find my partners.

Most of the talk was affirmative, but there were also very practical warnings. I was cautioned away from men who would offer a young man drugs that could turn into a trap. I was told how to identify syphilis chancres and other signs of disease which might threaten me. I was encouraged to use a condom if I had even the slightest doubt about the risk involved.

(He even had rubbers in his wallet and gave me a step-by-step demonstrations on how to put one on, first illustrating the procedure on himself, and then making me put a condom on my own cock, to show him I had learned my lesson well enough.) $4^{47}$ 

These examples illustrate how, as the queer theorist Kath Weston describes it,"'like'

others [became] spatially located at the very points a person enters the gay

imaginary."48 But while Weston argues that print culture let such an imagined

geography cohere (a theme I will explore more fully in the final chapter), social and

structural changes that altered the architecture and choreography of sexuality were

equally important.

<sup>&</sup>lt;sup>47</sup> John Preston, *My Life as a Pornographer & Other Indecent Acts* (New York, N.Y.: Masquerade Books, 1993), 216.

<sup>&</sup>lt;sup>48</sup> Weston, Long Slow Burn, 39.

Like the concepts "public" and "private," anonymity had a different meaning the gay worlds of these spaces. In his essay "Public Space for Public Sex," John Lindell observes that "the notion of drift is essential to the experience of a sex club, where fluidity facilitates passing into an aimless 'let's see what happens' state of mind." He thus likens the sex club's space to that of a "grocery store or shopping mall; one browses, in search of something vaguely determined."<sup>49</sup> Anonymity allowed men the chance to free themselves completely—albeit temporarily—from the heterosexual social order. "In cruising," Leo Bersani argues, "we leave our selves behind." Bathhouses were particularly amenable to this sociability because "in addition to the opportunity anonymous sex offers its practitioners of shedding much of the personality that individuates them psychologically, the common bathhouse uniform—a towel—communicates very little […] about our social personality (economic privilege, class status, taste)."<sup>50</sup>

The lack of romantic and sexual obligation present in other social worlds therefore established both the imagined and real geography of cruising. As Samuel Delany recalls in his partly autobiographical *Times Square Red, Times Square Blue,* "despite moments of infatuation on both sides," his sexual experiences at pornographic theaters "were not love relationships," but based on a common desire for pleasure:

They were encounters whose most important aspect was that mutual pleasure was exchanged—an aspect that, yes, colored all their other aspects, but that did not involve any sort of life commitment. Most were affable but brief because, beyond pleasure, these were people you had

 <sup>&</sup>lt;sup>49</sup> John Lindell, "Public Space for Public Sex," in *Policing Public Sex : Queer Politics and the Future of AIDS Activism*, ed. Dangerous Bedfellows, et al. (Boston, MA: South End Press, 1996), 75.
 <sup>50</sup> Leo Bersani, "Sociability and Cruising," in *Is the Rectum a Grave? And Other Essays*, ed. Leo Bersani (Chicago: The University of Chicago Press, 2010), 60.

little in common with. Yet what greater field and force than pleasure can human beings share? More than half were single encounters. But some lasted over weeks; others for months; still others went on a couple of years. And enough enduring a decade or more to give them their own flavor, form, and characteristic aspects. You learned something about these people (though not necessarily their name, or where they lived, or what their job or income was); and they learned something about you. The relationships were not (necessarily) consecutive. They braided. They interwove. They were simultaneous. [...] These relationships did not annoy or in any way distress the man I was living with—*because* they had their limits. They were not the central relationships of my life. They made that central relationship richer, however, by relieving it of many anxieties.<sup>51</sup>

The fact that these were not "love relationships," however, was what bothered many gay activists. While Callen and Berkowitz tried to imagine a community and sexual ethic in which "love becomes possible," it was unclear whether "affable but brief" encounters fit this new cultural mix of eroticism and ethics.

Anonymity and impersonal contact therefore became deplorable as sexual values in the 1980's, threatening a crucial foundation for what the gay community had been. While scholars and activists would debate the ability of bathhouses and sex clubs to offer safety, the Department of Health authorities in New York quickly decided that "privacy notions" as they were constitutionally stipulated "should apply to private, consensual sexual activities by adults that go on in one's bedroom." They were, therefore, inapplicable to public establishments.<sup>52</sup> As a result, as gay men entered into the public sphere of American politics to defend such institutions, they were not only confronted by a politicized homophobia, but also a political logical that enshrined civic rights within a domestic "private" space. Such a space, as one

<sup>&</sup>lt;sup>51</sup> Samuel R. Delany, *Times Square Red, Times Square Blue* (New York: New York University Press, 1999), 56-57.

<sup>&</sup>lt;sup>52</sup> Elovitz and Edwards, "The D.O.H. Papers," 297.

political analysis from the period illustrates, often rendered gay activists' defense of

public sex incoherent and inapplicable to the current political atmosphere:

[...] what if an intimate sexual contact is not meant to be anything more than casual or fleeting? The caring and commitment values are antithetical to anonymous and nonexclusive sexual encounters.

The heterosexual marriage model breaks down in the freecirculating bathhouse. For an individual with multiple partners, intimate satisfaction does not derive from caring for and commitment to any one sexual partner, but from the extended stimulation of a succession of partners over the space of an evening, a weekend, or a year.

Opposite of Berube's argument, this concluded "caring and commitment value" deemed necessary for the defense of one's rights could not "be met by multiple partner bathhouse relationships."<sup>53</sup>

The kind of privacy that was offered in such public spaces (separate stalls, backrooms, and unlit balconies) also began to look dangerous. In the May 1983 issue of *Star Dust*, a newsletter published by The Saint, a popular gay disco in New York City, the club's owner felt enough pressure to address his membership on an issue that was affecting the perception of their parties. "Recently," he began, "I received a rather confused and frightening letter from an anonymous writer who claimed to be a Saint member." The writer had identified another member who purportedly "has AIDS, and with ominous innuendo, [he] mentioned that he is '…using the facilities." The frightened whistleblower inquired whether the management was "'unaware of the current health problem and what goes on in the balcony."<sup>54</sup>

<sup>&</sup>lt;sup>53</sup> Judith A. Rabin, "The AIDS Epidemic and Gay Bathhouses: A Constitutional Analysis," *Journal of Health, Politics, Policy and Law* 10, no. 4 (1986): 735.

<sup>&</sup>lt;sup>54</sup> "Star Dust Speaks," *Star Dust: News From The Saint*, May 1983, 3. Dance Club Collection, Box 1, Folder 023/5: "Saint [Folder 1] 1981-1986," NALGBTH.

The Saint, one of the most famous gay clubs in New York City (though not as sexually notorious as a club like The Mineshaft), was thus left in a difficult position as a business that hoped to maintain the erotic dynamic that had attracted its members and defined it as a product of 1970s sexual culture. However, it suddenly faced an equal demand to foster a sense of communal respect and responsibility in light of the ongoing health crisis. This concern was present as the editorial response continued in *Star Dust*:

If members of The Saint have AIDS, they have both our empathy and our support. If they are using the facilities, by that I presume the writer means the bathrooms, etc., they are more than welcome to do so. (Informed medical opinion advises us that there is no reason to believe this casual contact could be infectious.) Yes, we are aware of the balcony. We designed the balcony as a viewing platform. We cannot brighten the lights because it would destroy the dome lighting, and *we will not be put in the position of policemen. If the balcony disturbs you, DO NOT GO THERE,* but do not name those who do. This is FASCISM, and we will close The Saint before we tolerate it.<sup>55</sup>

The issue of leaving the room unlit referenced an idea inherent to safer sex at the time, and popularized by authors like Berkowitz and Callen, which argued that mutual recognition was intrinsic to avoiding infection. But the Saint realized that the anonymity and collective privacy of such encounters was exactly what was valued in them:

them:

I know that all of you are frustrated, angry and frightened. I also know that there is a tendency to look at The Saint, perhaps because of its size or the fraternal feeling among its memberships, as if it were a parent. Unfortunately, we are as frustrated, angry and frightened as you are. We can only hope that with help, direction and a sense of community we can stop this dreadful disease; however, the tendency toward Fascism, i.e., pointing fingers, naming names and becoming the selfappointed judges of other people's behavior, is almost worse than the

<sup>55 &</sup>quot;Star Dust Speaks"

disease itself. [...] We must not isolate ourselves in self-righteousness.<sup>56</sup>

"Privacy," in the Saint's logic, had an entirely different meaning than either its legal implication as a constitutional "right," or as a public health question. Here it meant a social isolation and shaming that undermined not only the club's style but also the notions of sexual anonymity and autonomy that had inflected liberationist ideology prior to the epidemic.

But while it was quick to defend its own legitimacy as a collective gay space, The Saint and other clubs did little besides promise to disseminate public health information and mount events that acknowledged AIDS. In a May 1982 mailing, it invited its members to a memorial party for one of their members "who shared his life and music with us [who] died last week. We miss him," the letter ended, "He believed in 'The Party,' therefore, we who loved him should dance and continue the party."<sup>57</sup> How such a party would continue, given the threat of infection, was a question the club was never fully able to answer.

The demand that the Saint's management "turn on the lights" hinted at an aspect of public sex that foreshadowed the closure of such clubs. The darkness and nocturnal mystery such spaces offered blurred traditional boundaries socially, geographically, and sexually. Nighttime was a time of opportunity for queer space, and for this reason clubs often extended during parties well into the next "day." Fostering a particularly transgressive form of queer space and sex, they created a unique sense of time for their subjects. "Gay time" was not beholden to the standard

<sup>&</sup>lt;sup>56</sup> Ibid.

<sup>&</sup>lt;sup>57</sup> The Saint, "Ray's Party," Dance Club Collection, Box 1, Folder 023/5: "Saint [Folder 1] 1981-1986," NALGBTQH.

normative strictures of the workday or week. The act of crossing from nocturnal

space to daytime's oppressive rhythms was captured beautifully in Andrew

Holleran's 1978 novel Dancer From The Dance. During a long night out, the narrator

notices light beginning to creep into the dance space through a small window above

Malone, the novel's main character:

We danced near one another for several years and never said a word; even at the very end of an evening, when everyone converged at an after-hours club on Houston Street where the people who could not stop went, who artificially extended the night by remaining in rooms whose windows were painted with black paint, where the dregs of night, the bartenders, the discaires themselves, all tumbled down into one room in which pretensions were impossible. The bathroom was jammed with people sharing drugs, drag queens danced with designers, hustlers played pool, sharing another kind of communion, till, hours later, I would look up to see Malone standing with a drink on the edge of the crowd, and above him the light glowing in the ribs of the ventilating fan above the door—which gave away the whole fiction, the pretense that it was still night, and proved not only that day had come, but it was maturing rapidly—and I would wonder in the sudden stillness why I did not speak to him.<sup>58</sup>

Turning on the lights, the Saint's management realized, meant ending the party, puncturing the thin ectoplasm of night that was stretched as taut as possible. But darkness, for many, now also disguised gay men's risks from each other. Clubs were then pressured by gay activists and state governments alike to visualize AIDS more clearly in their spaces. *How To Have Sex In An Epidemic*, for example, encouraged gay men to shower together in bathhouses. While they suggested it as a kind of foreplay, the implication was of mutual distrust—men had to take themselves out of these "drift" spaces to examine their bodies in a harsher light.

JO clubs, given their exhibitionism, were ideally suited to this role. As Callen and Berkowitz wrote, they favored J/O Clubs over spaces like The Saint for being

<sup>&</sup>lt;sup>58</sup> Andrew Holleran, *Dancer from the Dance: A Novel*, 1st ed. (New York: Morrow, 1978), 117.

"friendly, communal, *well-lit* and intensely erotic."<sup>59</sup> Since they offered a form of sex that was universally regarded as "risk-free," they also posed a possibility of continuing a tradition of "drift" for public sex. But they could only maintain this democratic sexual environment by refusing any other forms of sex deemed at all risky. In doing so, they participated in the more general cultural logic of epidemiology.

### "I'm Going To Die And So Are You": Epidemiology and Eroticism

In chapter one, I showed how epidemiology may incoporate a strong social element in its construction of a particular disease. Such a phenomenon is nowhere more apparent than in gay male subcultures, particularly when we scrutinize participation in public and communal sex spaces. The two main disease "variables" consistently remarked on in public health studies by the Center for Disease Control were amyl nitrate (popular known as "poppers," muscle relaxants that intensified orgasms and relaxed the sphincter during anal sex) and "promiscuity"-itself a loaded term.<sup>60</sup> Gerald Oppenheimer, like many of the historians and scholars who treat AIDS as the primary subject of their work, argues that as new types of patients were drawn into epidemiological models, this original construction became incoherent. Rather than a carrying an inherent "social bias" as Oppenheimer argues, I would suggest that an epidemiological portrait can only understand sex in terms of its implication for disease transmission. Speaking of epidemiology, Tim Dean argues that "when sex between men is reduced to issues of viral transmission, it is no longer treated as sexuality: the overwhelming focus on prophylaxis suppresses

<sup>&</sup>lt;sup>59</sup> Emphasis mine; Callen and Berkowitz, *How To Have Sex In An Epidemic*, 31.

<sup>&</sup>lt;sup>60</sup> Oppenheimer, "In the Eye of the Storm," 276-77.

considerations of fantasy, of intimacy, and of pleasure."<sup>61</sup> Applying this logic to a

broader social analysis, the image of sex in bathhouses and other public spaces was

thereby understood only in terms of its potential for violence.

The most dramatic example of this image was given in Randy Shilts's classic

And The Band Played On, which portrayed Gaetan Dugas, the so-called "patient

zero" of the epidemic, as narcissistic and hedonistic to the point of sexual

vindictiveness:

Gaetan Dugas confided to only a few friends that he was the "Orange County Connection," as the study became known, because of Gaetan's role in linking the New York, Los Angeles, and Orange County cases. Though on leave from Air Canada, the thirty-year-old flight attendant still had passes that allowed him to fly all over the world for virtually nothing. He loved to travel, but he had decided to settle in San Francisco. They had an interferon program at their GRID Clinic, and besides, he'd always wanted to live there.

It was around this time that rumors began on Castro Street about a strange guy at the Eighth and Howard bathhouse, a blonde with a French accent. He would have sex with you, turn up the lights in the cubicle, and point out his Kaposi's Sarcoma lesions.

"I've got gay cancer," he'd say. "I'm going to die and so are you." $^{62}$ 

Dugas is a prominent, yet ephemeral, character in Shilts's narrative. His acts of duplicitious sexual assault seem equally impelled by his own peculiar death drive and the failure of medical and legal authorities to offer strong enough evidence to persuade him to behave in any other way. He first enters the narrative as an ominous figure scanning a crowded bar full of men, crooning to himself what would become an ironic harbinger of other men's demise from a disfiguring disease: "I'm still the prettiest one." Yet before his irreversible physical decline, Shilts laments the flight attendant's appearance at a forum between public health officials and the gay

<sup>&</sup>lt;sup>61</sup> Dean, Unlimited Intimacy, 11.

<sup>&</sup>lt;sup>62</sup> Shilts, And the Band Played On, 165.

community held in San Francisco. Dugas appears as the one "familiar" and identifiable character in a mass of gay laymen who brings the medical establishment's ignorance to bear. "It wasn't clear from the bickering [...] who knew more about AIDS," Shilts observed, "the doctors or Gaetan." By failing to provide any "hard, solid facts" that proved "the idea [that] he couldn't have sex," medical authorities allowed Dugas to incite more hazardous sexual behavior both in himself and others. Shilts implied that medical experts would eventually come to the conclusion that sex was indeed fatal. Praising Larry Kramer for his foresight and audacity on this point, he predicted that they would tell gay men unequivocally that "if they wanted to survive, they should stop having sex."<sup>63</sup>

Shilts' account was uncritically incorporated into the early scholarship of the epidemic. In one of the earliest (and only) full historical studies of AIDS, Mirko Grmek's argued in 1990 that "the Dugas case formed both an example and a caricature" of gay male behavior. Dugas, he continues, "illustrates certain initial errors committed as much by those responsible for public health as by the homosexual organizations," for "there was hesitancy" on both their parts "to place any limits on the free expression of the 'right to sexuality."<sup>64</sup> Explicitly accepting "patient zero" as a "caricature," he nevertheless repeats Shilts's articulation of this symbol of gay male identity as an archetype of destruction for the entire community.

This also became the dominant narrative offered by medical and scientific accounts. The AIDS epidemic could have been prevented but for the prevarication of public health authorities and local governments who feared offending the politically

<sup>&</sup>lt;sup>63</sup> Ibid., 21; 247; 10.
<sup>64</sup> Grmek, *History of AIDS*, 18-19.

cantankerous (and uncharacteristically powerful) gay community, even as the sexual underground of Gaetan Dugases continued their activities unabated. In *Private Acts, Social Consequences* (1989), the sociologist Ronald Bayer argues that the state and public health authorities where forced by political pressure and a general atmosphere of "liberal political values" that favored "relative tolerance" into a policy of "cooperation with gay men, who viewed with suspicion all agencies of the state." Because of this prevarication, the baths were not closed in time to stop the disaster from occurring. The result was "timidity and a failure to appreciate the ways in which a public culture of sexual restraint and responsibility could be fostered by the interventions of health officials."<sup>65</sup> The possibility of communal support or a sexual ethic other than simple "restraint" was neglected entirely.

The principal actors and dynamics of gay politics during this historical moment in both San Francisco and New York City have been covered extensively. The non-political element of the gay community that was apparently the object of all the political and legal controversy, however, is still represented by a single Quebecois flight attendant. Shilts states that the entire struggle "was linked directly to Gaetan's own exploits in those sex palaces and his recalcitrance in changing his ways." Lying in his deathbed as the bathhouse controversy raged outside his hospital room, Shilts ends ominously that "At one time Gaetan had been what every man wanted from gay life; by the time he died, he had become what every man feared."<sup>66</sup>

The positivistic, "common sense" perspective of epidemiology is similarly thwarted by the simple greed of the bathhouse owners themselves. "We're both in it

<sup>&</sup>lt;sup>65</sup> Ronald Bayer, *Private Acts, Social Consequences: AIDS and the Politics of Public Health* (New York: Free Press, 1989), 70-71.

<sup>&</sup>lt;sup>66</sup> Shilts, And the Band Played On, 439.

for the same thing," he tells the public health officials in San Francisco during a forum held for the gay community, "Money. We make money at one end when they come to baths. You make money from them on the other end when they come here."<sup>67</sup> Clinics and sex clubs created for these critics a kind of perpetual motion machine, spitting gay men out one end only to be fed back in at the other.

As historians, we must recognize what is lost in investment of interpreting AIDS through the either medical history or gay history alone, and what is gained by seeing AIDS as a phenomenon that intersects both of these categories. Those who accepted and furthered Shilts's narrative chose to disregard, as Shilts himself did, a meaningful investigation into what gay men really did want and how it could be achieved safely. By seeing the figure of the bathhouse both publicly and privately, institutionally and individually, as a force of solipsistic self-indulgence, they perform a revision of the utopian sexual ideals of gay liberation that is, ironically, similar in its methodology to Berube's idealistic reappraisal of this history. Gay men thus experienced an equal revision within their sexual communities in an attempt to find historical precedents for their movement towards safe sex. As Robin Hardy recalled in his work *The Crisis of Desire*, "what happened during the fearsome but empowering era of jerk-off clubs remains a model for how gay men can regroup to make decisions that can protect them, empower them, and keep them sexualized."<sup>68</sup>

#### Masturbation and Gay Shame

As I discussed in my first chapter, the mixture of liberationist and medical dialogue in gay communities reified anal intercourse as a primary aspect of gay male

<sup>&</sup>lt;sup>67</sup> Ibid., 421-22.

<sup>&</sup>lt;sup>68</sup> Hardy, *The Crisis of Desire*, 120.

sexuality while simultaneously problematizing its role in and function for gay male identity. Similarly, masturbation embodied a type of gay shame that had to be rearticulated by gay men. This was more difficult than it might seem given the multitude of sexual aesthetics, "types," subcultures and fetishes within the gay community. Masturbation, typically a private act, embodied for the discretion with which they first discovered their personal desired, the adolescent isolation of their first sexual experiences. Describing his erotic self-discovery, Richard Berkowitz writes about how masturbation was part of a regular battle he waged with his early desires. Looking at his brother's porn magazines, he writes,

[...] mainly frustrated me. After school, I'd lock myself in the bathroom with a stack of copies. There were thousands of pictures of naked people but none of them were men! The erotic power of what little I did find, like *Playboy's* men's fashion layouts, was hypnotic, but as soon as I climaxed I was overcome with guilt and shame. One moment writhing in ecstasy, the next moment cringing in disgrace, all that pleasure instantly drowned by feeling sick and dirty. I vowed to masturbate to pictures of naked women, but never got around to it. While scanning past hundreds of pictures of beautiful females, my dick was dead until I came across a handsome man.<sup>69</sup>

Masturbation was a private and embarrassing act, a testimony to the loneliness of gay adolescence during which inchoate and often frightening desires crystallized into a new and terrifyingly uncontrollable self.

Much of the sexual discourse of self-empowerment that emerged from the 1970's therefore focused on more "mature" versions of sexuality. Chauncey notes that the "post-Stonewall generation" is often "eager to believe" that any varieties of sex different from those practiced in liberation was both "tortured" and "shame-

<sup>&</sup>lt;sup>69</sup> Berkowitz, *Stayin' Alive*, 12-13.

filled."<sup>70</sup> To borrow Kath Weston's language, masturbation was collectively figured as part of an imagined gay past. The acclaimed gay writer Edmund White commented in a 1987 essay that "masturbation [whether] singular or in groups," had come to "replace intercourse," enforcing a "solitude [that was] precisely a recollection of adolescence."<sup>71</sup> More invasive and public forms of sex were then regarded as integral to the "coming out" process on a broader social scale.

It is telling, therefore, that in the wake of AIDS the New York Jacks employed the same language Ron Vachon used to compliment anal sex, but instead empowered masturbation. "To me," one newsletter stated, "masturbation has always been the most intensely personal of acts. The sharing of this act," therefore, must be reserved for those who took the practice seriously, since it is "the most intensely personal kind of sharing that two men can achieve."<sup>72</sup> Jerk-off clubs had more of an opportunity than writers and social workers like Vachon did to put their ideas into direct practice. The idealization of masturbation was thus as an effort to reconfigure the normative values of a gay male subculture accustomed to forms of communal sex.

Because Jerk-off parties could show very explicitly what "something safe" meant to them, they revised the newly medicalized ideas of liberation to suit their purposes. Vachon's notion that "sexual liberation required both healthful behavior and sexual behavior" remained, but the way the gay male body was conceived within such an ideology shifted. Following in the tradition of the New York Jacks, which was referred as "the father of all J/O organizations" by at least one of its peers, JO

 <sup>&</sup>lt;sup>70</sup> Chauncey, "The Trouble with Shame," 277-81.
 <sup>71</sup> Edmund White, "Esthetic and Loss," in *The Burning Library: Essays*, ed. David Bergman (New York: Knopf, 1994), 214.

<sup>&</sup>lt;sup>72</sup> NY Jacks, January 1983 Newsletter, 6.

clubs posed for themselves a question of self-definition and identification. Because of this, however, they faced a dual pressure to affiliating themselves as establishments with a unique ability to offer "safe sex" and fulfilling their specific erotic goals.

A newsletter from the Kansas City Jacks (K.C. Jacks) embodied this dilemma when it exclaimed at the opening of the Summer 1987 message:

# THE MAIN PURPOSE OF THIS CLUB IS TO PROVIDE AN ALTERNATIVE TO THE SEXUAL LIFESTLY THAT WE HAVE LED IN THE PAST. THE CLUB DOES NOT ADVOCATE THAT THIS IS A SUBSTITUTE FOR ANAL OR ORAL SEX. IT IS, HOWEVER, A HEALTHY SUPPLEMENT TO YOUR SEX LIFE.<sup>73</sup>

Given the vehemence of this proclamation, "substitution" implied a more complete re-evaluation of gay male sexuality. In the case of a mere "alternative," there remained a common hope on the part of the members, and a tacit acceptance by the group's leaders, that despite their best efforts, such forms of communal sex were still regarded as stop-gap solutions.

Other clubs, however, took a stronger stance against what they perceived as a defeatist attitude. The Cincinnati Jacks, for example, defined themselves purely in terms of their fetishism and sexual empowerment. Originally formed under the moniker J/OE, the group was suspended in July of 1984 due to low attendance. "Members don't seem to take this club seriously enough to attend meetings, accept responsibility, or contribute any ideas or discussion," their final newsletter ended scathingly.<sup>74</sup>

<sup>&</sup>lt;sup>73</sup> K.C. Jacks, June-July 1987 Newsletter, 1. New York Jacks Records, Folder 13, "K.C. Jacks (Kansas City, MO) newsletter, 1986-1988."

<sup>&</sup>lt;sup>74</sup> J/OE newsletter, June-July 1984 Newsletter, 1. New York Jacks Records, Folder 9: "JOE (Cincinnati, OH) newsletter, 1983-1984."

Three months later the group reappeared as the Cincinnati Jacks. Designed, similarly to Meridian, for the "discriminating male," the new club stressed its exclusive adherence to masturbation. Echoing the New York Jacks standpoint, they used the disease to buttress their subcultural identity by highlighting its biological contingency. "We choose *not* to engage in oral and anal sex with each other," it stated, arguing that "our choice of sexual behavior has been reinforced by the medical supposition of a possible viral agent, in the epidemic proliferation of AIDS.<sup>75</sup>

Perhaps the club's moody and absent leader, Giovanni Mucci, felt that strategically mimicking the New York Jacks would attract members by conveying the organization's exclusivity and safety. But again he was frustrated. The February 1985 newsletter opened furiously, saying that Mucci had overheard several members complaining about a planned seminar on "Self-Befriending Masturbation" he had planned with "Dr. Rich," a physician and writer who emphasized masturbation's positive health benefits. This, "combined with the fact that mostly only the unattractive members showed up to the last meeting," which had ended in social disaster, "led Giovanni to reconsider the physical and mental make-up of the club."

The Cincinnati Jacks, he ultimately concluded, was "not a 'sex club,' but an awareness group." Since "many men were *NOT* interested in self-befriending and self-enriching masturbation nor interested in their psychic, sexual senses, and that this attitude was not being true to the profession goal" of the organization, they needed to be expelled by those who did adhere to these values. As a further screening process, he required each of the remaining members to attend five hours of individual training

<sup>&</sup>lt;sup>75</sup> Cincinnati Jacks Charter, 1-2. New York Jacks Records, Folder 2, "By laws, Charter and informational brochure of the Cincinnati Jacks."

sessions guided by Dr. Rich that were "designed to help one let go of inhibition and to build self-trust, self-esteem, self-nurturance, and self-lust in cooperation with one's body." After all these sessions, all the members were required to "come prepared to verbally share with the group ONE personal masturbation experience."<sup>76</sup>

Sexuality, the Cincinnati Jacks tried to show, expanded beyond the physical act itself to inculcate normative values and utopian sexual ideals alike. JO clubs then tried to use more expansive means to empower themselves. Dick Snyder introduced "rap sessions on the subject of masturbation" for his group in Chicago. These were designed to approach sexuality in a space that was less overtly sexualized than the actual JO sessions themselves or the erotically charged newsletters.<sup>77</sup> As Giovanni said in a 1985 interview, masturbation should be "more than a substitute for 'real sex' with another person. It is, "rather, 'an act that can lead to self-transcendence and self-discovery."<sup>78</sup>

Mucci's concerns were indicative of a larger anxiety on the part of such organizations as safe sex and personal risk became more salient in the mid 1980s. Despite their efforts to foster a common space for the realization of uninhibited and utopian sexual ideals, the specter of disease progressively constricted the geography of such a space. The new charter stated more emphatically that "The Cincinnati Jacks shall conduct themselves in an orderly and gentlemanly manner." Invoking traditional notions of masculinity and chivalry, they again eschewed any identification as a public sex space:

<sup>&</sup>lt;sup>76</sup> Cincinnati Jacks Newsletter, February; June. New York Jacks Collection, Folder 10: "Cincinnati Jacks newsletter, 1984-1988"

<sup>&</sup>lt;sup>77</sup> Chicago Jacks, March 1985 Newsletter.

<sup>&</sup>lt;sup>78</sup> *Good Times!*, May 15, 1985. New York Jacks Records, Folder 24: "Publications, articles, and informational material related to masturbation and JO clubs."

No masturbating sessions shall be held in 'public' places. 'Public' is defined as 'open to general use.' If secluded from the public eye, jamborees may be held on private property, including farms, party rooms, clubs, or bars which provided severe restrictions to members only.<sup>79</sup>

Notions of "public sex" or the types of ritualized sexuality practiced in "sex clubs" had begun to lose respectability even in overtly sexual institutions.

Other clubs centralized their appeal for safety alone. The Syracuse Area Friction Enthusiasts (SAFE) advertised itself in its publication as offering "activities that are restricted to *PROHIBIT* the exchange of body fluids whether it be semen, urine, saliva, or feces." While all of these clubs had a stringent set of rules governing behavior within the space and time of their sessions, few advertized themselves so blatantly as an acronym like SAFE. SAFE's practices, which prohibited any exchange of body products, echoed the public health prescriptions offered by organizations such as New York's GMHC. The balance between erotic desire and personal security was thus analogous to the efforts of ASOs to define "safe sex" in terms that were also erotic. The sex club—a communal space—thus shifted the discourse of safe sex away from an individual identity to stress the public level of group identity.

This was an intricacy that was lost amidst the debates over public sex spaces as institutions began to be held under intense scrutiny by both public health officials and gay activists alike in major urban areas. The New York Jacks, for example, first held their meetings on weeknights at the Mine Shaft, a prominent and notorious sex club where sexual practices that presumed the exchange of body products were welcome. Retrospectively, many gay writers see the Mine Shaft as a monument to the reckless, narcissistic sexual abandon that characterized "the party" that was gay life in

<sup>&</sup>lt;sup>79</sup> Cincinnati Jacks By Laws, p. 4.

the 1970's. In his work Victor Deferred, for example, the writer John Manual

Andriote recalls somewhat self-critically that

Every possible sexual fantasy—except, of course, the fantasy of sex with love—was enacted within the walls of the Mine Shaft, from being pissed on in a bathtub to being whipped by a 'master' while chained to a wooden cross. The club's denizen's included far more than just ghetto 'clones.' In my own earliest experiences of gay life in New York, circa 1980, I recall affluent gay men excusing themselves from fancy Upper West Side dinner parties, and, bedecked in the requisite black leather jackets, heading downtown for 'dessert' at the Mine Shaft.<sup>80</sup>

Lost amidst the lurid details of impersonal gay sex is the irony that, at the New York Jacks noted in the November 1985 newsletter, "this city's first repressive action in the name of AIDS prevention served also to squelch its only private venue for organized 'safer sex.'" "As went the 'brutal sex with whips and chains'" they sighed, 'so went our gentle Tuesday stroking. Temporarily, we hope."<sup>81</sup>

Clubs in California faced a similar dilemma. In a statement entitled "Buddies

Make Policy Changes," the San Franciso-based group Strokes cautioned that "these

are punitive, sex-repressive times fueled by homophobia and AIDS hysteria, and it is

clear that to sponsor and promote group-sex events-even safe sex-is to sit on a

potential powder keg." The club's leaders therefore emphasized caution, saying that

We have been advised by our lawyer to operate under the limits set down by Judge Wonder's temporary injunction regulating the bathhouses. We are NOT a commercial sex establishment, and we don't HAVE to toe the Judge's line. But to do so can give us a shelter of responsibility which would make us more difficult to harass and prosecute.<sup>82</sup>

<sup>&</sup>lt;sup>80</sup> Andriote, Victory Deferred, 22-23.

<sup>&</sup>lt;sup>81</sup> BDSM sex acts, it should be mentioned, did not necessarily imply fluid transmission either. NY Jacks, November 1985 Newsletter.

<sup>&</sup>lt;sup>82</sup> JO Buddies, "Buddies Makes Policy Changes," *Strokes*, 1. New York Jacks Records, Folder 22: "Strokes, the newsletter of the JO Buddies (San Franciso, CA), undated."

The S.F. (San Francisco) Jacks made a more overt statement of political protest, writing that "the authorities have not seized on our fear and confusion, and say that they will 'save' us by closing the bath houses and sex clubs." Indicting both a complacent gay leadership and a prejudicial court system, they concluded with a broader appeal to personal sexual autonomy, arguing that "all decisions regarding personal sexual conduct between consenting persons must be made freely between people involved, not imposed by authority or state power." Rather than defend their club alone as especially "safe," such an argument self-consciously diminished the role of the SF Jacks in the controversy. "If our club is the only choice left," they wrote, "it will be no choice at all. If we let the rights of others be taken away, they won't be able to help us defend ours."<sup>83</sup>

Ultimately, the closure of public sex establishments did leave JO clubs to their own devices and independent of more overtly institutionalized and public sexual cultures. Booklets such as "How To Have a Hot J.O. Party" were published to help a viral network of private JO clubs to form independently of these more controversial institutions.<sup>84</sup> Gay men were then left to reinvent such public spaces and their internal dynamics in the privacy of their homes.

## Public Sex and the Limits of Inclusion

Hardy nostalgically recalled communal sex as an intrinsic part of gay male identity that was threatened by AIDS: "communal sex is to gay men what golf is to, well, other kinds of men: they find beauty and bonding in it. It defines the individual

<sup>&</sup>lt;sup>83</sup> San Franciso Jacks Newsletter, November 1984.

<sup>&</sup>lt;sup>84</sup> "How To Have Hot J.O. Party," International Gay Information Center (IGIC), Box "S/M-Television," NYPL.

as part of a collective." The rhetoric of commercialization and public health alike, he felt, missed the point of gay liberation's effort to build through promiscuity what Jerry Tartaglia called "a community built on love."<sup>85</sup> Similarly, in his classic 1987 essay *How to Have Promiscuity in an Epidemic*, Douglas Crimp argued that "gay male promiscuity should be seen instead as a positive model of how sexual pleasures might be pursued by and granted to everyone if those pleasures were not confined within the narrow limits of institutionalized sexuality."<sup>86</sup>

But in their effort to resuscitate what they viewed as the lost potential of these promiscuous spaces and practices, these writers overlooked some of the ways in which these same JO clubs inculcated a fear of that very sexuality by reproducing many of the scientific concerns that defined sexuality in the 1980s. Unlike the kind of "incitement to discourse" witnessed in the previous chapter, public sex spaces existed independently of the discursive structures shown and enacted in the promiscuity debates. Rather than simply adopting a dominant scientific account of the disease, they produced their own knowledge of AIDS along with their definitions of legitimate and illegitimate forms of sexuality they found acceptable within their institutional and ideological boundaries.

The physician writing for the New York Jacks, for example, was unwilling to give masturbation the same stamp of approval that Callen and Berkowitz were. "Data collected thus far strongly suggests that AIDS is due to an infectious agent with a pattern of behavior similar to viral infections," he warned. This was more threatening for JO clubs since viruses, "unlike most bacteria, which require an organic medium to

<sup>&</sup>lt;sup>85</sup> Hardy, The Crisis of Desire, 107-08.

<sup>&</sup>lt;sup>86</sup> Douglas Crimp, "How to Have Promiscuity in an Epidemic," in *Melancholia and Moralism: Essays* on AIDS and Queer Politics, ed. Douglas Crimp (Boston: MIT Press, 2002), 65.

stay alive, [...] can just sit about waiting to be picked up. You're not going to catch syphilis or gonorrhea from a toilet seat," he added, differentiating AIDS from the unpleasant but curable diseases that gay men had come to manage through a series of sympathetic "clap doctors." "But you could, for example," he ended, "pick up a Herpes virus that way."<sup>87</sup>

The writer and BDSM pornographer John Preston noted during his recollections of the Mineshaft that "the places sex happens are often as important as the sex itself."<sup>88</sup> But here, the viral component in the nosology of AIDS not only redefined the danger of the male body. It also implicated institutions and communal spaces that were distinctly gay. Without anal intercourse, semen alone was understood as the primary locus of disease on the gay male body. It posed a risk not only to the receptive individual but to the space itself that inevitably became a receptacle for semen:

Colds seem viciously contagious, and that's because folks sneeze and leave everything around them covered with a virus-laden mist that you might later touch, and thereby pick up viruses on your fingers and deposit them in your mouth or nose or eyes, and thus infect yourself.

Analogously, that's the rub (pardon the pun) with our activity: if there is an AIDS agent carrier around, he could shoot a load on the table, or floor, or some hot man's chest. And in that fluid may be an agent that causes AIDS.

The image of a "virus laden mist" employed a miasmatic theory of disease, a kind of "bad air" for the age of virology. <sup>89</sup> Preston lamented the "intrusion of politics" that

<sup>&</sup>lt;sup>87</sup> Herpes was more offensive to gay men's vanity than their health. As it was non-fatal but incurable, and it impinged upon their participation in the "cult of beauty" existent in the period.

<sup>&</sup>lt;sup>88</sup> Preston, *My Life as a Pornographer*, 49.

<sup>&</sup>lt;sup>89</sup>Historically, miasmatism was opposed to contagionism as mutually distinct disease frameworks, most notably in the case of cholera. In 19<sup>th</sup> century Britain, for example, government statistician William Farr, attributed the appearance of cholera epidemics to a "disease mist" that "hovered in the air over London 'like an angel of death' whenever an epidemic was rife." Sandra Hempel, *The Strange* 

disrupted a vibrant sexual dynamic in such a space. But the virus, or gay men's fear of it, had already spread into the space before mainstream politics even had a chance to infect it. As Robin Hardy recalled, "It was less a fear of prosecution that slowed the spread of sex clubs and back rooms, than community reprobation."<sup>90</sup>

JO clubs realized that there was a disagreement raised by the inclusiveness they were expected to foster and the sense of crisis other spaces for public sex were experiencing. Focused on a fetish that was distinct and unpopular prior to the epidemic, the Jacks seemed to offer a respite from the intense cult of beauty that was so idealized in the "fast lane" of gay male life. Meetings were generally held during the week instead of on the busier weekends, and as a result admission did not hinge upon physical attractiveness or restrictive cover charges. While many staunch defenders of public sex spaces were quick to idealize such institutions, others recognized the negative impacts of such a vivacious sexual culture that, in practice, had numerous exclusions.<sup>91</sup> As Bersani wrote in 1987, "we have been telling a few lies."<sup>92</sup> Robin Hardy similarly recalled that the "cottage industry" of JO clubs that erupted in the wake of their public iterations were more likely to engage in different forms of discrimation:

In many instances, these clubs were propelled by a desire for exclusivity, the so-calling democracy of beauty culling the trolls from the herd. I recall a lot one night where white men wearing white jockey shorts milled aimlessly around and around. Standing next to

*Case of the Broad Street Pump: John Snow and the Mystery of Cholera* (Berkley: University of California Press, 2007), 254.

<sup>&</sup>lt;sup>90</sup> Robin Hardy, "Risky Changes: Confronting Safe Sex, 1990," 27. Robin Hardy Papers, box 13, Folder 1: "Writings – Crisis of Desire—R Hardy's file. The landscape of Death—typescript drafts of six chapters, 197 p. sent to Houghton Mifflin Oct. 1995."

<sup>&</sup>lt;sup>91</sup> Hardy, *The Crisis of Desire*, 107-08.

<sup>&</sup>lt;sup>92</sup> Bersani, "Is the Rectum a Grave?," 206.

me, the sole black man in the room said, "A little white bread here tonight." We both laughed.93

The rationale for such a space as a coherent and institutionalized "road-map" for social and sexual behavior only concretized such forms of exclusion. Towards the end of Times Square Red, Times Square Blue, Samuel Delany noted that this was "a point that people lose track of: public sex situations are not Dionysian and uncontrolled but are rather some of the most highly socialized and conventionalized behavior human beings can take part in."94

In their maturation, JO clubs began to realize that exclusivity was not always the expansive communal device they thought it to be. While it seemingly began as a public health measure (a "virus laden mist" called for many restrictive measures), it soon became less idealistic. In their last newsletter, J/OE partly blamed their closure on "the older, less attractive members" acting too aggressively to the "younger more attractive members.<sup>95</sup> Many clubs had originally put being "reasonably attractive" as a requirement for admission, another policy they felt they had to tighten as club's began to lose their essential character. In a move similar to that of Meridian, one club even suggested giving pins to members in order to discreetly "know which group of people to approach" when meetings were held in less descript or more public locations.<sup>96</sup>

Partly this was a pragmatic reaction to the fact that the unprecedented growth of these clubs overtaxed their capacity. Lacking the public sex spaces upon which they could previously rely for visibility, the maintenance of community norms

 <sup>&</sup>lt;sup>93</sup> Robin Hardy, "Risky Changes: Confronting Safe Sex, 1990," 26-27.
 <sup>94</sup> Delany, *Times Square Red, Times Square Blue*, 158.

<sup>&</sup>lt;sup>95</sup> JOE Newsletter, June 7, 1984.

<sup>&</sup>lt;sup>96</sup> Atlanta Jacks Newsletter, July 1986, 2.

became increasingly important to preserve their autonomy and legitimacy. Given this relative instability, a rupture in community norms risked not only undermining the club itself but also the welfare of a rapidly increasing number of gay men involved in their activities. "We must exercise caution even in our 'safe sex' behavior," the piece concluded. "Thus, it is appropriate to redefine our restriction on exchange of bodily fluids to include *saliva* (NO FRENCH KISSING, NO SPIT AS LUBE) and *sweat* (NO ORAL TIT-PLAY, NO TONGUING)." Members were advised to wash their hands and body after each encounter. "From a strictly public health point of view," the newsletter continued ruefully, "it is safer to shoot on the floor than onto someone else."<sup>97</sup>

Though the New York Jacks (perhaps because of its proximity to GMHC) began to issue such prescriptions relatively early, fear would become more apparent in most newsletters as the decade wore one. By 1986, the Chicago Jacks had removed communal containers of lubricant. "While I realize all our members lead exemplary and monastic lives between their visits to our sessions," the newsletter noted sardonically, "nonetheless, we never know what one can pick up from the door knob or in 'Cabaret' tea cups."<sup>98</sup> The physical architecture and geography of the space was to be feared as much as the bodies that inhabited it, bodies that were also regarded in this passage with an increasingly wary gaze.

Such a picture was instrumental in promoting individual behavior change as the dominant framework for safer sex and public health measures into the mid to late-1980s. By 1987, the Cincinnati Jacks had adopted such a framework wholesale. In

<sup>&</sup>lt;sup>97</sup> NY Jacks, "Newsletter for November," 1984, 1.

<sup>&</sup>lt;sup>98</sup> Chicago Jacks Newsletter, February 1986.

their September newsletter that year, an essay entitled "AIDS, Safe-Sex, and the Cincinnati Jacks" focused on the risks semen posed for their environment:

[...] have you considered additional risks? Rubbing cum into the body could be a danger if you have a scratch or open sore. Even getting cum on your hand could be a risk if you have a hangnail. We suggest that if you have a scratch, hangnail, open sore of any kind that it either be well bandaged or you not attend a session during that period of time for your own protection. A number of men have suggested the use of rubber gloves. Some think of this as a 'turn on.' We have not introduced this type of 'toy,' but do so now. Bring rubber gloves if that seems wise to you and a 'turn on.' You may find others enjoying rubber as much as you do.<sup>99</sup>

Bodily integrity became increasingly important, reasserting an emphasis on watchfulness and individual behavior change in safe sex. The implication in such materials was that semen, no matter whose it was, was dangerous. And while notions of "trust," "camaraderie" or "fraternity," even "love" so variously defined, could not change this, a standardization and regulation of individual and communal behavior might endeavor to maintain this integrity even in moments of communal sex.

But this intense fear mitigated the very communal aspects of communal sex itself. By 1988, the Chicago Jacks had become so diligent in their precautions that they began to scare off old and new members alike. "Semen should be wiped up and cleaned off as soon as possible from any area it has come in contact with," it demanded, emphasizing that "participants SHALL WASH semen from the body between contacts."<sup>100</sup> The idea of "sexual contacts," a public health term, was antithetical to communal forms of sex where the individual's boundaries were blurred. Yet this epidemiological datum was seamlessly incorporated into the Jacks' sexual lexicon. While previously such writing appeared to re-appropriate medical

<sup>&</sup>lt;sup>99</sup> Cincinnati Jacks Newsletter, "AIDS, Safe Sex, and the Cincinatti Jacks," September 1987, 3-4.

<sup>&</sup>lt;sup>100</sup> Chicago Jacks Newsletter, February 1988, 2.

logic for sexual purposes, here it delimited communal sex itself. As the Rochesterbased group The Organization of Man (T.O.M.) warned:

You MUST wear something waterproof on your feet. The idea here is safe-and-fun-group-sex and cuts and cracks on the bottoms of your feet just don't mix with walking through piles of cum. Further, and this and future meetings, we will have 'Peter Paters' on the floor. Plan your ejaculations, men, so that you'll hit the papers. Cleaning up last time was messy and a possible health hazard. Cum should be considered a bio-hazardous material these days.<sup>101</sup>

This was included in the October 1987 newsletter, written only one month after the Cincinnati Jacks newsletter prescribing much of the same caution. On one level, this type of recommendation can be seen as a purely pragmatic restriction emerging from a more specific conception of what, exactly, constituted HIV/AIDS as a disease category. But it also invariably redefined the gay male body and the corresponding sites of safe, or legitimate, sexuality. And it now did so at the expense of erotic forms of pleasure that were previously considered safe.

From one perspective, Jerk-Off Clubs then did the job of actualizing these behavioral changes and disseminating medical information too well. The clubs began to seem less like uninhibited and utopian communal sex spaces and more like the AIDS service organizations that often advised them. Rather then the "very large closet" offered by previous forms of "mass sex," JO clubs instead gave gay men a very large condom in which the gay world was not "built," but steadily dissolved.<sup>102</sup> By the mid-1990's, JO clubs had become their own form of "gay folklore," though in a different way than older institutions. The gay playwright Paul Rudnick lampooned the NY Jacks in his 1994 romantic comedy *Jeffrey*. Frustrated at the prospect of safer

<sup>&</sup>lt;sup>101</sup> T.O.M. Newsletter, October 8, 1987. New York Jacks Records, Folder 20: "T.O.M. (The Organization of Man) (Rochester, NY) newsletter, 1987-1988."

<sup>&</sup>lt;sup>102</sup> Chauncey, Gay New York, 225.

sex, the protagonist Jeffrey wanders through the streets of the city, asking himself: "if I can't touch anyone else, who can I touch?" As if by apparition, he is immediately confronted by several grizzled older men, clad in full leather regalia. Their leader, Don, gives an introduction modeled off the mission statement of the NY Jacks:

Don: Welcome—to the Lower Manhattan Gentlemen's Masturbation Society. Or, as we call it in our brochure, Beats All. I'm Don, tonight's sergeant-at-arms. Anyone not following our basic guidelines will be asked to leave and, if necessary, ejected. There will be no bodily contact, and no exchange of fluids. There will be no bodily contact, and no exchange of fluids. Please feel free to remove as much clothing as you like. We are into hot men, mutual getting off, and masculine appreciation.

They begin an awkward sexual performance where each man yells commands at the increasingly uncomfortable Jeffrey.<sup>103</sup>

When he tries to leave, the men descend on him threateningly, touching him (and each other) for the first time, as they rip off his clothes and begin to disrobe themselves. Jeffrey is finally saved by his two friends posing as "Pink Panthers," a "citizens' patrol to prevent gay bashing."<sup>104</sup> Originally, Jeffrey's discomfort seemed to stem from a generational division alone; the older grizzled leather-daddies and their sexual exhibitionism was so unattractive to the younger gay man that it bordered on the ridiculous and comical. But it blends seamlessly into a threat of homophobic violence and sexual assault performed, ironically, by other gay men.

Such a stark dichotomy seemed to ask if the stringent measures,

institutionalized sexual practices, and incredible fear of the gay male body even in its most intensely erotic and exhibitionist moments were now harming gay men instead of their original intention of protecting them. Once again, sex had changed. By the

<sup>&</sup>lt;sup>103</sup> Paul Rudnick, *Jeffrey* (New York: Plume, 1994), 40; 42.

<sup>&</sup>lt;sup>104</sup> Ibid., 43.

late 1980's, the Jacks newsletters became more explicit in depicting sex between men. While originally images focused on single men in the throes of ecstasy alone, they returned to more conventional pornographic images that showed groups of men engaging in orgiastic forms of collective sexual behavior.

Hardy concludes of JO clubs that, giving in to more generalized trends and diminished fear, began allowing oral sex. Anal sex, albeit in protected forms, soon followed. But as they became more inclusive, they lost their essential character and meaning, ultimately dissolving into a new sexual underground.<sup>105</sup> "Possibly," Dan Martin noted in his farewell address to J/OE in 1989, they had gone too far, and it was "now time to re-examine out What Goes/What Does Not Go Policy." As he ushered himself, and the turbulent decade of a public health crisis and endless sexual redefinition, out, he concluded "That matter, however, I leave to the men who are ascending to the leadership of our group."<sup>106</sup>

What form communal sex and public sex spaces in the next decade is the subject of another project entirely. But the history of Jerk Off Clubs is a necessary linkage between the utopian sexual ideals and practices of the 1970's and their sudden impulse towards standardization and routinization of public and communal sex during the early years of AIDS. In some ways, the very sexual inventiveness such clubs' celebrated in a previous generation was precluded by the stark institutional limits that were placed upon them by the state's foreclosure of all such activities. Many of these same questions were then addressed in more abstract and theoretical cultural avenues that were not beholden to the same material restrictions. In my final

<sup>&</sup>lt;sup>105</sup> Robin Hardy, "Risky Changes: Confronting Safe Sex, 1990," 27-28.

<sup>&</sup>lt;sup>106</sup> J/OE Newsletter, July 1989, 3.

chapter, I will turn to the preeminent cultural pathway that brought such a complex discourse on sexuality and identity to a community trying to rebuild itself: gay American literature.

Chapter 3:

# I'll Keep You Near: Gay American Literature and Sexual Identity in the AIDS Crisis

"I approach writing with terror because it's all that I want and yet I am afraid that I will fail it as well" -Bradley Ball, Journal Entry for February 23<sup>rd</sup>, 1986<sup>1</sup>

Bradley Ball, one of the founding members of ACT-UP, wrote this entry in his diary shortly after a medical diagnosis verified the presence of HTLV-III (part of the cluster of viruses that would later come to be collectively renamed HIV) antibodies in his blood. This was not his only concern, however. As he had been for most of his life, he was struggling with a crippling depression that would eventually lead to hospitalization. Plans for graduate school were not working out, and he was unemployed. Apathy about the New York gay life to which he had become accustomed, combined with a long distance relationship, left him feeling romantically unfulfilled and lonely. He feared losing control of a life already gone mysteriously awry . Writing, he was coming to realize, despite his clear passion for it, ultimately could not give him the kind of resolve he so desperately desired. "I once believed," he wrote soon after, "in the power of words."<sup>2</sup>

His concern here illuminates a greater tension present in gay male writing in the 1980s. Paula Treichler describes the AIDS crisis as an "epidemic of signification" for gay men. In the absence of legitimate medical knowledge, any statement became fraught with a meaning that exceeded itself.<sup>3</sup> But what Ball feared was the way in

<sup>&</sup>lt;sup>1</sup> Journal Entry, February 23, 1986, Bradley Ball Papers, Box 1, Folder 1: "Journal Entries, Nov. 27 '85-Dec. 28 '86," NYPL.

<sup>&</sup>lt;sup>2</sup> Ball, Journal Entry, February 14<sup>th</sup>, 1986.

<sup>&</sup>lt;sup>3</sup> Treichler, *How to Have Theory in an Epidemic*, 11.

which so many divergent statements ultimately produced no meaning. This was what Simon Watney calls a "crisis of representation" that gay men experienced in AIDS, "a crisis over the entire framing of knowledge about the human body and its capacities for sexual pleasure."<sup>4</sup> As Ball's statement reveals in its naked emotion and paranoia, the cultural tools previously operationalized so readily by gay intellectuals suddenly appeared impotent in light of a fatal, incurable, and barely understood disease.

The prospect of literature's insufficiency was especially frightening for gay men, however. Because of their history with it, literature had a deeper influence on gay men and hteir sense of community than did many other cultural mediums. David Bergman writes that "no other group has been so reliant in its social formation on literature than the gay community. Unlike other ethnicities, few gay children—even today—have found themselves raised *within* the gay community."<sup>5</sup> Given this discrepancy in generational transmission of normative values, the experience of the homosexual text, in the words of the writer and activist Michael Bronski, "first identified [for many gay men and lesbians] their sexual feelings and desires." It was the flexibility of print culture that originally enabled any representations of same-sex desire to reach a wider audience. "Although film, television, and recordings may [have reached] more people," he argues, "it is probably print media—with its relatively cheap technology and the possibility for private consumption—which has most expanded and extended the popular thinking and images of homosexuality.<sup>6</sup>

<sup>&</sup>lt;sup>4</sup> Simon Watney, *Policing Desire: Pornography, AIDS, and the Media* (Minneapolis: University of Minnesota Press, 1987), 9.

<sup>&</sup>lt;sup>5</sup> David Bergman, *The Violet Hour: The Violet Quill and the Making of Gay Culture* (New York: Columbia University Press, 2004), 38-39.

<sup>&</sup>lt;sup>6</sup> Michael Bronski, *Culture Clash: The Making of Gay Sensibility* (Boston: South End Press, 1984), 144.

It was only in the 1960's and 1970's that this print culture became more explicit in its gay identification. Newspapers and periodicals such as *The Advocate* were created in an effort to "define a 'lifestyle' useful for reinforcing personal identity and also creating a whole new market for consumption."<sup>7</sup> By the mid-1970s, a diverse national network of small and independent gay publishing houses had formed. They were no longer a niche market; they were now a literary community.<sup>8</sup> Words then had an immense power for gay men, a power of which they were acutely aware. Gay bookstore were a focal point of every gay neighborhood, as important as the bars and bathhouses that neighbored them. Often these literary and sexual words informed and affirmed each other. Commenting on Silverstein and White's *The Joy of* Gay Sex, David Halperin argues that their writing registered "the existence of a genuinely novel form of social organization." Such a new world included more diverse forms of sexual creativity that was a "feature of the way the category of homosexuality was actually being lived—or was being thought to be lived—by some metropolitant gay men in in the 1970's."9 AIDS, however, could not be so easily reimagined with the written word. "What is there to say?" Ball asked hopelessly. "Words do not have the power I once truly believed or once wanted to believe they did."<sup>10</sup>

Even if his history itself may seem sweeping or idealistic, Michael Bronski's *Culture Clash* then raises the question of why an author might feel the need to defend

<sup>&</sup>lt;sup>7</sup> Ibid., 149.

<sup>&</sup>lt;sup>8</sup>Bronski seperarates these new smaller gay presses from mainstream publishers that were already targeting a gay audience in some of their literature. These smaller presses, he argues, ultimately came to influence larger publishers by articulating the tastes of gay readers more clearly. Ibid., 155-59. <sup>9</sup> Halperin, *How to Do the History of Homosexuality*, 19.

<sup>&</sup>lt;sup>10</sup> Ball, Journal Entry, February 14<sup>th</sup>, 1986.

gay literature in particular. In his classic study of nationalism *Imagined Communities*, Benedict Anderson argues that "print capitalism" stabilized a kind of epistemological simultaneity to the human experience based upon geographical, cultural, and ultimately national affinity.<sup>11</sup> Applying Anderson's concept to what she terms the "gay imaginary" in the United States, Kath Weston argues that dominant narratives of homosexual life, which themselves relied upon "access to print, television, and other media" allowed the individual to "interpret themselves through [an] attachment to 'like' others."<sup>12</sup>

The implication of Weston's work, however, is that the "gay imaginary" created by these texts is ultimately artificial. Overreliance on it precludes further inquiry into the historical subject.<sup>13</sup> Conversely, we might argue that such narratives, while the may not be considered satisfactory by the empirical standards of the social sciences, nonetheless reveal new facets of that same subject's identity. Queer of color critiques have shown how the very subject of research has been so deformed by standard social science disciplines that we must use such creative sources to glean a more accurate historical portrait.<sup>14</sup> In *Aberrations in Black*, Roderick Ferguson argues

<sup>&</sup>lt;sup>11</sup> Benedict R. Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, Revised and Extended ed. (New York: Verso, 1991), 22-36.

<sup>&</sup>lt;sup>12</sup> Weston, Long Slow Burn, 39.

<sup>&</sup>lt;sup>13</sup> Weston states that culturally determined "coming out" narratives have relied upon the "gay imaginary rather than some empirical 'discovery' of pre-given desires within the self or intrinsically like others." But while such a fictive process "participated in the construction of the imagined gay community, it simultaneously undermined this sexual imaginary," constructing a "unitary gay subject" that, while it may have liberated some, entrapped others. Ibid., 34, 55.

<sup>&</sup>lt;sup>14</sup> For our purposes, concern stems from the borders placed upon the "gay community" itself, particularly as we examine something as culturally determined as a literary movement. In her review of several anthologies of literary criticism related to AIDS, Kate Cummings argues that "since AIDS literature is predominantly by and about white middle-class gay men, to privilege the literature is to exclude other subjects who fall outside a socio-economically restricted discipline." But this is argument stems as much from her own essentializing understandings of writing about AIDS as it may from the scholars she is criticizing. One does not need to look very hard, for example, to discover the writings of Samuel Delaney, Essex Hemphill, Joseph Beam, and Marlon Riggs, all of whom tried to

that "canonical sociology" historically assisted in "establish[ing] African-American corporeal difference." Social science itself thus destabilized the subject of inquiry. Literature then functions for the scholar as a "cultural form [that] negotiates with the discursive components of African American culture."<sup>15</sup> Siobhan Somerville similarly argues in *Queering The Color Line* that "the emphasis on surveillance of bodies that was embedded in expert discourses such as sexology" have essentially deformed the African American subject, thus requiring the study of literary texts to reformulate it. Novels by African-American and queer authors offered her a "crucial site of [...] self-representation" wherein they "found [...] an important medium for instantiating political agency and for contesting dominant cultural stereotypes."<sup>16</sup>

In the first chapter, I showed how epidemiology and other scientific theories of AIDS problematized the gay male subject, establishing, to borrow Ferguson's language, his "corporeal difference" through a new sexual epistemology. The second chapter demonstrated how public sex institutions focused on a broader social and sexual level to resituate this gay male body in ways that ultimately became equally

foster a distinct voice for gay black men. Including such sources understandably complicates the picture, however. Black gay writers derived their particularly literary aesthetic and responses to AIDS from an entirely different tradition than that of the mainstream gay community. Joseph Beam writes in the introduction of his seminal work In The Life: A Black Gay Anthology that he was inspired to collect writings by gay black men because by mid-1983 he had become "weary of literature by white gay men." In his later anthology Brother to Brother, Essex Hemphill describes the difficulty of identifying with gay white male literary precedents. Instead, he found literary inspiration in the work of James Baldwin and lesbian poetry. Where were gay men of color during the debates I described previously in the gay press? Why, if at all, was there a profound cultural distinction within the gay community itself? How may we approach these materials to acquire a more comprehensive picture of gay writing in the age of AIDS? Rather than attempting to conflate all literary responses into one cohesive narrative, then, a project of literary history should question, albeit more tactfully, the logic of borders placed upon identity that seems to exclude this work from the history itself as well as the ensuing academic scholarship. Kate Cummings, "Reading AIDS," College Literature 21, no. 1 (1994): 157. Essex Hemphill, Brother to Brother: New Writings by Black Gay Men, 1st ed. (Boston: Alyson Publications, 1991), xxi. Joseph Beam, In the Life: A Black Gay Anthology, 1st ed. (Boston: Alyson Publications, 1986), xix.

<sup>&</sup>lt;sup>15</sup> Ferguson, Aberrations in Black, 24.

<sup>&</sup>lt;sup>16</sup> Siobhan B. Somerville, *Queering the Color Line: Race and the Invention of Homosexuality in American Culture* (Durham: Duke University Press, 2000), 11.

problematic. This chapter turns to literature to suggest some ways in which that body was recomposed. I ask how literature formed the categories of sexuality, illness, identity, and death itself for gay writers and readers. I first look at how AIDS activism and gay politics posited literature as a vehicle for social criticism, only to constrain writers' creative abilities. Then I turn to the ways in which sexuality and romantic relationships were ultimately consolidated in the figure of the gay couple. The chapter closes with a suggestion of how later literature came to express anxiety in the construction of such narratives and the fictive spaces they allowed AIDS to inhabit.

### A Literary "Response?" AIDS in History, Literature in History

The writer and publisher Michael Denneny argues that literature constitutes part of the "primary discourse of AIDS," for it is a necessary component of the "living culture" fashioned around, and fashioning, the epidemic.<sup>17</sup> Literature, however, faced a particular problem that is often taken for granted. If disease becomes an "actor" in either a social or dramatic sense, how is it embodied in a literary text? The disease itself, Lee Edelman points out, "gestures towards the decomposition of the subject."<sup>18</sup> Taking Denneny's argument for viewing literature as a primary discourse, then the question becomes: how was the subject recomposed? Steven Kruger points to a similar problem when he argues in his work *AIDS Narratives* that "the centrality of linguistic metaphors" to molecular biology and AIDS formed the science of the disease into a textual narrative, therefore framing the

<sup>&</sup>lt;sup>17</sup> Michael Denneny, "AIDS Writing and the Creation of a Gay Culture," in *Confronting AIDS through Literature : The Responsibilities of Representation*, ed. Judith Laurence Pastore (Urbana: University of Illinois Press, 1993), 38-43.

<sup>&</sup>lt;sup>18</sup> Edelman, "The Mirror and the Tank," 15.

gay male body as "the battlefield of masculinity" and thus presaging gay men's "inexorable decline."<sup>19</sup> If the homosexual body was thus rendered as a text, whether tragic or unreadable, how was such a text rewritten to allow the continued existence of gay subjects?

Perhaps it was precisely this difficulty that silenced the "literary heavy guns" of the gay community for so long.<sup>20</sup> Larry Kramer, who had burst onto the scene in 1978 with his controversial novel *Faggots*, would not write another creative work until 1985. Members of the prominent writing collective the Violet Quill—Andrew Holleran, Edmund White, Felice Picano, George Whitmore, Michael Grumley, Robert Ferro, and Christopher Cox—did not publish any novels between 1980 and 1987.<sup>21</sup> White stated at a 1993 writer's conference that he regretted his "nearly total silence in the face of AIDS."<sup>22</sup> John Preston, who edited one of the first compilations

<sup>&</sup>lt;sup>19</sup> Kruger argues that molecular biology—a scientific development necessary for our current understanding of both virology and AIDS itself—operates under "the centrality of linguistic metaphors" which shape the "descriptive language" of the particular science. The linguistic underpinnings of molecular biology therefore construct AIDS as an "intentional entity" with a corresponding scientific narrative that is held above scrutiny by the "non-expert." Ultimately, Kruger argues, such a biological narrative performs ideological work "at the cellular and subcellular levels." Beginning with the pre-somatic and somatic imagery of electron microscope, AIDS was structured around an essentializing view of gender, sexuality, and disease as part of "the battlefield of masculinity." Narratives of AIDS in medical publications, works of journalism, and literature alike adopted this implicit assumption of biological "intentionality." These presuppositions allowed for "moralized understandings" of the illness that would inflect the political and cultural debates around AIDS and gay sexuality. Steven F. Kruger, *AIDS Narratives: Gender and Sexuality, Fiction and Science* (New York: Garland Publishers, 1996), 3-4; 33-34.

<sup>&</sup>lt;sup>20</sup> Paul Reed, "Early AIDS Fiction," in *Confronting AIDS through Literature: The Responsibilities of Representation*, ed. Judith Laurence Pastore (Urbana: University of Illinois Press, 1993), 93.
<sup>21</sup> A possible explanation may lie in the kind of writing these authors thought they could offer gay men. Bergman argues that, to the members of the Violet Quill, "American fiction [did not need] more account of the lower depths of gay existence." Instead, they tried to "explore what happened to men from the middle class who identified as gay and who attempted to live their lives not in the closet but as gay men." AIDS was first identified with this same seedy underbelly of "fast lane" gay life. Since most of these writers were also already contracted by mainstream publishers, AIDS may have initially appeared unpalatable to both them and their audiences. Bergman, *The Violet Hour*, 59.
<sup>22</sup> Ibid., 235.

of AIDS writing, recalls a sense of "paralysis," a "new shape of the illness" that he only discovered when requesting submissions for the volume:

The disease was eating us up, taking away our energy, diverting writers from writing and forcing us to deal with daily emergencies that allowed few of us to create easily or meditate, making what was written all the more valuable.<sup>23</sup>

Andrew Holleran argues that this silence was a reflection of the limits of writing itself. In his 1988 non-fiction collection *Ground Zero* he questioned the pretensions of AIDS literature: "I really don't know who reads them [AIDS novels] with pleasure—because I suspect there is one thing and one thing only everyone wants to read, and that is the headline: CURE FOUND."<sup>24</sup>

This sense of collapse has led to some willful forgetting and errors in scholarship. Bergman, for example, calls Robert Ferro's 1988 novel *Second Son* "arguably the first novel published that deals with AIDS."<sup>25</sup> Writers such as Paul Reed, Samuel Delany, and Armistead Maupin (probably the most acclaimed mainstream writer of the three) had already had novels written, serialized, or even published on the topic by 1983.<sup>26</sup> Holleran himself disproved his own account, writing at least one story, titled "Friends at Evening" in 1984 or 1985 before it was finally published in 1986 in George Stambolian's anthology of gay male fiction, *Men on Men*.<sup>27</sup>

<sup>&</sup>lt;sup>23</sup> John Preston, *Personal Dispatches: Writers Confront AIDS*, 1st ed. (New York: St. Martin's Press, 1989), xv-xviii.

<sup>&</sup>lt;sup>24</sup> Holleran, *Ground Zero*, 11.

<sup>&</sup>lt;sup>25</sup> Bergman, *The Violet Hour*, 238.

<sup>&</sup>lt;sup>26</sup>Armistead Maupin, probably the one of these three authors that achieved the greatest critical acclaim and mainstream success (Samuel Delany, while certainly celebrated in his own right, has been confined to science fiction and academic circles for the most part) began to serialize the first of his *Tales of the City* novels that would address AIDS, *Babycakes* in the *San Francisco Chronicle* in 1983. It was published as a book the following year. Reed, "Early AIDS Fiction," 92.

<sup>&</sup>lt;sup>27</sup> Bergman, *The Violet Hour*, 270.

Furthermore, literature gave other gay men the possibility of offering a different narrative of the disease, one that questioned the sole reliance on medical accounts. Writing in *The Advocate* the same year as Holleran's *Ground Zero* was published, Preston noted that "it takes too long for a book to go from conception to a bookstore—at the minimum, a full year—for any book to accomplish a firm overview of the epidemic." Despite their claims to realism, nonfiction accounts then seemed "out-of-date as soon as [they were] in print because of their reliance on ever-changing medical knowledge and public opinion."<sup>28</sup> David Feinberg centered this irony in his last published writings, bitterly joking that the CDC's changing definitions of AIDS continually rescheduled the possibility of his own diagnosis: "Yet nothing has changed. It's only a word. I want to scream. I prefer to be known as a PWLTC (person with lousy T-cells) instead."<sup>29</sup> Medical writing was no more effective than creative writing, he concluded:

Andrew Holleran wrote that the only news we are waiting for is the article on the front page of *The New York Times* titled "Cure Found." Well, last winter the *Times* announces the latest cure on the front page and I didn't even clip it. This approach was that each drug would target viral mutations resistant to the others. Then again, according to Sally Cooper of the PWA Health Group, *gasoline* kills HIV in the test tube. No doubt some people will read this and roam through underground parking lots, lurking in the shadows, sniffing exhaust pipes.<sup>30</sup>

Fictive imaginations of disease, held to a different standard of judgment, thus had the ironic potential to create more enduring and powerful ideas about disease.

<sup>&</sup>lt;sup>28</sup> John Preston, "New Words For A New Reality: A Recent 'Literature of AIDS' Deepens Our Feelings of Rage, Loss, and Hope," *The Advocate*, August 16, 1988, 50.

<sup>&</sup>lt;sup>29</sup> This piece originally appeared as "Getting AIDS Absurd" in the New York Quartlery. For *Queer and Loathing*, it was reprinted as "April Fools" because the CDC changed the effective date of the new definition from January 1<sup>st</sup> to April Fool's day. Feinberg, *Queer and Loathing*, 94. <sup>30</sup> Ibid., 180.

"That it *seems* as if AIDS was ignored, unexplained, is the real curiosity," Paul Reed argues in an essay on early AIDS fiction. He describes "an almost amnesiac effect, as if, while reading about AIDS and writing about AIDS, everyone *felt* that nothing was being doing. Was this perhaps an outgrowth of the helpless feelings aroused by AIDS, that it has remained so mysterious and unsolvable for so long?"<sup>31</sup> In spite of this hopelessness, however, gay men continued to write. The absence of other meaningful responses to the epidemic reified an understanding of literature as holding particular possibilities for gay men, possibilities that they were denied, as I showed in the last two chapters, by scientific and sexual cultural logics. Take, for example, a telling passage from Paul Monette's poetry collection *Love Alone*:

> ...they lie who say its over Rog it hasn't stopped at all are you okay does it hurt what can I do still still I think if I worry enough I'll keep you near<sup>32</sup>

This is, at once, a moment of mourning and hope. Isolating a single moment in his lover's near-death state, Monette fixes the reader in an intense, living moment. But we read this poem, "The Worrying," in the larger context of Monette's collection, which ultimately tells the story of Roger's death.

The passage maintains Rog himself as a subject and Monette's grief for Rog simultaneously. This otherwise incoherent relationship is made possible, to apply Edelman's logic, by the destabilizing subject of AIDS. The final phrase, "if I worry enough I'll keep you near," speaks to the heart of gay literature's predicament. Steven Kruger describes this as a "deep ambivalence among gay men concerning our

<sup>&</sup>lt;sup>31</sup> Reed, "Early AIDS Fiction," 92.

<sup>&</sup>lt;sup>32</sup> Paul Monette, Love Alone: 18 Elegies for Rog, 1st ed. (New York: St. Martin's Press, 1988), 11.

relationship to AIDS," an ambivalence that was felt most strongly in artistic and

popular representations of the disease:

Even as the identification of gayness with AIDS is recognized as wrong and dangerous, we gay men feel a need to claim AIDS as our own, our own intense experience, not to be given over to some abstract concern for 'everyone' that might erase our real presence, that might allow for a willful forgetting of gay communities.<sup>33</sup>

What was said about AIDS in gay male literature, then, was additionally a statement

about gay men themselves.

## "The Physical Equivalent of a Scream" Confrontational AIDS Literature and the Question of Gay Politics

Gay literature already had a history of social commentary prior to the AIDS

epidemic. In Faggots, Larry Kramer's pseudonymous character Fred Lemish

famously asked, "Why do faggots have to fuck so fucking much?!" Lemish here was

lamenting the shallow sexual culture that gay men had built from themselves around

self-segregation, frequent drug use, and promiscuity:

It's as if we don't have anything else to do...all we do is live in our Ghetto and dance and drug and fuck...there's a whole world out there!...as much ours as theirs...I'm tired of being a New York City-Fire Island faggot, I'm tired of using my body as a faceless thing to lure another faceless thing, I want to love a person!, I want to go out and live in that world with that Person, a Person who loves me, we shouldn't *have* to be faithful, we should *want* to be faithful!<sup>34</sup>

A more complete view of love and desire, Kramer hoped, could offer the potential for

gay men's integration into American society.

Faggots, a mainstream success as well, established a strong literary precedent

for gay writers and a framework for representation that saw writing as a vehicle for

<sup>&</sup>lt;sup>33</sup> Kruger, AIDS Narratives, 124.

<sup>&</sup>lt;sup>34</sup> Larry Kramer, *Faggots*, 1st ed. (New York: Random House, 1978), 355.

social and political criticism.<sup>35</sup> Kramer and several other authors throughout the 1980s wanted writing to serve a confrontational sociopolitical purpose which hoped, through a series of literary techniques, would incite both gay men and the mainstream of heterosexual society into a greater response to AIDS.

Paul Reed, whose book *Facing It: A Novel of AIDS* was one of the earliest creative works to explore the disease, felt that literature had "the power to touch people at a level unreachable by news reports, statistics, prayers, or memorial services." As the title of his novel suggests, Reed hoped that writing could offer a novel perspective on AIDS, and ultimately "produce a climate in which a cure [was] more likely."<sup>36</sup> The story begins with the protagonist Andy in a "hospital morgue" in New York City in 1981, where he is quickly diagnosed with a series of mysterious maladies.<sup>37</sup> Much of the narrative of *Facing It* is a thorough, almost medical, description of the progression of Andy's symptoms as he interacts with his doctor, another AIDS patient (Patrick), and his lover David.

As a result, there is little human struggle in the narrative. Its drama is grounded in Andy's existential choice to "have [his] own death," a line that is repeated throughout the work.<sup>38</sup> Patrick is offered as a foil to Andy, a PWA who has already lost himself "somewhere between sleep, madness, and death."<sup>39</sup> Ultimately, his undignified death abets homophobic ridicule—his doctor jokes about "how long

<sup>&</sup>lt;sup>35</sup> Kramer recalled of *Faggots*: "I thought I'd written a satirical novel about the gay life I and most and my friends were living. [...] It never occurred to me that *Faggots* would be *controversial*." Kramer, *Reports from the Holocaust*, 6.

<sup>&</sup>lt;sup>36</sup> Reed, "Early AIDS Fiction," 93-94.

<sup>&</sup>lt;sup>37</sup>Paul Reed, Facing It: A Novel of AIDS, 1st ed. (San Francisco: Gay Sunshine Press, 1984), 9.

<sup>&</sup>lt;sup>38</sup> Ibid., 79; 131.

<sup>&</sup>lt;sup>39</sup> Ibid., 130.

that crazy fag in room 217 would last."40 While Reed describes the physical maladies

with his hoped-for "vivid imagery," he valorized Andy's emotional and mental state

throughout the work for the dignity with which he comports himself through a

relentlessly debilitating illness:

It was his dignity they witnessed, the resolute and abrupt decision on his part that morning that he would face the cancer and his death with dignity, with strength. It wasn't that the fear and anxiety were gone; it was that he perceived it as solely his burden, that he would shoulder as he could. He would not end it in madness and confusion.

Even in his last moments, Reed fixes the reader within Andy's sentient perspective:

It's all so simple, so plain, Andy thought to himself. He watched David looking at him, wondered what he might be thinking. He saw David's lips moving, forming the words "I love you." That's good, Andy thought, but he couldn't answer. He was ready to open his mouth and whisper the same, but something small and insignificant deep inside him had loosened itself, was growing larger, expanding, releasing itself. Andy could hear David crying, but it didn't matter. It was done.

These final two sentences that end the book suggest that Andy himself is making the decision to end the narrative, and thus his life.<sup>41</sup> This idealized a conception of empowerment through self-representation. Like a number of early works on AIDS, it defied some medical logic through its persistent privileging of personal choice in "facing" the disease.

While Reed approached this from an individual perspective, Kramer offered a similar idea to the gay community more broadly. Between 1981 and 1985, he applied much of the social critique he offered in *Faggots* to his journalism. What changed primarily was his use of emotion to make polemical arguments. While in *Faggots* he wryly observed that all gay New Yorkers "think primarily with their cocks," in 1983

<sup>&</sup>lt;sup>40</sup> Ibid., 189.

<sup>&</sup>lt;sup>41</sup> Ibid., 131; 217.

he furiously exclaimed that he was "sick of guys who can only think with their cocks" in an article meant to "scare the shit out of" its readers.<sup>42</sup>

As this example suggests, Kramer saw little to no separation between his creative and his non-fiction work. Unlike Reed, he felt that "news reports" and "statistics" were the authentic image of AIDS. Gay and straight cultures alike, however, were not forced to face these facts.<sup>43</sup> His 1985 play A Normal Heart thus intertwined literary drama with "the facts;" the play's first stage directions demanded that "facts and figures and names" be painted "everywhere possible, on the set and upon the theater walls too."<sup>44</sup> As Andy's internal perspective gave the reader of Facing It a view from the inside out, the theater space situated the audience inside the epidemic as the author understood it.<sup>45</sup>

The play follows Ned Weeks (Kramer's pseudonymous self) through a series of arguments that parallel Kramer's own struggle with, and eventually coerced resignation from, the Gay Men's Health Crisis (GMHC) board of directors. Kramer felt that the GMHC needed to adopt a more confrontational and overtly political stance in relationship to the gay community itself and the government. The problem, as Ned Weeks fumes to his physician, was gay men's purely sexual identities precluded any meaningful communication about AIDS. Sex is their "only way of

<sup>&</sup>lt;sup>42</sup> Kramer, *Faggots*, 223. And —, *Reports from the Holocaust*, 46.

<sup>&</sup>lt;sup>43</sup> Kramer leveled this accusation at gay leaders and the straight press alike, saying that both continued "to refuse to transmit the public the facts and figures of what is happening daily [which] makes you, in my mind, equal to murderers." Edelman interprets Kramer as thus making "clear that defensive discourse [against homophobia and AIDS alike] is thus a discourse that resists the demagogic rhetoric of homophobic ideologies by articulating a truth that it casts in the form of mathematic and scientific data beyond the ambiguity of rhetoric." Lee Edelman, "The Plague of Discourse: Politics, Literary Theory, And "AIDS"," in Homographesis: Essays in Gay Literary and Cultural Theory, ed. Lee Edelman (New York: Routledge, 1994), 88.

 <sup>&</sup>lt;sup>44</sup> Kramer, *The Normal Heart*, 19.
 <sup>45</sup> —, *Faggots*, 233. And —, *Reports from the Holocaust*, 46.

connecting" and therefore "quickly becomes an addiction." As he says this, Weeks is situated on stage next to another set of patients. Whether they are sick or not is unclear—what distinguishes Ned from these other men is his choice of action. "I hate how we play victim," he notes when he first enters the office.<sup>46</sup>

Kramer imagines another type of relationship embodied in Weeks's romance with Felix Turner. When they first meet, Weeks rushes to his standard criticisms of promiscuity, only to have Felix reveal his hypocrisy: "Ned, you don't remember me, do you? We've been in bed together. We made love. We talked. We kissed. We cuddled. We made love again. I keep waiting for you to remember, something, anything, but you don't!" Ned naively responds, ""Do you think we could start over?"<sup>47</sup>

Kramer thus positions the gay male subject as a vehicle for regret about a hedonistic past that he had earlier recorded in *Faggots*. Gay men must learn from their mistakes and no longer, as Felix puts it, "treat each other like whores." Later they return to their first meeting from this new vantage point:

Felix: At the baths, why didn't you tell me you were a writer?
Ned: Why didn't you tell me you worked for the *Times*? That I would have remembered.
Felix: If I had told you what I did, would you have seen me again?
Ned: Absolutely.
Felix: You slut!
Ned: Felix, we weren't ready then. If I had it, would you leave me?
Felix: I don't know. Would you, if I did?
Ned: No.<sup>48</sup>

<sup>&</sup>lt;sup>46</sup> Kramer, *The Normal Heart*, 19.

<sup>&</sup>lt;sup>47</sup> Ibid., 52-53.

<sup>&</sup>lt;sup>48</sup> Ibid., 74-75.

Ned's concession that "we weren't ready then" contextualizes this new sexual ethic within a narrative of maturation. AIDS gave the gay community a chance to not only remember these moments, Kramer argued, but to grow past them.

The ability to "face" the disease then invokes ideas of archetypal masculinity and maturity. In a famous scene between the two lovers, Weeks enters his apartment to a puerile and suffering Felix eating junk food off the floor. He has spilled milk across the floor, an image often taken to symbolize the diarrhea many men experienced as they lost control of their bodily functions through multiple infections and treatments. But Felix remains seated in his own filth, eating unhealthy food that implies he upset his own fragile immune system irresponsibly. Weeks scolds him as a parent would: "You can't eat the food? Don't eat the food. Take your poison. I don't care. You can't get up off the floor—fine, say that. I don't care. […] You want to die, Felix? Die!"<sup>49</sup> Felix then drags himself across the stage slowly and painfully to reunite with Ned. While perhaps with less "dignity" than in *Facing It*, the person with AIDS, again, confronts an individualistic and existential choice. But this was a more immediate prescription for Kramer. Gay men, it implies, must learn to act like proper adult men or they will kill themselves off.

The play ends with the couple being married (albeit unofficially) in Felix's hospital room. But the prospect of consummating their relationship sexually is precluded when Felix dies immediately afterwards. The significant of this choice can only be understood in the context of Kramer's other writing. Even as a critique of gay men's sexual behavior, *Faggots* was replete with intensely erotic imagery. While some of it was intended to shock the reader, author Christopher Bram notes in an

<sup>&</sup>lt;sup>49</sup> Ibid., 116.

essay on the novel, Kramer recognized "the irony of writing a fat, sex-driven novel that denounces sex."<sup>50</sup> In *A Normal Heart*, the absence of sex from a relatively generic romantic plot-line was another statement entirely. By 1985, sex itself was illegible, impossible to imagine clearly enough to visualize it for the stage. Love instead must be decoupled from sex.

Lawson characterizes *A Normal Heart* as a "rage play" partly for this reason; the anger of Kramer's work is so intense that all other emotions and desires pale in comparison.<sup>51</sup> This spirit of indignation would be adapted three years later in Paul Monette's work *Love Alone*. Like Kramer, Monette's emotive language and textual structure were designed to shock the reader, forcing them into a new and more intimate perspective in relation to AIDS. "I want them [the poems] to allow no escape," he wrote in the preface, "like a hospital room, or indeed a mortal illness."<sup>52</sup> The language here is one of anger—Monette does not speak as much as he "howls," "sobs," "shrieks," "roars," and "screams." Emotion is so totalizing that it ruptures any textual cohesion. The chaotic form of the poem destabilizes the idea of narrative progression itself—the reader is fixed in a static moment of desperation. In "Manifesto," he offers the possibility of this writing confrontation forcefully exposing people to the disease:

[...] all our people sicken and have no rage the Feds are lying about the numbers the money goes for toilet seats in bombers the State of the Union is pious as Pius washing his hands of Hitlter

<sup>&</sup>lt;sup>50</sup> Christopher Bram, "*Faggots* Revisited," in *We Must Love One Another or Die : The Life and Legacies of Larry Kramer*, ed. Lawrence Mass (New York: St. Martin's Press, 1997), 131.

<sup>&</sup>lt;sup>51</sup> D. S. Lawson, "Rage and Remembrance: The AIDS Plays," in *AIDS: The Literary Response*, ed. Emmanuel S. Nelson (New York : Twayne Publishers: Toronto, 1992), 141.

<sup>&</sup>lt;sup>52</sup> Monette, Love Alone, xi.

Jews are not a Catholic charity when is enough enough I had a self myself once but he died when do we leave the mirror and lie down in front of the tanks let them put two million of us away see how quick it looks like Belsen force out all their hate the cool indifferent genocide that locks up all the pills whatever it takes witness the night and the waste for those who are not yet touched for soon the things will ravish their women their jock sons lie in rows in the empty infield the scream in the streets will rise to a siren din and they will beg us to teach how to bear it we who are losing our reason<sup>53</sup>

Like Kramer, moving from the "mirror" to the "tanks" suggests departing from the meaningless vanity and sexual voracity of gay men's cult of beauty. But Monette's line "I had a self myself / once but he died" brings him even closer to the subject of AIDS than either Kramer or Reed. He writes here of his own death as much as he does of Roger's, for he implies that more was lost to AIDS than gay men's bodies. Their very sexuality, pride, identity and community as distinct from America's ubiquitous and ambivalent "general population" was threatened.

Monette's writing here describes Rog's perspective even as Rog himself begins to lose his ability to speak, see, and hear.<sup>54</sup> Rather than portraying him as dignified, composed, and rational, these poems try to embody a loss of self-control, bereft of "reason" itself. "*How are you* jerks would ask *Read Job* you'd say" he notes in "your sightless days."<sup>55</sup> Monette puts himself, Roger, and the reader in a perspective more similar to the insanity of Patrick than the "dignity" of Andy in Reed's *Facing It*. AIDS, then, cannot be "understood." It can only truly be

<sup>&</sup>lt;sup>53</sup> Ibid., 41-42.

<sup>&</sup>lt;sup>54</sup> Monette himself would die of AIDS-related complications in 1995, though it is unclear if he was aware of his own serostatus at the time he wrote *Love Alone*.

<sup>&</sup>lt;sup>55</sup> Monette, *Love Alone*, 7.

experienced, and the failure to do so precludes the empathy of a heteronormative society.

*Love Alone* therefore evokes a profound crisis mentality among gay men themselves that betrays the temptation to construct borders between the "infected" and "healthy." Such knowledge does not seem to matter as he shares in Rog's struggle:

[...] WAIT WAIT I AM THE SENTRY HERE nothing passes as long as I'm where I am we go on death is a lonely hole two can leap it or else or else there is nothing this man is mine he's an ancient Greek like me I do all the negotiating while he does battle we are war and peace in a single bed<sup>56</sup>

"[W]e who are losing our reason" described the entire gay community. It is then the particularity of the gay experience with AIDS that crystallizes their group identity.

Not all of these writings were works of pure anger, however. The authors David Feinberg and John Weir, good friends who often edited each other's work, tried to use humor as a means of creating narratives that similarly immersed the reader in AIDS. Feinberg had first created the autobiographical character and protagonist of nearly all his work, B.J. Rosenthal, in the early 1980's when he joined a gay writers group.<sup>57</sup> Though *Eighty-Sixed* was not published by Viking Press until the end of the decade, by 1986 Feinberg was writing a regular column for *Mandate* magazine titled "Tales From Hell's Kitchenette" that gave vignettes describing gay

<sup>&</sup>lt;sup>56</sup> Ibid., 4.

<sup>&</sup>lt;sup>57</sup> This group was self-consciously modeled off of the Violet Quill, but for a younger generation of gay writers. Robert Ellsworth, interview with David Feinberg for *Edge 219*, December 4, 1991. David Feinberg Papers, Box 13, Folder: "Interviews, Announcements of appearances, and articles mentioning DBF," NYPL.

life in New York through the eyes of B.J.<sup>58</sup> The next year, as the final novel was being serialized in the pornographic magazine *Torso*, Feinberg tested positive for HIV and subsequently joined ACT UP.<sup>59</sup> While B.J. does not become seropositive until his next work, *Spontaneous Combustion*, Feinberg described his motivation for writing a novel as similarly engaging: "I wanted the first half to be in some sense a historical document. For the second half, I wanted everyone to feel what experiencing a death from AIDS was like."<sup>60</sup> The disease is first introduced in the prologue to Part II, titled "1986: Learning How To Cry."<sup>61</sup> "By the time you read these words I may in all likelihood be dead," B.J. notes after his first mention of HTLV-III.<sup>62</sup> Here, B.J. accepts not only the possibility of his own death but its very real imminence before he even seeks a diagnosis. While B.J. is not sick, he lives in a constant fear of infection that prevents him from fully living his life. His growing panic about a previous sexual encounter with Bob Broome—the one character with AIDS in the novel—propels this fear and reflects itself in more and more of his life.

Narrating B.J.'s morning routine in the second part of the novel, Feinberg draws the reader through of the pervasiveness of AIDS paranoia. Describing the

<sup>&</sup>lt;sup>58</sup> Viking Publisher's Author Questionnaire, June 22, 1988. David Feinberg Papers, Box 13, Folder: *"Eighty-Sixed*: reviews, publicity, etc,".

<sup>&</sup>lt;sup>59</sup> Press release by Spotlight Kid ad company, June 8, 1987. David Feinberg Papers, Box 13, Folder "Press Releases."

<sup>&</sup>lt;sup>60</sup> David Feinberg, Address given at Outwrite conference, March 3, 1990.

<sup>&</sup>lt;sup>61</sup> David B. Feinberg, *Eighty-Sixed* (New York: Viking, 1989), 152.

<sup>&</sup>lt;sup>62</sup> Such comments, the literary theorist Ross Chambers notes in his analysis of AIDS diaries, was a frequent trope offered by writers with AIDS when they realized they may not be able to complete their own narrative. Chambers writes that the presence of death in these works is, ultimately, what granted them their authority as "witnessing texts." The writer is portrayed as if "living through one's death," which, much like Monette and Wojnarwicz's writing, offers a confrontational and immersive potential. The AIDS subject, maintained here, is thus "in the face of death but also on the condition of death." Feinberg seems to mimic this type of logic in showing the anxiety is produced when death is not as real as one imagined. It is interesting to compare this to Reed's initial attempt to represent the internality of AIDS by maintaining Andy's lucidity. Ross Chambers, *Facing It: AIDS Diaries and the Death of the Author* (Ann Arbor: University of Michigan Press, 1998), 24-25.

mundane routine of his morning, he stops every few sentences to check for another sign of infection, concluding temporarily "none today."<sup>63</sup> In painstaking detail that continues for several more pages, he shows how almost every moment of his day is interrupted to check for signs of infection. The importance of this ritual and the corresponding awareness of AIDS is pronounced by its absence in the first half of the book. Part I, titled "1980: Ancient History" shows an historical periodization within the gay community of a time before AIDS, when B.J. fretted instead over how to court the Adonis that went to his gym.

As it guides his morning routine, the fear of death also guides his sex life.<sup>64</sup> In one of the final scenes of the novel, B.J. picks up a man named Mario at a bar after returning from a family vacation. Their sex, compared to B.J.'s previous encounters in "ancient history," is graphic only for the discomfort in his language used to describe "safer sex." Barely able to kiss, they settle into an awkward rhythm of frottage only to have the phone ring to report Bob Broome's death. "He hangs up," B.J. narrates. "I go limp. Mario stops. I wait for the tears to flow."<sup>65</sup> He cannot "face AIDS" in its totality; AIDS instead bears a totalizing presence on him. B.J. frequently tries to wrest the subject and focus of his story away from AIDS and return to the everyday dramas of his life. But, in these moments of anxiety, AIDS continually resurfaces; the disease has now become the everyday drama of his life.

Weir gave a similar revision of Reed's template in the same year as *Eighty-Sixed* with *The Irreversible Decline of Eddie Socket*. Like Feinberg, Weir's wording

<sup>&</sup>lt;sup>63</sup> Feinberg, *Eighty-Sixed*, 192.

<sup>&</sup>lt;sup>64</sup> Feinberg admitted that writing the explicit sex scenes in the novel, while important to give an accurate portrayal of the gay experience with AIDS, were the most difficult parts of the book for him. Viking Publisher's Author Questionnaire, June 22, 1988.

<sup>&</sup>lt;sup>65</sup> Feinberg, *Eighty-Sixed*, 319.

was often misanthropic and gratuitous in its details about sex and illness alike. The novel self-consciously revises the framework of *Facing It*. Previously, Reed had introduced AIDS with a series of Andy's mysterious and unrelated symptoms, only acknowledging that "it's already too late" when he is finally revealed to have the disease.<sup>66</sup> Weir condenses this process of medical deliberation and personal strife into five words with which he begins the second part of the book: "Eddie Socket got it. AIDS."<sup>67</sup> Like Feinberg, Weir moves past the individual experience of AIDS into one of generalized anxiety, one that questioned the internally immersive representation offered by these previous writers.

This doubt about proper representation is shown in the shifting narrative frames of the novel as it jumps between several characters, refusing to settle on Eddie or his "experience" as he "faces" the disease. In one of his final moments in the hospital, Weir reverses the perspective of sickness and death offered in *Facing It*, describing it instead through the eyes of Eddie's friend Polly who is only able to witness it second-hand:

I can see the balls in the joints of his elbows, all this skin collapsed around them. He groans a little as he tries to lift himself. His ass is missing. He doesn't have buttocks anymore, just skin there, hanging on his bones like a bad fit. His anus hangs out naked down below, like a monkey's. I want him to have some kind of dignity. He has enormous dignity, but not the kind I have, or the kind that you have, or could have. He has the dignity of falling apart spectacularly, in a way I

<sup>66</sup> Reed, Facing It, 11-14; 49; 79-80.

<sup>&</sup>lt;sup>67</sup> John Weir, *The Irreversible Decline of Eddie Socket: A Novel*, 1st ed. (New York: Harper & Row, 1989), 99. In a certain way Weir is only able to compress so much into a single statement because of the narrative established by Reed and the accounts of scientific discovery such as Shilts's *And The Band Played On*. Kruger argues that the fact that Weir waited almost one hundred pages to give his titular character over to AIDS obscured the title's referent, thus establishing a "disjunction of 'irreversible decline' from the 'obvious' referent of AIDS" and problematizing such a narrative of disease. Kruger, *AIDS Narratives*, 165-66.

wouldn't have thought possible. And I think, if there is integrity in what cannot be helped, this is the bravest man alive.<sup>68</sup>

The frequent use of the same word Reed uses —"dignity"—parodies Andy's tranquil exit from the drama of Reed's novel. The reader is grounded, instead, in the physicality of Eddie's symptoms, unable to move beyond them to Andy's more sentient perspective. In his sequel to *Eighty-Sixed*, *Spontaneous Combustion*, Feinberg similarly fixates on his subjects physicality, but he does so sexually. One story highlighted by many critics of *Spontaneous Combustion*, B.J. continues to visit an attractive AIDS physician as a thinly veiled excuse to have rectal examinations:

Sheathed with rubber glove, Dr. Browne cautiously entered the sanctum santorum. Twenty-three rapturous minutes later he withdrew. I was reduced to insensate aphorisms, guttural monosyllables.

"Do y' have any questions?"

Must I wait another year before another physical? Would you like to meet for cocktails? Can I have my next appointment at 6:30, after your secretary has left for the day? But of course I was incapable of expressing even the most rudimentary wishes orally. Dr. Browne had rendered me speechless.<sup>69</sup>

Desire here produces the same "insensate aphorisms" and "guttural monosyllable" as grief and anger do for Monette in *Love* Alone. But in both these cases, the AIDS-bearing subjects are also made exotic by their anal shame. The detail that finally pushes Polly to long for the return of his dignity is the dehumanization situated in his rectum. B.J. comes to enjoy rectal examinations, in turn, because they are now the only place that his anus is approached any more.

As a result of this defiant sexuality, Feinberg was celebrated and vilified in the gray press for being both physically attractive himself and raunchy in his approach to

<sup>&</sup>lt;sup>68</sup> Weir, The Irreversible Decline of Eddie Socket, 241.

<sup>&</sup>lt;sup>69</sup> David B. Feinberg, Spontaneous Combustion (New York: Viking, 1991), 85.

AIDS.<sup>70</sup> Partly this was because the distinction between Feinberg and his protagonist blurred so easily. His editor at Viking, Edward Iwanikci, warned David in his comments on *Spontaneous Combusion* that his "schizophrenia" in his relationship to B.J. had begun to harm his writing.<sup>71</sup> The criticism and praise that Feinberg eventually met was therefore influenced by his cult of personality. Bob Satuloff, a columnist for the gay magazine *Christopher Street*, gave a typical criticism in his comments on *Spontaneous Combustion*:

It's not Feinberg's sense of humor that bothers me, or the fact that he's trying to have a sense of humor about AIDS—it's the mind behind it. B.J. Rosenthal is the worst kind of cliché, a charmless gay kamikaze who thinks its heroic to camp his way into the abyss. If you ask me, Feinberg substitutes shallowness, posturing, and self-aggrandizement for depth of feeling—and I think that's pretty reprehensible. I know some people think he's the gay Woody Allen [the Jewish comedian who was equally neurotic and erotic], but, to me, he's just a gay Pia Zadora [an unsuccessful actress generally regarded as talentless].<sup>72</sup>

Feinberg defended his choice of humor in a number of different arenas, leveling

abrasive attacks against many of his fellow gay writers and critics, particularly those

<sup>&</sup>lt;sup>70</sup> While in the mainstream press Feinberg was hailed as a kind of "gay Woody Allen," the positive reactions in the gay press emphasized his stereotypical clone appearance more than anything."I felt it was important to be explicit," one of his press released quote him as saying, adding that the "hard-as-nails 30-year Manhattanite whose own torso has left a trail of broken hearts and bruised egos in its wake" sat tanning in a "fuchsia speedo" for the interview. "*Eighty-sixed* is all about AIDS, and I believed it would be dishonest to write without delving deeply into the sexual. Would you mind putting some lotion on my back?' he said, turning over." Press Release "*Torso* excerpts Dave Feinberg's novel *Eighty-Sixed*, June 8, 1987.

<sup>&</sup>lt;sup>71</sup> Letter from Edward Iwanicki to David Feinberg, March 12, 1990, 2. David Feinberg Papers, Box 13, Folder: "Contacts, correspondence with agents, etc., 1987-1992."

<sup>&</sup>lt;sup>72</sup> In another article for *Gay Community News*, the self-identified disabled lesbian Carrie Dearborn similarly states that his "emotional detachment and his compulsive hand-washing" were "extremely offensive" for the way he depicted B.J.'s relationship with Bob Broome. Such emotional responses, she felt, were "one way temporarily able-bodied people deal with catastrophic illness" that only divided them more starkly from their disable counterparts. David Friedman, "Positive With Attitude," *New York Newsday*, January 7, 1992, 43. And Carrie Dearborn, "The Power of Humor In The Face of AIDS: David Feinberg's novel contrasts pre- and post-AIDS Gay Life," undated, 11. David Feinberg Papers, Box 13, Folder "*Eighty-Sixed:* reviews, publicity, etc.," NYPL.

writing in the *Native*, as "gay Stalinists" for the way he saw them mandating not only a particular literary form, but also a repressive sexual ethic.<sup>73</sup>

But Feinberg gave a more revealing comment in a 1988 Viking press release when he admitted that "today, Eighty-Sixed would have a more hopeful ending; at the time I wrote it, I felt it would be dishonest not to end of a bleak note."<sup>74</sup> Whether it was the euphoric idealism of ACT-UP's first moments or the hoped-for medical advances in the treatment of AIDS, Feinberg resisted the borders that the epidemic's crisis mentality imposed upon other activist and writer's work. As he wrote in one final comment on Larry Kramer in Queer and Loathing:

What I hate most about Larry Kramer is-his prose style. There. I said it. I can't read him anymore. Who does he think he is, Noam Chomsky writing about transformational generative grammar? That's the mark of a fag. Here we are in a life-and-death situations, and what am I doing? Rearranging the furniture on the *Titanic*, making stylistic complaints. The amount of chaff in his writing is so thick I can barely make it through his prose to get to his points. Somewhere along the line he lost his sense of humor. I don't know why losing a hundred and twenty friends and acquaintances to AIDS would do that to someone, but let's face it, it did. And now Kramer is consumed by so much anger that he can offer only venom and accusations. Larry Kramerthe fag that cried wolf. Cassandra, the prophetess of doom—shrieks his diatribes into the wind, and no one listens.<sup>75</sup>

In her work on gay politics and emotion, sociologist Deborah Gould argues that "the

kind of defiant and oppositional activism" evinced by ACT UP was made possible by

a growing sense of anger at the non-recognition of earlier forms of AIDS activism

<sup>&</sup>lt;sup>73</sup> David Friedman, "Positive With Attitude," New York Newsday, January 7, 1992, 43. Spontaneous Combustion also did not sell nearly as well as Eighty-Sixed had, which deterred some publishers as Feinberg continued to submit new work. Letter from David Fernbach of Gay Men's Press Publishers to Hal Fessenden, undated. David Feinberg Papers, Box 13, Folder: "Queer And Loathing: reviews, publicity, etc." <sup>74</sup> "News From Viking: 'Viking To Publish Ground-Breaking Black Comedy about AIDS," 2.

<sup>&</sup>lt;sup>75</sup> Feinberg, *Queer and Loathing*, 14-15.

and correspondent shame. This culture of emotion created a "new emotional habitus [that] toppled the inducements toward social conformity."<sup>76</sup>

Feinberg's example demonstrates how such an "emotional habitus" itself became constraining—both for his writing and his politics. Here his fear was expressed by the fact that Kramer—the author and activist—had become "consumed by so much anger." In his unfinished play *The Pathological Flirt*, which he began to write during his final stays in the hospital, one of his characters explains his disillusionment with ACT UP by shrugging "I just got tired of shouting at empty buildings. It was all just play-acting. A carefully orchestrated scam."<sup>77</sup>

David Feinberg had come to realize an essential feature of the writing tradition he had helped create. Confrontational literature developed around a hope to communicate the uniquely internal experience of the AIDS subject. In doing so, however, it would come to rely almost entirely on the irrational and raw emotive state of the AIDS subject. The question remained of how to adequately represent the experience of AIDS. This type of chaotic writing, while rhetorically striking, ultimately entrapped the subject within an oppressive death. As David Wojnarwicz wrote in his 1991 memoir *Close To The Knives*, "the rest of my life is being unwound and seen through the frame of death."<sup>78</sup>

Such literature did not imagine, as Reed originally had hoped, a potential resolution of the AIDS crisis, but fixated on the disease alone. It its angry fantasies, the writing became increasingly violent. In Monette's 1990 novel *Afterlife*, one of the

<sup>&</sup>lt;sup>76</sup> Gould, "The Shame of Gay Pride in Early AIDS Activism," 244.

<sup>&</sup>lt;sup>77</sup> David Feinberg, *The Pathological Flirt*, draft,18. David Feinberg Papers, Box 11, Folder: "The Pathological Flirt (Orange Folder)," NYPL.

<sup>&</sup>lt;sup>78</sup> Wojnarowicz, *Close to the Knives*, 113.

characters kills a fundametialist preacher who is especially homophobic.<sup>79</sup> In 1992, Feinberg wrote a list for a fundraising event sponsored by the nonprofit LIFEbeat entitled "100 Ways You Can Fight The AIDS Crisis," thirteen of which described different ways to kill Jesse Helms.<sup>80</sup> Ultimately, this limited the possibilities for confrontational AIDS writing to satire or rage. "Sometimes it gets dark in here behind these eyes," Wojnarwicz's begins one poem, "I feel like the physical equivalent of a scream."<sup>81</sup> The rhetorical space, the very ontology of the AIDS subject, began to appear claustrophobic and oppressive.

This created a sense of normlessness for gay writers that is revealed in their work. In *The Irreversible Decline of Eddie Socket*, the overwhelming nature of death precludes any moral lesson to the story. "I didn't have to end that relationship," one of Merrit's other lovers notes with dramatic ambivalence in the final chapter, "because everybody died. Oh, Merritt didn't die, and I didn't die, but everybody else." The two of them are left adrift amidst Eddie's family and last without any community on which to depend. "We were just the last two remaining pieces of the puzzle. We fit together, but it didn't matter anymore; we had no context, no landscape, no frame."<sup>82</sup> When he is still alive, Eddie frequently quotes classic works of fiction and then demands of his friends and lovers,"Who am I quoting?" The very

<sup>&</sup>lt;sup>79</sup> Paul Monette, *Afterlife*, 1st ed. (New York: Crown Publishers, 1990), 272. Kruger contextualizes Monettes book within a number of "apocalyptic conspiracies," many of which were written by lesser known authors and published by smaller gay presses. "Such imagined violent interventions provide a certain kind of emotional satisfaction," Kruger notes, "substituting a sense of sudden accomplishments for the frustrating feeling that there is nothing that can be done about AIDS." Violence, however, is never entirely successful and often backfires on the characters. As fantasy, it spoke of the sense of impotent rage writers and activists felt, both in terms of the fatalism of the disease and the lack of an adequate response by a homophobic society. Kruger, *AIDS Narratives*, 234-46.

<sup>&</sup>lt;sup>80</sup> Reprinted in Feinberg, *Queer and Loathing*, 102-09.

<sup>&</sup>lt;sup>81</sup> David Wojnarowicz, *Memories That Smell Like Gasoline* (San Francisco: Artspace Books, 1992), 9.

<sup>&</sup>lt;sup>82</sup> Weir, The Irreversible Decline of Eddie Socket, 268.

title character reaches to other texts in search of a new narrative, a new frame on which he may depend.<sup>83</sup>

There was another direction to Feinberg's frustration here, however, and it had less to do with ACT UP's politics than the severity of his illness. The decline of Feinberg's immune system began to impede his ability to write, let alone live his life himself the way BJ had accustomed his readers to expect.<sup>84</sup> This operated on a number of levels—advanced neuropathy, fatigue, and diarrhea made it difficult to use a pen for extended periods of time and write legibly (he was not able to bring a typewriter into the hospital, much to his dismay.) "I'm beginning to lose perspective," he wrote in the final chapter of *Queer and Loathing*. "I need more distance. I cannot write about being ill when I am ill."<sup>85</sup>

Eventually his handwriting would become so difficult to read that he had to enlist his friend and fellow author Jameson Currier to transcribe his pieces and submit them for him.<sup>86</sup> AIDS ultimately seized all capacity to write, however, as it seized his capacity to live. "Cannot write here," he noted tersely in a list of concerns for his doctor little more than a month before he died. "Computer. Piece due late." "Want to go on with my life," he added shortly, "cannot here."<sup>87</sup> Even in his initial excitement about the formation of ACT UP in 1987, Bradley Ball noticed this problem: "more

<sup>&</sup>lt;sup>83</sup> Ibid., 123.

<sup>&</sup>lt;sup>84</sup> While his book jackets for *Eighty-Sixed* and *Spontaneous Combustion* emphasize his physical attractiveness, his author photo for *Queer and Loathing* showed him covering his mouth and much of his face with his hand, his glasses perches on a suddenly bald head. Feinberg, *Queer and Loathing*. <sup>85</sup> Ibid., 273.

 <sup>&</sup>lt;sup>86</sup> Letter from Jameson Currier to Kathryn Clark of *Body Positive* Magazine, September 22, 1994.
 David Feinberg Papers, Box 11, Folder: "Last Writings: From Hospital Stay, summer-fall 1994."
 <sup>87</sup> David Feinberg, note to Dr. Bellman, September 28, 1994.

than anything else in the whole wide world, [...] I want out." "But of course," he ended ominously, "there is no way out."<sup>88</sup>

## How To Make Love In An Epidemic: *Promiscuity, "Safe Sex," and the Consolidation of the Gay Couple*

Other work from this period addressed more diverse issues of sexuality without the claustrophobic rage of confrontational AIDS literature. In the first chapter I discussed how AIDS was first identified among a number of gay men living in urban centers such as New York City and San Francisco who participated in a network of highly developed institutions and public spaces that were designed to facilitate communal sex. The disease was thus textualized within an epidemiological narrative of sexual precariousness. Given the gay community's history of struggle with precisely questions of appropriate and legitimate sexuality, literature centralized this issue.

Much of this work was written for the gay theater.<sup>89</sup> Like other public spaces, theaters that identified primarily with gay writers, actors, and audiences had slowly emerged in the two decades prior to AIDS's first appearance around a common purpose of affirming a common group identity. The euphoric period of the sexual revolution and gay liberation produced intensely eroticized works, the theater critic Michael Paller argues, with the understanding that "gay identity would be built

<sup>&</sup>lt;sup>88</sup> Ball, Journal Entry, May 25<sup>th</sup>, 1987.

<sup>&</sup>lt;sup>89</sup> The gay theater also raises an interesting question of visibility that is often left to gay pornography alone in scholarly work. "HIV," Tim Dean notes, "got inside the bodies individual men and inside the gay community before we were aware of its existence." AIDS thus "gave gay men new reasons to be curious about [what was inside their] bodies and how it got there." The question of how to visualize something that "remains invisible to the naked eye," Dean notes, has confounded however, has consistently confounded art and eroticism alike in American gay cultures. The visual culture of theater was understandably more convincing, in some ways, than the imaginative possibilities of literature. Dean, *Unlimited Intimacy*, 112.

primarily on gay sex.<sup>990</sup> Theatrical writing addressing AIDS, therefore, appeared in the context of both a visual and literary culture where sex was already a relevant and common subject for discussion.

William Hoffman's play *As Is*, which was first produced in 1985 (around the same time as *The Normal Heart*—the two were often reviewed simultaneously), addresses the end of this euphoric period. The play opens to a lone hospice worker describing her disenchantment with both her work and religious beliefs in the wake of the crisis.<sup>91</sup> The stage lights up shortly thereafter to illuminate Rich and Saul, the two main characters, bitterly dividing their possessions. The specter of disease and death, introduced however briefly, hangs over their every interaction. Its presence is announced shortly thereafter when Saul interrupts an argument with his lover Rich with the revealing question, "Have you lost weight?"<sup>92</sup> Once implied through a sign the audience knew well, the presence of disease in the play is impossible to ignore.

AIDS is represented as a series of physical manifestations forming a barrier between the two men. "I feel the disease closing in on me," Rich confesses fearfully a moment later. "I'm very frightened and I miss you." After a pause, Rich tersely outs himself to Saul with the tragic and universally understood phrase: "I have it."<sup>93</sup> "It," through countless iterations of this same dramatic moment, had become inscribed with a powerful fear.

As much as AIDS solidifies the separation of the two lovers, Rich's sexuality equally prevents him from maintaining a monogamous loving relationship with Saul.

<sup>&</sup>lt;sup>90</sup> Michael Paller, "Larry Kramer and Gay Theater," in *We Must Love One Another or Die: The Life and Legacies of Larry Kramer*, ed. Lawrence Mass (New York: St. Martin's Press, 1997), 239.

 <sup>&</sup>lt;sup>91</sup> William M. Hoffman, As Is: A Play, 1st Vintage Books ed. (New York: Vintage Books, 1985), 3.
 <sup>92</sup> Ibid., 11.
 <sup>93</sup> Ibid., 11.

<sup>&</sup>lt;sup>93</sup> Ibid., 12.

While Saul continues to profess his feelings, Rich can only respond by telling him "I don't want your love!" his resistance to Saul's advances only driving him to pursue more casual sex throughout their relationship and well into his illness.<sup>94</sup> AIDS's inextricable presence, however, de-eroticizes any attempt at cruising. In an allegorical scene, a number of anonymous clones surround Rich, egging him on with BDSM terms: "Chains...Dildo...Dungeon..." On the other sides of the stage, Saul interjects with a more recently developed and articulated lexicon relating to his illness: "diet...acupuncture...interferon...". Now devoid of sexual undertones, the scene quickly becomes violent when one clone spills a drink on Rich. It ends with Rich being dragged away from the conflict as he screams "let him cure me!"<sup>95</sup> His final shouts further conflate the disease and anonymous sex with violence. The very act of cruising, formerly a type of casual sex and pleasure seeking, is now tantamount to self-abuse and suicide.

It remains unclear, then, whether it is simply Rich's promiscuity and selfdestructiveness or AIDS itself that is obstructing their relationship. This is finally resolved in the play's last moments when Rich's suicidal tendencies, divorced now from sex itself, are more clearly articulated: "What's so great about living," he asks Saul, "when you're covered with lesions and you're coming down with a new infection every day?"<sup>96</sup> Rich's previous sexual hedonism and neglect of Saul is thus motivated by his own shame for his diagnosis. The terror of AIDS precludes the possibility of love. But love, like AIDS, defies the reason with which they attempt to

<sup>94</sup> Ibid.

<sup>&</sup>lt;sup>95</sup> Ibid., 29-31.

<sup>&</sup>lt;sup>96</sup> Ibid., 87.

define it. In the moment that gives the play its title, Saul affirms his commitment to

Rich:

Saul: I'll take you as is.
Rich: But what happens when it gets worse? It's gonna get worse.
Saul: I'll be here for you no matter what happens.
Rich: Will you?
Saul: I promise.
Rich: Shit.
Saul: What do you want me to say?
Rich: You're so goddamned noble.
Saul: How do you want me to be?
Rich: I can't afford to be noble. The only thing holding me together is rage.
It's not fair! Why me?<sup>97</sup>

But as Rich's continuing opposition suggests, love is not necessarily enough of a

promise to enable their reconciliation. When they first attempt to reconnect, their

intimacy is interrupted by the discovery of a Kaposi's Sarcoma lesion on Rich's

back.<sup>98</sup> It is only in the final moments of the play, when Saul expresses his continued

sexual attraction to Rich, that they may finally reunite, culminating in an endearingly

awkward attempt at consummation:

Rich: You know, if we took precautions... Saul: If what? What? You always do that. Rich: If we're careful. Do you want to? Saul: I'd love to. What do you think? Rich: I think it'd be okay. Saul: What'll we do? Rich: I don't know. Something safe. Saul: We'll think of something. Rich: Close the curtain Saul: Do you think we should? Rich: Well, we can't do it like this. Saul: Right. Rich: Right. Saul: What if someone comes in? Rich: So what? Saul: Right.

<sup>&</sup>lt;sup>97</sup> Ibid., 91.

<sup>&</sup>lt;sup>98</sup> Ibid., 59.

*(*Saul *doesn't move)* Rich: So what are you waiting for? Saul: I'm scared. Rich: So am I. Do you think we should? Saul: God, I want to. Rich: Well, close the fucking curtain!<sup>99</sup>

In a striking final image, the hospice worker—here a symbol existing somewhere between the moralizing worlds of medicine and religion—draws the curtain for them, granting the two men a modicum of privacy, however temporary and permeable its boundaries may be.<sup>100</sup> The medicalized environment and the couple's own equivocations and unfamiliarity with what, exactly, it is that can or should "do" with each other seems to imply that this type of sex can continue to offer the same function but in a different form. Coming out the same year as Kramer's *The Normal Heart*, Hoffman's play was more open to the possibility of sex, but also more ambiguous. What constituted "something safe" was left unclear.

Harvey Fierstein's eponymous trilogy Safe Sex, completed two years later,

centers itself entirely around this dilemma. Manny and Jake, the first play in the

<sup>&</sup>lt;sup>99</sup> Ibid., 94-95.

<sup>&</sup>lt;sup>100</sup> Here Hoffman is putting the hospice worker in the same position as the administrators of a public sex space, offering temporary barriers in what is, ultimately, a public space for a private encounter. Some readings of the play, however, desexualize this encounter entirely. In her essay "Literature and AIDS: The Varieties of Love," Laurel Brodsley argues that "As Is portrays the challenge of two lovers renegotiating their relationship from one of sexuality to nurturance." But the ending here is far more sexually ambiguous than such an interpretation lets on. Brodsley is concerned with what kinds of literary forms and precedents writers had when addressing AIDS. "From Camus," she write of The *Plague*, "we can learn that in the crisis of a fatal disease like the plague or AIDS, romantic and sexual love become less relevant. Instead, an opportunity arises allowing men and women to achieve a higher kind of intimacy and meaning through their selfless commitment to the welfare of others." This argument sounds similar to Kramer's logic that gay men must move beyond their sexuality as the basis of community and identity. Romantic or comedic works often asked how the figure of AIDS, the person with AIDS, might be embraced sexually seemed to ask a similar question much more profoundly. How could a person be "supported," Hoffman's work seems to ask, if they are left alive but stripped of their sex? In a certain way Rich would then be incomplete as a literary subject in his drama, his romantic narrative left unfulfilled. In this way his sexual acceptance was more important than his physical survival for the purposes of the story. Laurel Brodsley, "Literature and AIDS: The Varieties of Love," in AIDS: Principles, Practices & Politics, ed. Inge B. Corless and Mary Pittman-Lindeman (Washington: Hemisphere Pub. Corp., 1988), 58-63.

trilogy, illustrates the spirit of doubt and mutual distrust, for one's one body and that of another, in what might have been a routine crusing encounter in the period before AIDS. Jack approaches Manny, who is seated "praying for sex," with an overt sexual advance, "your prayers have been answered":

Manny: I don't want your money. Jake: I didn't offer any. Manny: I don't want anything from you. Jake: And that's what you'll get. Manny: You can't promise that. You don't know. Jake: I know what I'm willing to give. Manny: I know what I'm willing to give. But I can't promise. Jake: I can. Manny: Not for sure. You don't know.<sup>101</sup>

Here, the disease is not even granted the name of "it," instead being produced only in

its textual invisibility as they tiptoe around the issue of their mutual suspicion.<sup>102</sup>

The piece is something between an allegory and epitaph. As they talk, Jack

periodically drags inanimate dummies into the scene.<sup>103</sup> Here Fierstein is making a

very literal pun of "dragging your exes into this," but one that is more funerary than

funny:

Two grown men stand in a bar. They look. They touch. They take. Two grown men forget. Want to forget. And they go together. One gives. One gets. One gets what the other does not intend to give. Doesn't even know he's giving. Doesn't even know he had it to give. Doesn't even have it himself. But can give. Two grown men take. One gives. One gets. One weakens and dies. *(Looking at the dummies)* I don't know.

<sup>&</sup>lt;sup>101</sup> Harvey Fierstein, Harvey Fierstein's Safe Sex (New York: Atheneum, 1987), 5.

<sup>&</sup>lt;sup>102</sup>By the late 1980's, James Jones notes in his analysis of later gay American literature, it was "impossible to read a piece of fiction about gay men in the present and not assume AIDS [was] going to make its presence felt one way or another." The inability (or refusal) to textually encapsulate AIDS with a precise name grants it an imposing and amorphous presence in these plays, for "only when the name is expected can its absence be made significant." James W. Jones, "Refusing the Name: The Absence of AIDS in Recent American Gay Male Fiction," in *Writing AIDS : Gay Literature, Language, and Analysis*, ed. Timothy F. Murphy and Suzanne Poirier (New York: Columbia University Press, 1993), 228.

<sup>&</sup>lt;sup>103</sup> Fierstein, Safe Sex, 14-15.

"A moment of silence," Manny mourns, "for what can't be done. Another for what can't be undone."<sup>104</sup> Manny is stuck purely in his grief and doubt. He rebuffs Jake's sexual advances with a tone of finality: "I can't change, I can't. So, I'll sit. And remember. And pray for everything else to change." Seated next to the faceless bodies that seem to symbolize the casualties of gay sex, this appears equally hopeless and idealistic. "And when it does (and it will)," he concludes, "I'll remember how to kiss. [...] I will kiss having learned nothing."<sup>105</sup>

This hope for a return to mythologized forms of gay sex that existed in the decade prior to AIDS is obstructed in the next two plays. *Safe Sex* depicts a couple, Mead and Ghee, who are launched into a petty argument after Mead tries to do something "not on the list" of acceptable sexual behavior.<sup>106</sup> The play is set with the two characters on opposite ends of a large seesaw, which bobs back and forth as they continue to argue. This tense staging suggests how the fearful emphasis on individual behavior change and wariness about one's sexual partners occasioned by the invention of safe sex destabilized the very idea of the bedroom and domestic partnership. The play opens to a pitch-black theater and the sounds of the characters making love; it is only when the lights come up we realize that they are not on an actual bed. The very idea of a "list" changes as they argue as well—Mead asked Ghee maliciously "want to see a list?" referring to all his previous lovers.<sup>107</sup> The implication, however, is that "the list" does not really change, for one's sexual history, while it may be mythologized, is also what is to be feared.

<sup>&</sup>lt;sup>104</sup> Ibid., 19-21.

<sup>&</sup>lt;sup>105</sup> Ibid., 24.

<sup>&</sup>lt;sup>106</sup> Ibid., 35.

<sup>&</sup>lt;sup>107</sup> Ibid.

Safe Sex recalls this idyllic past that has been eradicated "all because of a disease," Ghee recalls, "a virus that you don't get because you're Gay, but because you're human. We were Gay," he sighs, "Now we're human," echoing a common liberationist argument that the extreme sexual difference of gay men is the central defining and empowering aspect of gay identity.<sup>108</sup> "These are different times with different rules," Mead assures him, "but some things never change." Love, they assure each other, is "all that matters." Their final embrace recalls that of Rich and Saul, where love was similar understood to embody new erotic possibilities and a corresponding sexual ethic. But the hope implied in this scene is visually held up to the audience for scrutiny. Manny and Ghee remained perched together at the center of the seesaw; their reconciliation is but a transitory stability, easily disrupted if either one moves.<sup>109</sup>

Fierstein makes death more literal in his final play, On Tidy Endings, which centers on a conversation between the surviving partner (Arthur) and ex-wife (Marion) of Collin, a man who recently died of AIDS. At first, AIDS appears as the factor that solidifies Marion's separation from her former husband. "I was always allowed to hang on to the hope that one day he'd give it all up and come home," she confessed to Arthur, "then he got sick."<sup>110</sup> AIDS here totalizes the exclusion of gay men from the dominant heterosexual mainstream—the nuclear family, now glaringly incomplete in Collin's absence, which Marion and her son symbolize.

The audience is confounded, then, when Marion reveals that she is infected. "Tell me you'll be there if I ever need you," she asks, inverting the common dramatic

<sup>&</sup>lt;sup>108</sup> Ibid., 57. <sup>109</sup> Ibid., 60-62.

<sup>&</sup>lt;sup>110</sup> Ibid., 99.

motif shown between gay couples at the time. "Sure!" Arthur replies, addressing his surprise at how he is suddenly left out of even the archetypal romantic AIDS narrative: "take something else that should have been mine."<sup>111</sup> This is intended as a joke (albeit a very dark one), but it lingers past their reconciliation. Arthur later tells Marion, "I want little things. Not much. I want to be remembered."<sup>112</sup> As Ghee says to Manny at one point in *Safe Sex*, the "enemy is 'now," for the present age of AIDS "will always define us."<sup>113</sup>

Without the enduring figure of the child, Arthur's presence seems effaced from Collin's life: "you've got your life and his son. All I have is an intangible place in a man's history. Leave me that. Respect that."<sup>114</sup> Again addressing the theme of memory, he fears that the changes in gay sexuality and the tragedy of AIDS will eradicate whatever history and future gay men have as a community. The simultaneous presence and absence of AIDS in his life show how he has already begun to dissolve as a subject. Marion is already remarried while Arthur is displaced socially and sexually—he complains at one point that he has become fat and unattractive since he started binge eating in his grief—by Arthur's death.<sup>115</sup>

If AIDS is rightfully Arthur's disease and thus, more generally, belongs to gay men, then *Safe Sex* raises the question of how gay men themselves should view AIDS themselves, and how it might be possible to do so from a less nostalgic, perspective. As John Clum observes in his essay on AIDS writing, "for young writers who came

<sup>&</sup>lt;sup>111</sup> Ibid., 109.

<sup>&</sup>lt;sup>112</sup>The literary scholar D.S. Lawson characterizes both *As Is* and *Safe Sex* as "remembrance plays," works which he critiques for offering little more than a passive nostalgia, a futile effort to recapture some aspects of an idealized past. Lawson, "Rage and Remembrance," 105.

<sup>&</sup>lt;sup>113</sup> Fierstein, Safe Sex, 58.

<sup>&</sup>lt;sup>114</sup> Ibid., 104.

<sup>&</sup>lt;sup>115</sup> Ibid., 91-92.

of age in the age of AIDS, there is no blissful past to remember, only a sad present."<sup>116</sup> Recognizing that the disease was not simply going to vanish as Manny hopes it might, how could a person with AIDS have been alternatively portrayed as less of a dangerous and fatalistic literary character? The reconciliation of the serodiscordant couple shown in works by Hoffman, Fierstein, and Kramer, reified a certain image of a monogamous romantic ideal, but it also posed a question in the embrace of two figures so loaded with meaning. How might the gay community create an inclusive responsible sexual ethic when the community itself has become divided whether intentionally or not, between with HIV/AIDS and those not?

This question is answered much more directly than before in Paul Rudnick's 1994 play *Jeffrey*. The play tells the story of its eponymous character who swears off sex in light of the AIDS epidemic and the unappealing complications of safe sex. Despite his new resolve, however, he meets Steve and is immediately attracted to him, until he learns that Steve is HIV-positive. By this point, the words AIDS and HIV are used much more readily—it is no longer referred to by the ominous "it" that often seemed to conflate the two in the previous works. Rudnick correspondingly portrays Jeffrey's fear is portrayed as inchoate and irrational. He addresses the audience directly after standing Steve up on a date: "I know what you're thinking. What a sleazoid, what a major-league, hall-of-fame rat. And maybe you're right."<sup>117</sup>

Here Jeffrey is put in the same situation as Rich was before him. In a moment of shame, he even tries to go cruising after giving this confession, with similarly

<sup>&</sup>lt;sup>116</sup> John Clum, "Refusing the Name: The Absence of AIDS in Recent American Gay Male Fiction," in Writing AIDS: Gay Literature, Language, and Analysis, ed. Timothy F. Murphy and Suzanne Poirier (New York: Columbia University Press, 1993), 214. <sup>117</sup> Rudnick, *Jeffrey*, 39.

unfulfilling and dangerous results. The major difference is how Rudnick relocates shame from the sick body to the body of the paranoid but healthy gay man. His confrontation with Steve mimics that of Rich and Saul, but the roles are now reversed:

Steve: You really are a piece of work. Jeffrey *(after a beat)*: Yes I am! I'm a shit, and I'm a coward, and I'm a traitor. And I'm running away, just as fast as my frequent flier miles can carry me! Because if I stay here, I will lose it! And how does that help anyone. Steve: And what are you going to do [when he leaves New York]? Jeffrey: Live! Breath! Hide! Until it's all over! Steve: Until what's all over? AIDS? Or your life? Jeffrey *(very distraught)*: Either.<sup>118</sup>

Given the generic expectations of a romantic comedy, the audience already knows that Jeffrey will come to accept Steve. The only question is how he will get there. His paranoia, more than anything else, impinges upon to possibilities of love and communal support available not only to men with AIDS, but all gay men. "We're all AIDS babies, Jeffrey," Steve tells him at one point, "And I don't want to die without being held."<sup>119</sup>

Jeffrey and Steve eventually satisfy the audience's expectations, but perhaps not their own. At the end of the play, they pass a balloon back and forth in reference to an earlier scene when Father Dan, a gay Catholic priest, uses this image to describe God—"the very best in all of us" shown by the "kindness" and "heavy petting" of a mutually loving sexual ethic.<sup>120</sup> But comedy aside, there is an unsettling recognition that this coming to terms with the disease does not translate readily into a cure for

<sup>&</sup>lt;sup>118</sup> Ibid., 77.

<sup>&</sup>lt;sup>119</sup> This also suggests a generational shift in perspectives about the disease. I will analyze this more fully in my conclusion. Ibid., 61.

<sup>&</sup>lt;sup>120</sup> Ibid., 69.

AIDS or for the dilemma of sex. As Darius's lover Sterling laments upon his death: "I wasn't...enough. I wasn't important enough. I couldn't snub it. I couldn't scare it off, with a look. I couldn't shield him, with raw silk, tassels, and tiebacks." While he jokes that this shows him "the limits of style," It also nakedly portrays the limits of love itself.<sup>121</sup>

In his moment of fear, Sterling begins to refer to the disease as "it" again, returning to the oppressive anonymity and intangibility of AIDS that seems to overwhelm gay life itself. Jeffrey voices the same fear when he finally approaches Steve. "Promise me...you won't get sick. [...] And you won't die," he asks. The concern is only overcome only by the image of a balloon. Risk in the play's rhetoric is necessary for an authentic existence. "Darius told me that he thought you were the saddest person he ever knew," Darius's lover Sterling tells Jeffrey at the hospital, "he had a fatal disease. And he was a million times happier than you."<sup>122</sup>

But like the latex object it symbolizes, the balloon standing between them can easily break. While the romantic couple is proffered in these works as a necessary means to remove the stigma of AIDS, the gay community's rapprochement with AIDS therein operates on an entirely symbolic level. Giving these men the ability to be fully loved once again, as Sterling's example indicates, may rehabilitate them, but it will not save them. Fear persists, even in humor, concerning the efficacy of a new sexual ethic and praxis.

<sup>&</sup>lt;sup>121</sup> Ibid., 82. <sup>122</sup> Ibid., 85.

## Death Out Of Order/Sex Out Of Order: Anxiety in Later Literature

"At the stage of the AIDS epidemic recorded in *Love Alone*," the literary scholar Joseph Cady writers, "Rog, Paul, and their affected gay male community are in a state of unrelieved and compounded shock."<sup>123</sup> As the chaotic and insecure writing shown here demonstrates, the stasis of this "shock" continued well into the 1990's. Even in a purely medical perspective, the first signs of "relief" did not come until 1994 at the earliest with the development of the first effective antiretroviral therapies. Yet by the late 1980's gay literature had already begun to question the dominant cultural narratives of the disease established in earlier texts and in medical discourse.

What, in the absence of any immediate cure, impelled this shift? Writing in his journal in the summer of 1988, the writer and activist Vito Russo described his emotional fatigue: "There's been too much tragedy and its gotten to the point where a new tragedy isn't seen as such because so much has preceded it you can't just stay on such an intense level indefinitely." Maintaining a crisis mentality at a fever pitch for over seven years, he felt, had ultimately produced "a loss of feeling."<sup>124</sup> Tim Dean similarly describes a general "abatement of terror" as AIDS was necessarily normalized and incorporated into more aspects of modern gay culture.<sup>125</sup> Later AIDS literature by gay men speaks to the difficulty of maintaining the assumed urgency of

<sup>&</sup>lt;sup>123</sup> Joseph Cady, "Immersive and Counterimmersive Writing About AIDS: The Achievement of Paul Monette's *Love Alone*," in *Writing AIDS: Gay Literature, Language, and Analysis*, ed. Timothy F. Murphy and Suzanne Poirier (New York: Columbia University Press, 1993), 250.

<sup>&</sup>lt;sup>124</sup> Russo, "Journal Entry, August 19<sup>th</sup>, 1988."

<sup>&</sup>lt;sup>125</sup> Dean is speaking here of purely sexual changes (the rise in unprotected anal intercourse and its institutionalization into a coherent subcultural identity). Such a sexual phenomenon, he argues, required HIV/AIDS itself to provide the basis for a such a common identity. But it also needed to alter the referent of HIV/AIDS away from one of disease and imminent death, a change that "represents part of the so-called normalization of AIDS and owes much to a growing recognition that the epidemic's crisis mode cannot be sustained indefinitely." Dean, *Unlimited Intimacy*, 54.

the literary "response" itself. By the late 1980's, Kruger observes, the narrative of "irreversible decline" had become so ubiquitous that "the complete story of discovery, diagnosis, disease and death" that originally required a novel-length treatment such as *Facing It* could now "be telescoped into a very brief space."<sup>126</sup>

By 1992, Larry Kramer's *A Normal Heart* had been produced in the United States over six hundred times.<sup>127</sup> Its romantic archetype and tragic narrative had been reified and reiterated for gay an straight audiences alike *Ad Infinatum*. By the next year, this narrative was so firmly established that Jameson Currier could tell the entire story in two sentences: "Two years ago, Matt made a doctor's appointment when he noticed a bruise near his ankle. Ten months later he was dead."<sup>128</sup> The characters themselves often realize their imminent tragedy as they identify their illness, a narrative they attempt, with varying degrees of success, to resist. As the main gay character Jonathon, confides towards the end of Michael Cunningham's 1991 novel *A Home At The End Of The World*: "I wanted to be part of something that wasn't dying."<sup>129</sup> While continuing to centralize AIDS in their narratives, this later fiction thus portrayed, in the author Robert Ferro's words, "death out of order."<sup>130</sup>

A common experience in these works, then, is the anxiety that the characters and reader alike experience when an imminent death is then deferred indefinitely, frustrating the narrative expectations of the reader and the characters alike. Prior Walter, one of the main characters in Tony Kushner's theatrical work *Angels in America*, goes through almost every macro-narrative experience of the archetypal gay

<sup>&</sup>lt;sup>126</sup> Kruger, AIDS Narratives, 90.

<sup>&</sup>lt;sup>127</sup> Paller, "Larry Kramer and Gay Theater," 235.

<sup>&</sup>lt;sup>128</sup> Jameson Currier, Dancing on the Moon: Short Stories About AIDS (New York: Viking, 1993), 78.

<sup>&</sup>lt;sup>129</sup> Michael Cunningham, A Home at the End of the World ([S.l.]: Warner, 2004), 331.

<sup>&</sup>lt;sup>130</sup> Robert Ferro, Second Son: A Novel, 1st ed. (New York: Crown, 1988), 19.

man with AIDS in the first part of the work. In his first scene, he reveals the presence of a lesion that suggests the "irreversible decline" foretold in earlier works. Like the figures in other romance stories discussed, he and his lover Louis wrestle with the possibility of a serodiscordant relationship. And like Roger in *Love Alone* or Andy and Patrick in *Facing It*, he strives to maintain his sanity. He even seems at one point to recognize the multiplicity of AIDS narratives that all demarcate a trajectory ending with death. When Louis first tries to call an ambulance he pleads "Don't call, you'll send me there and I won't come back."<sup>131</sup>

But Prior never does die. The macro-narratives of AIDS the play invokes are consistently unfulfilled. At certain points, Prior explicitly refuses them himself. When Louis tries to get back together with him, offering him stolen AZT at the same time, he rejects rehabilitation both in the form of love and medicine: "this is my life, from now on, Louis. I'm not getting 'better.'" Prior says in the play's final scene. "I've been living AIDS for five years. That's six whole months longer than I lived with Louis."<sup>132</sup> His relationship with AIDS, in a revision of the standard romantic narrative, is now posited as more enduring (and perhaps more positive) than his relationship with his former lover.

Similarly, Robert Ferro's work *Second Son* suddenly revives the sexuality of its two main characters with AIDS, Bill and Mark, even as their illnesses progress hand-in-hand with their romance. This surprises even Mark, who lays in his new lover's arms "wondering at the unlikelihood of the situation, the place, the company—he who sexually, romantically, had given himself up for lost." Speaking of

 <sup>&</sup>lt;sup>131</sup> Tony Kushner, Angels in America : A Gay Fantasia on National Themes, Part One: Millenium Approaches, 1st ed. (New York: Theatre Communications Group, 1993), 21-22, 48, 97.
 <sup>132</sup> Ibid., 141; 43; 46.

their health and relative luck at the same time, Mark asks, "Do you think we shouldn't push it?" Bill responds, "I notice you like questions that imply their outrageous logic."<sup>133</sup> Suddenly and inexplicably removed from the narrative of certain death, the characters experience a profound sense of anomie.

Ferro's narration continually gestures towards certain acts of signification, well-established tropes in gay American literature, but retreats before fully naming them. "They did not precisely have sex but they did not precisely not," he writes in one of their first intimate moments together.<sup>134</sup> Sex itself no longer obeys any particular logic. Like death, it is "out of order." Similarly, in *Angels In America*, Prior experiences an inexplicable resurgence of desire in the presence of the angel.<sup>135</sup> The first part of the play ends with an angel bursting through Prior's ceiling. Given Prior's own fears of his looming insanity and his rapidly declining health, this scene could be read upon first glance as a stylized portrayal of Prior's death, or at least his disappearance, like Patrick, into a fever dream of lost reason. But the audience is then shown the same scene in a different form at the beginning of part two. Thrashing about in bed, he awakes suddenly to realize he had a wet dream—"will you look at this! First goddamn orgasm in months and I slept through it." Describing the experience to his friend Belize, gay sex is similarly confounded:

Prior: I am drenched in spooj.
Belize: Spooj?
Prior: Cum. Jiz. Ejaculate.
Belize: Spooj?
Prior: Onomatapoetic, isn't it. I've had a wet dream.
Belize: Well about time. Miss Thing has been abstemious. She has stored up beaucoup de spooj.

<sup>&</sup>lt;sup>133</sup> Ferro, Second Son, 96.

<sup>&</sup>lt;sup>134</sup> Ibid., 97.

<sup>&</sup>lt;sup>135</sup> Kushner, *Millenium Approaches*, 113.

Prior: It was a woman. Belize: You turning straight on me? Prior: Not a *conventional* woman. Belize: Grace Jones? [...] Prior: An angel. Belize: Oh FABULOUS.<sup>136</sup>

Sex and desire is linked with the supernatural or transcendent, the "fabulous," in a *deus ex machina* return to eroticism.

*A Home At The End of the World* gives a similar ambiguous future. The latter portion of the story describes the three main characters—Jonathon, Bobby, and Clare, moving out of the city to raise a child as a single family—a sort of polyamorous but sexually ambiguous compromise for all of them. It is never revealed if Jonathon, the gay man in their relationship, is infected. But his association with tragedy is enough to isolate him. His mother asks herself at the end of their final visit this very question—"was he ill, or simply aging? Why did he look a little haggard, his eyes slightly too large in his skull?"<sup>137</sup> Erich, Jonathon's long time sexual partner, moves in with them when it is revealed that he has AIDS, a change that scares Clare into abandoning the family entirely:

What if she [their daughter Rebecca] came into her full consciousness as Erich died and Jonathon started to get sick? What would it do to her if her earliest memories revolved around the decline and eventual disappearance of the people she most adored?<sup>138</sup>

She leaves the home they created together, a home she paid for with the remainder of her trust fund, taking the child with her.

<sup>&</sup>lt;sup>136</sup> Tony Kushner, *Angles in America: A Gay Fantasia on National Themes, Part Two: Perestroika*, 1st ed., Angels in America (New York: Theatre Communications Group, 1994), 23.

<sup>&</sup>lt;sup>137</sup> Cunningham, A Home at the End of the World, 294.

<sup>&</sup>lt;sup>138</sup> Ibid., 322.

Bobby, however, realizes that it is his and Jonathon's mutual experience of death, a form of witness and exposure that has defined them, that attracts them to one another and separates and isolates them. "We both have devotions outside the world of the living," he tells himself. "It's what separates us from Clare, and from other people. It's what held us together as the ordinary run of circumstances has said we should grow up and part."<sup>139</sup> AIDS is ultimately what wrenches them from a "normal" social existence and concretizes their seclusion at "the end of the world." By the end of the story, the disease locates their titular home not only in terms of a geographical or social distinction, but in an almost metaphysical or supernatural stasis between life and death.

This theme is present in a much darker form in Dale Peck's work *Martin and John*. The novel consists almost entirely of brief vignettes that become increasingly violent and sexual. The relation between the stories is unclear: the only link maintained throughout are the names of the characters. Yet even these—Martin, Henry, Bea, and the narrator John are common enough that they suggest anonymity. They culminate in a final scene in which John is being penetrated with a rifle during sex with an older stranger. "Not trusting language" anymore, he renounces life entirely, and asks the man to "pull the trigger," but only scares him away. But as words have failed him, he is wrenched out of the multiple stories he has created for himself:

In the sudden quiet I hear myself sob aloud and I think that at last I've succeeded, for I cry only for myself, and if any thought of Martin remains, or of my mother, or of my father, they founder in a sea of other names, and nameless faces, and in the faces of hundred of men whom I remember by a common name, a name that remains

<sup>&</sup>lt;sup>139</sup> Ibid., 331.

unconnected to any identity no matter how many times it is assumed. And that name, I must remind myself, is my own: John.<sup>140</sup>

It is revealed, then, that the multiplicity of narratives John had created were an effort to cope with his own illness and the recent loss of his lover Martin.

Second Son also shows its characters attempting in increasingly implausible ways to escape from their experience with AIDS. A large part of the novel takes place in a vaguely defined forest cabin owned by Bill, where the two hope to seclude themselves indefinitely. Yet even here AIDS cannot be truly excised from the narrative. Despite the refusal of its naming or specific categorization, eventually the accumulation of their symptoms necessitates they return to society. Their friend Matthew then offers in his letters to Mark the possibility that they all escape to the planet of Splendora. "We are the first in history to want to leave the planet," Matt writes in his final letter to Mark. "The plague has only speeded things up: our need to leave is compounded. If we stay we will die."<sup>141</sup> The idea of Splendora, like the absence of the word "AIDS," is ultimately recognized as a fantasy. Yet there is no concrete "reality" posed as an alternative. While the fear of entering a hospital—a place where "so far everyone dies"—is mentioned, the novel ends with the couple persisting in fantasy alone:

They sat together atop the tower in the afternoons, and often late at night before bed paced the deck over the porch, waiting as if for the ship to Splendora. For it seemed that what they would do together—what would be done to them in the hospital—was a kind of trip, a voyage home. As with Matthew the ship had become their metaphor, something to look for by day over the horizon, by night among the stars.<sup>142</sup>

<sup>&</sup>lt;sup>140</sup> This entire passage is originally italicised. Dale Peck, *Martin and John: A Novel*, 1st ed. (New York: Farrar, Straus & Giroux, 1993), 196-97.

<sup>&</sup>lt;sup>141</sup> Ferro, Second Son, 207.

<sup>&</sup>lt;sup>142</sup> Ibid.

Ferro never lets the couple escape, heal, or decline any further. The narrative frustrates the reader's expectation of either redemption or "inexorable decline." The family they tried to make does not work. Clare flees before we can see how the alternative narrative originally offered might progress. It is unclear if the end— Jonathon and Bobby's reunion as they care for a deteriorating Erich—is meant to elicit hope or despair. But, as Jones argues, the very frustration of these narratives thereby "deprives AIDS its power to define reality."<sup>143</sup> The necessity of linear "progression," both in literature and disease, is thus scrutinized. Russo noted in his journal when Ferro's lover, the author Michael Grumley, died "nobody knew either of them was sick." "They kept it a secret," he explained, "because they were worried about publishers reactions and apparently not without reason. It's a real issue if a publisher thinks you might not finish a book."<sup>144</sup> Ferro's resistance to naming the disease—thereby accepting the conventional narrative of "inevitable decline"—was simultaneously present in his own life. Like Bradley Ball, Ferro wanted "out" of the standard AIDS narratives that stifled both him and his subjects.

Even in questioning the standard narratives, then, these writers maintained the centrality of AIDS in their stories. They did not simply ignore the disease, as some of their critics suggested, but redefined it. John notes for example, in final moments of Peck's work, the mixture of hope and doubt he has for himself in writing:

Nothing I know tells me that life can be any different from this, nothing except for the experience of these last few months, when there have been no high points, no polar opposites, no extremes of emotion, and it's as if I've ceased to exist. Everything tells me that if I want to survive I have to find a middle ground, a place where I can stand and

<sup>&</sup>lt;sup>143</sup> Clum, "Refusing the Name," 234.

<sup>&</sup>lt;sup>144</sup> Russo, journal entry, April 28, 1988.

not feel as if on one side a sea rages to consume me and on the other side a vast open prairie waits deceptively to engulf me in immense emptiness. I don't know what the place is I'm looking for, I know what it's not, and it's not that, it's not all or nothing. It's something, but it's not that.<sup>145</sup>

"The power of words" itself was not lost. But Peck raises the possibility for creating new words, new narratives entirely. Representations of AIDS in gay American literature were recognized as insubstantial for the emerging hope of survival many people with AIDS developed throughout the 1980's. The language and representation of AIDS words themselves had to be reinvented for a new decade of the epidemic, and generation of gay men. Gay male writers thus impelled their literature to create a new language and narrative of AIDS that would better suit the interests of their gay men—both as authors and literature subjects themselves. What this new language would be, however, was questioned itself by the discursive form of these works. By inverting standard narratives of reconciliation and physiological decline, these works asked if the person with AIDS can only truly be fully rehabilitated by being once again sexually and romantically incorporated into the world of the "healthy."

In his application for a Guggenheim fellowship application, Robin Hardy wrote that "fiction comprises the 'dreaming' of America." Gay men were now having new dreams that no longer obeyed their fictions. "As civilization enters the postmodern era," he concluded, "I argue that the need for new mythologies to express the anomie and alienation of contemporary American myths cannot be met by old European myths, or these we have inherited from antiquity."<sup>146</sup> But how would such

<sup>&</sup>lt;sup>145</sup> Originally in italics. Peck, Martin and John, 228.

<sup>&</sup>lt;sup>146</sup> Robin Hardy, "Statement of Plans for Guggenheim Application," 3. Robin Hardy papers, Box 14, Folder 1: "Writings—The Crisis of Desire—Research file—"workfiles," NYPL.

myths be created? Such a question leads us into the subject of my final discussion, the place of AIDS in the culture of gay memory.

## A Window Onto A World That Died: AIDS and the Culture of Gay Memory

"Only the virus endures, no longer a crisis, but lingering like Muzak in the background at ghetto parades, in communities narcotized with red ribbons, busy with sentimental notions and symbolic observations that conceal the evidence of the continuing slaughter we rush to leave behind. They sing: AIDS is over. Gay men lost."

Robin Hardy, The Crisis of Desire

"[When we talk about gay marriage,] we're talking about taking the penis of one man and putting it in the rectum of another man and wiggling it around in excrement. And I had to think...I'm not sure...would I allow that to be done to me? All of us that could happen to...would you let that happen to you? Is that normal? Is that something that we want to portray as the same as the one-flesh union between a man and a woman? I don't know...then I started to think that when we were having the testimony, people were saying...it was brought up that this would be brought into the schools. And people were saying no, no, that won't happen, that won't happen. Now I heard yesterday from a mother that in fifth grade in Nashua they were given pictures of two men showing presentations of anal sex. [...] Because we have now made marriage of the same sex, they are now teaching it in the public schools. They are showing our fifth graders how they can actually perform this kind of sex. And they are condoning [anal intercourse]. They are saying this is normal, that this is something you [...], as a fifth grader, may want to try. I see it as a real problem to our society. I see it as a real affront to our citizens that their children are subjected to this. And so I think it is important that we revisit what we did. We made a mistake, we should repeal it."<sup>2</sup>

New Hampshire State Representative Nancy Elliot during an Executive Session on the 2009 bill to legalize same-sex marriage in the state.

Midway through Christopher Bram's 1989 novel In Memory of Angel Clare,

Michael, the protagonist, takes a group of men out to dinner and several gay clubs

using money left to him by his deceased partner, Clarence. Significantly younger than

his lover, Michael appreciates the odd turn of events that suddenly leave him as the

more jaded, older gay men relative to the rest of the group. He jokes that he is now

<sup>&</sup>lt;sup>1</sup> Hardy, *The Crisis of Desire*, 2-3.

<sup>&</sup>lt;sup>2</sup> "Nancy Elliott, Anti-Gay Lawmaker, Describes Anal Sex During Public Hearing: 'Wriggling' Around 'In Excrement,'" February 12, 2010. Accessed March 20, 2011,

http://www.huffingtonpost.com/2010/02/12/nancy-elliott-anti-gay-ne\_n\_460544.html

their "sugar daddy" and spends over five hundred dollars at dinner to impress them. As they begin to head downtown for the night, he drunkenly relishes the impermanence of his new position: "a large sum of money with no future and no past was intoxicating."<sup>3</sup>

In Memory of Angel Clare tells a story of Michael's relationship with Clarence and his incomplete emergence into a gay community. After meeting briefly on the train during his senior year at Columbia University, Michael slowly comes to realize his nascent homosexual desires. Clarence, in turn, is hesitant to start a relationship with a man so much younger than he, but is eventually persuaded to do so by Michael's persistence. Michael moves in with him and begins to learn the nuances of gay life in New York City. Clarence introduces Michael to his friends, takes him to gay bars and clubs, shows him the gay geography and culture of their home.

Then, in a matter of months, Clarence gets sick and dies. Michael is left with a group of Clarence's friends—a lesbian couple (Laurie and Carla) and Clarence's best friend and previous sexual partner, Jack—people who do not particularly like him and want him to leave Clarence's apartment.<sup>4</sup> Estranged from his parents after telling them he was gay, Michael assumes a sort of childish relationship with these three queers from an older generation, a connection that they are eager to sever. With his primary link to gay community suddenly revoked, he is unsure how to proceed. "The

<sup>&</sup>lt;sup>3</sup> Christopher Bram, In Memory of Angel Clare: A Novel (New York: D.I. Fine, 1989), 154.

<sup>&</sup>lt;sup>4</sup> Ibid., 103.

only thing off about Michael," one of their other friends says at one point as they discuss his situation, "is that he's got no gay identity."<sup>5</sup>

After several fights that culminate in a botched suicide, Michael is eventually taken under Jack's wing. The possibility of a romantic or sexual relationship is implicit, but he and Jack both agree that "it's not a high priority."<sup>6</sup> Different from his relationship with Laurie and Carla—whose attempts to support and console Michael, even they admit, simply "fail" (a detail that angered lesbian readers)—Jack can offer Michael a relationship that is both paternalistically nurturing as well as emotionally and sexually rehabilitative. Such then has the unique potential to reintegrate him into the gay community.

The novel offers an allegory that illustrates an essential tension in the history of AIDS for gay men even before the possibility of the epidemic's end appeared feasible. In a review of the novel, Edward Shiffer explained that Bram "finds a way to dramatize an essential truth about AIDS: that it makes an utter discontinuity in the history of gay identity." He continued, "because it attempts to heal that discontinuity, *In Memory of Angel Clare* proves to be an optimistic book, ultimately concerned with community and mentoring, not loneliness and death. Gay fiction would seem to have found life after AIDS."<sup>7</sup> He might as well have written "gay men" instead of "gay fiction," for his praise for this book hinged on this very hope.

Bram's work is emblematic of a larger cultural project on which myriad elements of a newly formulated community of post-epidemic queers embarked—that

<sup>&</sup>lt;sup>5</sup> Ibid., 217.

<sup>&</sup>lt;sup>6</sup> Ibid., 285.

<sup>&</sup>lt;sup>7</sup> Book Review by Ed Schiffer, David Feinberg Papers, Box 13, Folder: "*Eighty-Sixed*: reviews, publicity, etc," NYPL.

of processing and transmitting a new type of communal memory and identity based on their experiences with AIDS, experiences that substantially altered that same community and identity. "For the first time in history," Robin Hardy argued in the manuscript for his unfinished work *The Crisis of Desire*, "one generation of gay activists has been able to pass the torch onto the next." But he felt that, in the absence of so many members of that community, it was only through the articulation and transmission of memory that the torch could be passed. As Hardy wrote in his research proposal for *The Crisis of Desire*: "this is a window onto a world that died."<sup>8</sup> What risked erasure was an entire shadow government that was not yet fully recognized:

... we have created our community centers, and our own 'state institutions' to collect our archives, show our painting[s] and sculpture[s], recognize and award our writers and memorialize our dead. We raise tens of millions of dollars within the community. [taxation=voluntary tithing, through fundraising and donations]. Our national holiday is held at the end of June each year [gay pride month]. We have engendered new forms of spirituality, and new religious organizations. Gay street patrols serve as our own police force to protect us from gay bashing, and with civil disobedience training, zaps and mass demonstrations, we have formed civil defense armies; through computer bulletins, newspapers, magazines and through academic institutes at prestigious universities, we develop theory; through the Community Research Initiatives. [W]e have taken over scientific testing and research, and through extensive underground networks we smuggle forbidden pharmaceuticals, and prescribe through our own doctors (accredited in secret by underground community panels) what we decide may save our lives. And now, there is talk that someday, gay communities will constitute a 'judicial' organization to examine 'war crimes' committed by bureaucrats, officials and some scientists in the past eight years—just as the Vietnam War was put on trial in Sweden.

Through these activities, gay men and lesbians have created a militant parallel government in many ways equivalent to the shadow

<sup>&</sup>lt;sup>8</sup> Robin Hardy, Research Proposal: "The Landscape of Desire," 1. Robin Hardy Papers, Box 13, Folder 2, "Writings—The Crisis of Desire—R Hardy's file. The Landscape of Desire—Original book proofread+early typescripted drafts."

government created by Zionists in Palestine before 1949, and by Palestinians on the West Bank and Gaza now. This is what, in their pride and enthusiasm, the young activists in ACT UP call "The Gay Nation."<sup>9</sup>

This interpretation of gay American history was in no way unique to Hardy, but it is interesting to note his reason for fixating on this empowering historical narrative. The trajectory of gay men's unstoppable progress, a feature he saw as intrinsic to their identity, could be preserved as a feature of common memory. For this "transfer of power and influence" to be successful, he warns, "required the evolution of a community *consciousness*." But because they exist "in a nexus of biological, ethnic, and religious bonding," he fears that America's heterosexual mainstream "may have difficulty appreciating [such an] an extraordinarily significant accomplishment in the history of gay liberation," a moment that he sees as the "the greatest single triumph of the post-Stonewall era."<sup>10</sup>

#### "Born Among The Dead": Post-AIDS Gay Identities

Hardy's anxiety here is also useful to consider as a point of transition in the AIDS epidemic. "Epidemics," Charles Rosenberg argues, "end with a whimper, not a bang. Susceptible individuals flee, die, recover, and incidence of the disease gradually declines."<sup>11</sup> Rosenberg wrote this article in the spring of 1989 when the first round of anti-retrovirals (predominantly AZT) were being released to a wider audience of PWAs desperate for new medical solutions. While AZT itself was especially toxic and hazardous as a treatment strategy, particularly in the doses that doctors initially used, the very existence of a drug regimen that targeted (or was thought to target) the

<sup>&</sup>lt;sup>9</sup> Robin Hardy, notes with comments by David Groff, 7-8. Robin Hardy Papers, Box 14, Folder 1.

<sup>&</sup>lt;sup>10</sup>Hardy, Notes, p. 6.

<sup>&</sup>lt;sup>11</sup> Rosenberg, "What Is an Epidemic?," 8-9.

disease with the same precision with which the disease itself seemed to target people was taken by many as presaging an end to AIDS altogether.<sup>12</sup>

Changes have happened, but not as neatly as Rosenberg's model would suppose. People have not so much "recovered" from AIDS as they have become capable of keeping the virus at bay through a delicate and expensive balancing act of medication and immune support. A 2008 episode of the television show *South Park* lampooned this optimism when two of the show's main characters are able to seroconvert back to being HIV-negative after realizing that Magic Johnson has stayed so healthy because he sleeps atop a giant pile of his money. "Scientists have just discovered a cure for AIDS," a newscaster excitedly reports, "about 180,000 dollars shot directly into the bloodstream!"<sup>13</sup>

William Johnston remarks on Rosenberg's thesis that "one cannot always expect epidemics to follow the form of a conventionally structured play, to follow 'a predictable narrative sequence.' They may more closely resemble *Waiting For Godot* than *Macbeth*."<sup>14</sup> A shift in focus for both the identification of the disease and the identity of people with AIDS is then required. "Incidence of the disease" did not necessarily decline. But as Eric Rofes argues, "death, departure, and diversification

<sup>&</sup>lt;sup>12</sup> The overreliance on AZT, for many men in the gay community, gave new credence to a multifactorial theory. In the "one-bug, one-drug" model encouraged by most research facilities and drug manufacturerers, an aggressive treatment with something like AZT that focused entirely on inhibiting the progress of the HIV virus was the best possible solution. AZT, however, was incredibly toxic and often destroyed men's already fragile immune systems entirely. By emphasizing immune support more broadly, then, Sonnabend's theories were later reevaluated. When AZT was first released, however, he was demonized for not prescribing it as readily as other physicians—he recalls in his interview with *POZ* that several of his patients sued him for malpractice for not giving them AZT. Strub, "The Good Doctor," 85, 108. For a more thorogh account of AZT's development and controversy, see Epstein, *Impure Science*, 181-207, 35-64.

<sup>&</sup>lt;sup>13</sup> Trey Parker, "Tonsil Trouble," in *South Park*, ed. Trey Parker, South Park (USA: Comedy Central, 2008).

<sup>&</sup>lt;sup>14</sup> Johnston, *The Modern Epidemic*, 11.

[of gay communities] create[d] new epidemic events."<sup>15</sup> As AIDS ravaged the gay community, a new generation and a new community was also being "born," in Christopher Bram's words, "among the dead."<sup>16</sup>

What were these new epidemic events, and how were they reframed for the new gay communities? A full answer to this question is the topic for another thesis entirely. As I suggested in my introduction, many gay writers have embarked on new projects that endeavor to make sense of AIDS in precisely this context. The disease itself, gay men began to say in the late 1980's and early nineties, was not "over," but the "crisis" itself was.<sup>17</sup> But this created a new crisis entirely, what Steven Schwartzberg calls a "crisis of meaning" as gay men searched for "ways to live meaningfully [as opposed to die unquestioningly] amid HIV and AIDS."<sup>18</sup> "The epidemic has only been identified for eight years," Vito Russo wrote in the summer of 1989, "moving towards a decade which has seemed like both a lifetime and the blink of history's eye." The "crisis" had certainly not ended for Russo; he was struggling with the illness that would take his life the following year. But even so, he wrote that, "this is a time of retrospective thinking," he wrote, "Of nostalgia for who we all were once, twenty years ago." Relating back to gay liberation, he added, "somehow I do believe we succeeded in changing the world—that some of us did what we did in order to leave a legacy of freedom from fear—from the necessity to hide and feel guilty and lead double lives."<sup>19</sup> This type of "retrospective thinking"

<sup>&</sup>lt;sup>15</sup> Eric E. Rofes, *Dry Bones Breathe: Gay Men Creating Post-AIDS Identities and Cultures* (New York: Haworth Press, 1998), 74-75.

<sup>&</sup>lt;sup>16</sup> Bram, In Memory of Angel Clare: A Novel, 80.

<sup>&</sup>lt;sup>17</sup> Rofes, Dry Bones Breathe, 74-85.

<sup>&</sup>lt;sup>18</sup> Steven Schwartzberg, *A Crisis of Meaning: How Gay Men Are Making Sense of AIDS* (New York: Oxford University Press, 1996), vii.

<sup>&</sup>lt;sup>19</sup> Russo, Journal Entry, June 2, 1989.

implied a reevaluation not only of gay identity—that had been undertaken since before the epidemic began—but also of the relationship of AIDS to that identity. Gay activists and writers began to realize the totality AIDS had assumed in gay life.

This realization produced divergent reactions within gay culture. In the first place, gay men feared that AIDS activism, having become progressively more inclusive as political activism and scientific knowledge progressed, was neglecting gay men as its primary constituency. While they argued for a stronger identification of AIDS with gay men, other men, in contrast, feared that the disease had come to eclipse gay male culture entirely, effacing any aspects of sexuality, identity, and community that did not converge meaningfully with it. As they did during the AIDS crisis itself, these new cultural logics implied mutually exclusive and oppositional views of gay male sexuality and identity.

"AIDS IS A GAY DISEASE!" Michael Callen exclaimed in 1989 in an often quoted article for the *People With AIDS Coalition Newsline*. "There. I said it. And I believe it. If I hear one more time that AIDS is not a gay disease, I shall vomit." If nothing else, he concluded, the original identification of the disease with gay men could be continued simply because of the sheer number of gay men effected relative to other groups: "AIDS is a gay disease because a lot of gay men get AIDS."<sup>20</sup>

AIDS activism, however, had become more expansive as the decade progressed, involving prisoners, children, women and heterosexuals. The new umbrella of "queer" activism that extended a social justice agenda to these other groups did not seem threatening to gay men at first. The desperation of the crisis and

<sup>&</sup>lt;sup>20</sup> Michael Callen, "AIDS is a gay disease!", PWA Coalition Newsline, March 1989, 42.

the promise of more confrontational politics attracted many gay men who felt impotent and continually unrecognize in earlier avenues of gay politics. Deborah Gould writes that ACT UP "gave birth to a new *queer* generation that shook up straight and gay establishments with defiant, sex radical politics."<sup>21</sup> A member of this new generation of activists, Gould interprets the history of early AIDS activism prior to ACT UP's formation as tending towards moderation and conformity with the "sacred center" of the heterosexual social order.<sup>22</sup> When the organization first emerged in 1987 in New York City, the promise of the new "queer generation" was incredible. Diverse identities and communities were all (in theory and also, it began to seem, in practice) given a voice and place at the table. Bradley Ball wrote to his boyfriend in May of that year: "I have encountered *community*. Last year I'd have sneered at every single sentiment expressed in this letter but, then again, I was in the business of sneering at any sentiment."<sup>23</sup>

Whether it was because of biological reality, scientific uncertainty, or political obstruction, however, these radical politics did not translate readily or immediately into a cure or a dissolution of the AIDS crisis. Ball himself would become disillusioned with his former idealism as his own illness progressed and his depression worsened once again. Gay leaders continued to die well into the 1990s. Hardy then became similarly concerned with the direction of AIDS activism and its relationship to the liberationist tradition in which gay men were invested historically, politically, and sexually. In a 1991 article written for the *Voice*, he accused ACT UP, and AIDS activism more generally, of "abandoning gay men" because they adopted a

<sup>&</sup>lt;sup>21</sup> Gould, *Moving Politics*, 7.

<sup>&</sup>lt;sup>22</sup> —, "The Shame of Gay Pride in Early AIDS Activism," 226.

<sup>&</sup>lt;sup>23</sup> Bradley Ball, Letter to Donald Luxton, May 14, 1987. Bradley Ball papers, Box 1, Folder 3.

distinctive political stance that ignored the characteristics of the larger community that had been (to some) primarily affected by the disease. "It's still only the gay community that has a sense of urgency about AIDS," he argued vehemently. "And despite a few brave exceptions at ACT UP meetings, it's the gay community that supplies the front-line troops needed for direct action." ACT UP, Hardy lamented, had failed to "ground its politics in the identity of 98 percent of its members" which thereby "diverted it from goals which are critical to gay men. As ACT UP embraces the politics of inclusion," he warned, "it cuts itself off from the community which has provided the core of its tactics, theory, membership, and funding."<sup>24</sup>

Deborah Gould argues that the severity of the crisis itself and the ensuing desperation of communities effected by AIDS ultimately produced a "scarcity mentality" in the political climate of the group. "A focus on one issue or on one population [then] seemed to come at the expense of other people with AIDS, or at least could be read that way."<sup>25</sup> Different factions of ACT UP therefore experienced a profound sense of betrayal. In Hardy's emotional writing, the diversity of ACT-UP that had originally been celebrated was now coming back to haunt gay men:

despite the rejection of a gay activist identity, AIDS activism is held to include *all* other issues of sexism, racism and ableism in an attempt at progressive purity that borders on fascism. At meetings, people of color traipse to the podium in Stalinist-like tribunals to spend half an hour denouncing a white coordinator for being racist, and when their target is finally given a chance at clarification, apparently he was misquoted by the press.

Lesbians attack gay white men as 'elitist' if they so much as mention the fact that artists are dying of AIDS, despite the fact that [the] vast majority of dead gay artists were talented, impoverished, unrecognized and lack health care. Thus the allies gay men so

<sup>&</sup>lt;sup>24</sup> Robin Hardy, "Die Harder: AIDS Activism is Abandoning Gay Men," *The Village Voice*, July 2, 1991, 33.

<sup>&</sup>lt;sup>25</sup> Gould, *Moving Politics*, 353-54, 81.

desperately need in this holocaust deny the gay male experience as much as society at large does, sacrificing it to the tenets of a spurious political orthodoxy.

AIDS activism, as the title of this provisional writing suggests, was becoming a "new closet" for gay men.<sup>26</sup> Yet even in his dissent from the dominant coalition-based sexual politics of the era, he appropriated a long-ago feminist logic, and its connections to early gay liberation, by using the slogan "the personal is political" to defend gay men's identification with AIDS:

The central idea of our age that launched the gay liberation movement came also to embrace the crisis of AIDS; the personal is political. Empowerment means a partnership with healthcare providers, not being the passive recipient of hermetic treatments devised in Hell; the right to one's body includes the right to determine treatment, and even the choice to terminate one's own life. In these ways, and with an appalling cost in blood and bone, the intersection of HIV and gay men has changed our society forever.<sup>27</sup>

He then extended Callen's original claim to suggest that AIDS is "a gay disease not just by dint of numbers or because of the successes of gay communities in stemming the tide of infection, caring for the sick in the face of widespread social stigma, and fast-tracking new therapies despite brutal bureaucratic indifference. The disease, he felt, "threatens and destroys our rituals and relationships, the choices of how we bond to one another, and the ways in which we love and are loved." AIDS, he concluded, was therefore "very much a gay disease, existentially as well as physically."<sup>28</sup> While Callen and Berkowitz had originally asked men to imagine new ways in which "love becomes possible," Hardy now recognized that other forms of love, love that

<sup>&</sup>lt;sup>26</sup> Hardy, "Outing ACT UP: Is AIDS Activism the New Closet?," 12. Box 14, Folder 8.

<sup>&</sup>lt;sup>27</sup> Hardy, draft of proposal sent to Greenburger association, p. 8. Box 15, folder "miscellaneous."

<sup>&</sup>lt;sup>28</sup> "Outing ACT UP," 5-7.

previously was so meaningful because of its particularity to gay men alone, were now impossible.

This was embodied most dramatically for Hardy with the removal of the pink triangle from ACT UP's banner. Itself a re-appropriation of a stigmatizing demarcation used during the Holocaust to label homosexuals, Hardy saw in this act a loss of a sense of gay history's *longue duree*. "Apparently," he ended his article in the *Village Voice*, "AIDS activism can be as lethal as the virus in eradicating gay history."<sup>29</sup>

Why were gay men like Hardy suddenly trying to claim AIDS as their own? Rather than capitulating to homophobia, the health crisis's identification of a "gay disease" had created for many liberationists a new justification for openness and visibility. In his 1993 book *Safety in Numbers*, Edward King takes issue with the new safer-sex term "Men Who Have Sex With Men" (MWHSWM, later simply MSM), a phrase that he saw as alienating to men who actually identified as gay. MWHSM, King argues, is "not a term of self-identification, but rather a pseudo-scientific classification applied by others to homosexually active men." It was only invented, he feared, to accrue resources that were still being denied to solely gay institutions.<sup>30</sup>

Public health work that aimed at political neutrality or social inclusion was thus perceived as replicating larger social patterns of gay shame. "A valid aim of HIV education," he concludes, would be to "help so-called 'men who have sex with men' develop a confidant gay identity." Instead, he feared, "'MWHSWM' focuses exclusively and mechanistically on their sexual activity, and then simply labels them

<sup>&</sup>lt;sup>29</sup> Hardy, "Die Harder," 34.

<sup>&</sup>lt;sup>30</sup> Edward King, Safety in Numbers: Safer Sex and Gay Men (London: New York, 1993), 204.

with a term around which they are highly unlikely to mobilize.<sup>331</sup> Gay identity, in a logic that continued the liberationist strain that had earlier shaped the safer sex movement, was ultimately deemed the true rehabilitative factor that saved gay men. It then became a standard which all allegedly homosexual men, now in the interest of public health, ought to meet.<sup>32</sup> New AIDS politics, by betraying this logic of identity, risked regressing both in terms of public health and gay liberation. As Lee Edelman warned in an essay from the same year, "AIDS activist identity [was] being formed, to be sure, both for and by, but also, I think, in some way, *at the expense* of gay men."<sup>33</sup>

# Writing History into Pornography: *Gay Sex and Gay Shame, Then and Now*

This brings me to the second strain present in post-AIDS gay communities, which addresses the effects of their sexual cultures more directly. While Edelman's argument can be read as apprehensive, similarly to those of King and Hardy, another implication of his point is that there was more to gay identity than AIDS. The ubiquitous and inescapable fear of the crisis had made gay men forget that. In his study of HIV-negative men in this transitional period *In The Shadow of the Epidemic*, the psychologist Walt Odets argues that "AIDS [had] come to so completely characterize what it [meant] to be gay" that seronegative men began to be effaced

<sup>32</sup> Dennis Altman describes a similar situation on a political level that he calls "legitimation through disaster." Gay politics, Altman argues, forced the American government "to recognize [gay] organizationsthey had previously ignored, and this has resulted in strengthened gay organizations, often with the help of state resources. Ironically, the conservative Reagan administration has had more contact with organized gay roups than any of its predecessors, largely because of AIDS." Government incorporation of social movements, however, was questionable as a form of "legitimation," which was part of the reason why more confrontational politics arose in the first place. Dennis Altman, "Legitimation through Disaster: AIDS and the Gay Movement," in *AIDS: The Burdens of History*, ed. Elizabeth Fee and Daniel M. Fox (Berkley: University of California Press, 1988), 302.

<sup>&</sup>lt;sup>31</sup> Ibid., 205.

<sup>&</sup>lt;sup>33</sup> Edelman, "The Mirror and the Tank," 24.

from the new community formed in the 1980's.<sup>34</sup> HIV/AIDS supplanted traditional parts of gay identity because, Odets argues, it was easier for gay men to externalize in relationship to their communities than more problematic questions of their sexuality. "Disease allows one to have something rather than be in it," he suggests.

The disease was understandably scrutinized as the sole basis for community and identity formation. Eric Rofes argues that "except in the narrowest intellectual sense," most gay men "who are currently out and involved in gay community life do not personally understand or emotionally experience AIDS as a simple, discrete crisis."<sup>35</sup> Writing of the second decade of AIDS, he concludes that the "AIDS related ties that bind us together," compared to the emotional fervor of gay politics and AIDS activism during the crisis, are now "quite different and more fragile."<sup>36</sup> Just as a later gay male literature expressed the need for new narratives and mythologies, so gay men became "focused on inventing post-AIDS identities and forging cultures under rapidly evolving epidemic conditions."<sup>37</sup>

The crisis, through "deperature and diversification," therefore not only created new "epidemic events," but new gay communities and geographies. The exodus of many men during the health crisis from the urban centers and public spaces that had fostered modern gay identity, Rofes argues, was particulary salient.<sup>38</sup> The dynamics of urban geography that originally appeared intrinsic to the emergence of gay liberation had been redefined by many men, as they were by public health authorities,

<sup>&</sup>lt;sup>34</sup> Odets, In the Shadow of the Epidemic, 103.

<sup>&</sup>lt;sup>35</sup> Rofes, Dry Bones Breathe, 75.

<sup>&</sup>lt;sup>36</sup> Ibid., 80.

<sup>&</sup>lt;sup>37</sup> Ibid., 82.

<sup>&</sup>lt;sup>38</sup> Ibid., 81.

as breeding grounds for disease and symbols of homosexuality's modern excess and decay.

Weston argues that the myth of urban migration established the geographical parameters of that "gay imaginary." But the sudden exclusion from that space by fear, infection, and public health departments then appeared to burst the gay imaginary asunder. In his introduction to *The Crisis of Desire*, David Groff addresses this in terms of Hardy's death due to a hiking accident:

Robin Hardy may have fallen to his death, but he also did die of AIDS. What led him to the edge of that ravine was, for want of a better word, fate—fate being some mechanism of luck and a choice, some combination of shoe leather and pressure on the sand beneath it. Surely AIDS is a part of that fate. AIDS caused Robin to retreat to Tuscon [...]. AIDS made Robin hurry.

The marginalization of previous gay social forms was then as insidious as the virus itself. "He died *with* AIDS," Groff ends. "His death summons his theme: the premature loss of gay men."<sup>39</sup>

But, as Weston argument implies, it was not the "loss of the gay men," but the loss of the gay imaginary's internal coherence that was at stake. Displaced from the destinations for urban migration deemed so important to their history, culture, and sexuality, communities were nevertheless re-imagined. As Hardy argues in another draft proposal for his project that describes the contentious return of public-sex spaces in urban centers: "gay men have survived as a community, and the return of sexuality is a symptom of that."<sup>40</sup> A sense of commonality in identity and cultural fluency, he suggests, had survived the trauma of the AIDS crisis. A precise definition of what that

<sup>&</sup>lt;sup>39</sup> Hardy, *The Crisis of Desire*, xxxiii.

<sup>&</sup>lt;sup>40</sup> Hardy, "There Are No Bonds Except The Flesh," 3. Robin Hardy Papers, Box 14, Folder 6.

community was and how it had changed, however, remained to be seen. In many ways, it is still in formation.

I asked in my introduction if history could ever be pornographic. I can now finally respond with another question: can pornography be historical? Subcultural sexual responses to the "community of practice" produced by the AIDS crisis reveal the parameters of these post-AIDS identities. For Hardy, AIDS was so threatening because it precluded the sexual mode of cultural and generational transmission that was integral to gay men. Recalling a lecture given by Douglas Crimp entitled "Mourning and Militancy," Hardy wrote

In his talk, Crimp told us that he had heard a young man, one who came out after AIDS arrived, say, "I'd give anything to know what cum tastes like—somebody else's, that is." "That broke my heart, for two different reasons," Crimp said. "For him, because he didn't know; for me, because I do."

One generation mourns. Another years. Both generations have decisions to make, based on nostalgia, longing, and hunger. All men take risks based on the intricacies of their own characters. A Stonewall veteran hearing from a young man, "Have you ever been to the baths?" or "What exactly was the Castro clone look? It involved mustaches, right?" could be amused were the questions not so poignant in the context of a generation gone, from a speaker so innocent of experience.<sup>41</sup>

As disease was transmitted through its physical communicability, so was a larger gay American historical tradition. In this passage, Hardy was attempting to demonstrate how, given intense abjection of gay men's historical experience, diverse cultural pathways were utilized to disseminate values and information. He feared that this corporeal continuity had been forgotten as gay men began to make decisive steps into the public and political spheres in the decade following the emergence of AIDS. "The role of communal sex in saving lives," he wrote in a June 1990 article for the *Village* 

<sup>&</sup>lt;sup>41</sup> Hardy, *The Crisis of Desire*, 114.

*Voice*, "appears to be beyond the grasp of politicians and bureaucrats." It was first in discreet public sex spaces, he argued, that a modern gay identity was positively established for men.

Discreet sexual interactions that appropriated "public space denied to homosexuals in homes, colleges [and other places] where heterosexuals can readily meet" were the first building blocks of the shadow government that would lead to a new "Gay Nation." The difference between "safe sex" and "acceptable behavior" was more clearly established in these communal sexual subcultures, he argued, by "promiscuous gay men committed to safer sex" who in turn "became role models for slow learners [while] sex parties became forums for safer practices." This was because, he argued, "men were already used to sexual experimentation. Adding a condom to the routine—or exhibitionism, phone sex, frottage—were practices gay men could easily incorporate."<sup>42</sup>

While he argues that gay culture could continue despite the perpetual presence of AIDS, Hardy thus defended this sexuality by contextualizing it within the rubric of safer sex. But as Odets and Dean's work show, the hegemonic effect of safe sex within gay communities appeared to many men as a perpetuation of their identification with AIDS. This encapsulated gay communities entirely in terms of the disease, excluding any cultural elements deemed excessively (or dangerously) indifferent to it. Safe sex, Odets argues, became both the "focal symbol" and the "moral posture" of many gay communities because it gave them a rare opportunity to appear respectable, even piously selfless, to heterosexual America. But ultimately

<sup>&</sup>lt;sup>42</sup>Robin Hardy, "Daring To Have Unsafe Sex," *Village Voice*, June 26, 1990. Robin Hardy Papers, Box 11, Folder 18: "Writings—Clippings: Village Voice."

such a sexual ethic "landed on the 'democratic' idea that the only permissible sex is the kind that *anyone* can have with *anyone*."<sup>43</sup> Rephrased in a public health lexicon, unsafe sex was then seen as a "relapse" into a pre-AIDS mentality. It is hard to overstate the power of this logic; even as I write this I am unable to come up with a descriptive language for sex that does not participate in the idea of "unsafe sex." When centralized, Odets observes, the concept "categorically dismisses an entire class of important behaviors because they are dangerous," consigning the men who participate in such forms of sex to a "pathological fringe."<sup>44</sup>

In a greater historical context, we may instead interpret such marginalized acts, communities, and identities, as promoting an alternative conception of gay history and future. Tim Dean's analysis of the bareback porn film *Meat Rack* (the title references the outdoor cruising space of the Fire Island pines, historically a space for public sex during gay liberation), for example, mirrors the conclusions that Hardy and Preston had drawn from other sexual moments and spaces:

By juxtaposing shots of Dawson's anal breeding with shots of traces left in the 'meat rack' some years prior, this scene evokes not only the presence of men who cruised the pines and might return next summer but also the ghosts of those lost to AIDS who will never return in person. Evoking spectral presences in this way creates a sense of history, suggesting that the wooded area in which the sex occurs constitutes not simply a bucolic natural setting but also an intensely historical landscape, a place where memories of previous generations linger. Connecting with a leather daddy and a tattooed punk in the woods, our youthful protagonist may be accessing through sex a connection with gay history and community, even as he differentiates his actions from those of 'safe-sex' cruising. The framing of these scenes intimates the continuity of an erotic tradition that necessarily exceeds any individuals who might participate in it. Although the sex that transpires from cruising in such settings is usually impersonal (although not anonymous in this case), the scene has been shot in a

<sup>&</sup>lt;sup>43</sup> Odets, In the Shadow of the Epidemic, 180; 84.

<sup>&</sup>lt;sup>44</sup> Ibid., 189; 204.

way that illuminates what this impersonality consists of: the casual sexual encounter provides an opportunity for connecting with a mostly invisible erotic tradition peopled by generations of what might be thought of as tribal ancestors.<sup>45</sup>

Barebacking, the practice of having sex without condoms, is a particularly controversial sexual phenomenon that is almost universally condemned outside of the subculture itself. "On the basis of viral transmission alone," Dean writes, gay men discovered they could "form relations and networks understood in terms of kinship networks—networks that represent and alternative to, even as they often resemble, normative heterosexual relationships."<sup>46</sup>

I do not want to defend or critique barebacking itself, or Dean's moral evaluation of it, but simply compare the viewpoint promoted and cherished in barebacking subcultures with previous gay communities. The overpowering emphasis on condom usage, Odets notes, has told gay men, even if they are HIV-negative, to "behave as if they were infected."<sup>47</sup> As I have shown throughout this thesis, infection without a knowable cure implies a narrative of "inexorable decline." Barebacking therefore directly "disentangle[s] seropositivity from illness and death," thereby "revising [this] narrative's dénouement."<sup>48</sup>

<sup>&</sup>lt;sup>45</sup> Dean, Unlimited Intimacy, 174.

<sup>&</sup>lt;sup>46</sup> Ibid., x.

<sup>&</sup>lt;sup>47</sup> Odets, In the Shadow of the Epidemic, 184.

<sup>&</sup>lt;sup>48</sup> Dean concedes that "the predictable development from HIV infection to AIDS and death has been contested, but less so the inevitability of gay men's seroconversion." In the case of "bug-chasing" (deliberately having unprotected intercourse) and "gift-giving" (transmitting semen or other bodily fluids infected with HIV to an uninfected individual), seroconversion is the purpose of sex. But the resultant conception of "risk" is not wholly logical. "By embracing risk one eliminates risk in the tautological sense that seroconversion alleviates the perpetual worry about HIV infection [...]. Paradoxically barebacking subculture institutionalize risk as a permanent condition of existence, embracing and eroticizing it, while promulgating the idea that seroconversion renders moot one particular risk." Dean, *Unlimited Intimacy*, 68-69.

Leo Bersani argues in *Intimacies* that while barebacking "may be [...] a central and defining activity, I'm not sure that it qualifies as a cultural heritage that is our duty to pass on to future generations."<sup>49</sup> But even in dismissing the cultural logic of barebacking itself, Bersani again underlines the place of disease, and thus the place of sex, for gay men as they move past this period of crisis that reified their problematic sexuality. Dean reminds us of a very basic, but important, point: it is only in the presence of HIV/AIDS that these acts coalesce into a comprehensive identity. Only in the logic of epidemiology (and other putitive measures) can the sexualization of sex acts themselves be so problematic. Barebacking may not "reclaim" gay sex as ideologically as Dean suggests, but by "relegating epidemiological concerns to secondary status," it establishes a continuity with the pre-AIDS gay community.<sup>50</sup>

#### Suggestions for Further Research

Whether or not one agrees with the effectiveness of this cultural logic, part of what has made Dean's work so troubling to its readers is the way that it confronts one, again, with the principle of empathy. The social and political space available for sexuality to emerge into scholarship is illustrative of a particular cultural logic, and potentially, of an aspect of sexuality itself. This is not to say that historical focus ought to be on sex acts alone: it must be on the practices, fears, hopes and cultural expectations that produce sex. As I demonstrated in my first two chapters, the sexual aspects of AIDS discourses that fall outside politics or medicine have been overlooked or obscured by the emphasis on broad based social movements and politics. If we consider them more fully we may move beyond the simple "common

<sup>&</sup>lt;sup>49</sup> Leo Bersani and Adam Phillips, *Intimacies* (University of Chicago Press, 2008), 47.

<sup>&</sup>lt;sup>50</sup> Dean, Unlimited Intimacy, 11.

sense" approach that is usually taken to discuss matters of sexuality, an approach that often slides too easily into oversimplified and moralistic judgments.

The sexual focus is therefore an important one, and not only for this project. While many factors must be considered, the "cultural logics" of gay male sexuality that formed around AIDS have reverberated past the AIDS crisis and into contemporary gay culture and politics to this day. Modern anti-gay legislation has learned its lessons from the historical moments this thesis has analyzed. In a recent debate over gay marriage in the Vermont state legislator, representative Nancy Elliot justified her opposition to the bill by saying "we're talking about taking the penis of one man and putting it in the rectum of another man and wiggling it around in excrement."<sup>51</sup> Whether or not she was accurate (Dan Savage responded in his column Savage Love "if you're wiggling your penis around in excrement when you're having anal sex, Representative Elliott, you're doing it wrong"), this logic of disgust made use of the same idea of corporeal intimacy and danger that were established by many gay writers themselves.<sup>52</sup> Like exposure and infection, Elliot was fearful of this gay sexuality being "transmitted" to children. As with the AIDS babies and other "innocent victims" during the crisis, children are imagined as the civilian casualties in gay men's sex wars.<sup>53</sup> The now infamous "gathering storm" advertisement that was

<sup>52</sup> Dan Savage, "Wiggle Room," *Savage Love*, February 25, 2010. Accessed April 1, 2010, http://www.thestranger.com/seattle/SavageLove?oid=3489193

<sup>53</sup> Patton writes that youths were emphasized in the national AIDS pedagogy as pre-sexual figures of ignorance that had to be arrested in their development before their could develop into fully formed gay men who were, by implication, out of reach of state and medical care. See Patton, *Fatal Advice*, 35-62. For a contemporary analysis of a similar defense of childhood, see Lee Edelman's critique of "reproductive futurism," Lee Edelman, *No Future: Queer Theory and the Death Drive* (Durham: Duke University Press, 2004), 1-32.

<sup>&</sup>lt;sup>51</sup> "Nancy Elliott, Anti-Gay Lawmaker, Describes Anal Sex During Public Hearing: 'Wriggling' Around 'In Excrement,'' February 12, 2010. Accessed March 20, 2011, http://www.huffingtonpost.com/2010/02/12/nancy-elliott-anti-gay-ne n 460544.html

released by The National Organization for Marriage employs a similar fear of gay corruption influenced by fears of a miasmatic "virus laden myth" that was inculcated during the debates over public sex spaces. Odets concludes that, no matter how stigmatizing AIDS may be, "it will never be as vile as homosexuality" to American society.<sup>54</sup> But here we can see how AIDS informed this stigma past the period of crisis itself. As it gave a cultural logic of disease, so too did it give a cultural logic of shame.

This thesis has shown the complex historical character of disgust and shame, and how many of their ideas originated within the gay community itself as it sought to respond meaningfully to its own culture and history. As Leo Bersani argues, the shame "inseperable from" AIDS was "nurtured from both outside and within the gay community."<sup>55</sup> If we as scholars are to come to terms with our own shame and disgust in treating such historical material, we must recognize its ubiquitous presence and its influence on our cultural logic to this day. Only then can we develop a historical methodology that views such subjects with a clarity unfettered by these visceral and emotional considerations. Eventually we may learn to see an entirely new subject that is worthy of discussion.

The direction for scholarship that I am suggesting calls for a methodology that reveals areas of historical inquiry that may have previously seemed out of reach. But even in the areas I have chosen to develop, more research is in order. My first chapter used the specific example of a single gay physician, albeit a highly unusual one, to speculate on the cultural and sexual implications of different nosological theories of

<sup>&</sup>lt;sup>54</sup> Odets, In the Shadow of the Epidemic, 105-06.

<sup>&</sup>lt;sup>55</sup> Bersani, "Excluding Shame," 177.

AIDS that addressed these seemingly inaccessible histories. A more expansive historical treatment of gay medical practices and community-based research centers may produce even more novel and surprising results.

My second chapter analyzed the establishment and evolution of Jerk-Off clubs throughout the AIDS epidemic in the larger context of debates over public sex spaces among gay men and public health authorities. By introducing new archival material about a frequently narrated, but unresearched, moment in the history of the epidemic, this chapter illuminates aspects of public sex and gay male sexuality more generally that have been overlooked by the ensuing "intrusion of politics" into these previously unknown spheres. More research is warranted into the history of gay clubs and other public sex spaces from this time period, particularly those that existed in towns that are poorly documented or recorded in gay studies. The history of these institutions hints at a geography of both gay identity and sexuality that is more expansive than the urban bias in such scholarship allows for. Further investigation of areas of the United States far from these major urban centers are also important to the history and development of gay cultures. They watched what was going on in these cities, but may have come up with their own solutions to the problem of maintaining sexual community in the epidemic.

The final chapter uses gay male literature to explore the creation of an alternative cultural logic of disease that reflected, but was separate from, the dominant scientific and political models available at the time. By introducing an array of material previously consigned to literary theory alone, I showed some ways that the cultural importance of literature to the creation of community justifies its transfer

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to an historical project. By including such a wide array of historical material and theory, however, I have left many areas here open to inquiry. Other art forms may be introduced to a similar method of historical analysis; diverse forms of visual art were clearly an influential component of AIDS activism and the safe sex movement that remain unconsidered.

Part of the ambiguity that comes from a history spanning gay liberation and AIDS activism is that segments of the gay community were highly visible in a way that similar historical subjects have not been. But the vocal quality of part of the gay community necessarily means that other areas were rendered speechless, or swept under the rug entirely in the movement towards a coherent politics of AIDS activism and gay rights. This suggests that there is more work to be done to uncover these silenced historical actors. While I used several queer of color critiques to frame my analysis, for example, this thesis did not centralize questions of race or gay men of color. Such an important project is a topic for another thesis entirely. Studies by Jennifer Brier, Robert Bailey, and George Chauncey have shown that one of the primary features of urban gay communities was the interplay of integration and segregation of different marginalized communities.<sup>56</sup> Many further nuances exist, as Cathy Cohen argues, below the "unified surface" of marginal group identities.<sup>57</sup>

<sup>&</sup>lt;sup>56</sup>For a history of racial dynamics among AIDS Service Organizations (ASO's), see Brier, *Infectious Ideas*, 45-77. Chauncey gives a history of racial and class identities and distinctions that intersected with same-sex sexuality in Harlem and the East Village of New York City. See Chauncey, *Gay New York*, 227-70. In a nationwide study revising earlier theories of urban redevelopment that questions its role in the emergence of gay spaces, Robert Bailey while also notes the surpising integration of some racial minorities that occurred in the absence (or at the expense) of others, see Robert W. Bailey, "Sexual Identity and Urban Space: Economic Structure and Political Action," in *Sexual Identities, Queer Politics*, ed. Mark Blasius (Princeton: Princeton University Press, 2001), 237-40.

<sup>&</sup>lt;sup>57</sup> Cathy Cohen, "Contested Membership: Black Gay Identities and the Politics of AIDS," in *Creating Change: Sexuality, Public Policy, and Civil Rights*, ed. John D'Emilio, William B. Turner, and Urvashi Vaid (New York: St. Martin's Press, 2000), 387.

A feature of this project has therefore been the relative absence of political analysis. By keeping such voices quiet, I have hoped to emphasize other histories that are often drowned out, histories that are meaningful in their own right. A more fully integrated history of AIDS that weds these accounts with social movement studies may soon be produced. But, as Grmek conceded in the introduction of his work, such a history may not yet be possible. History itself is still in formation—there are many archives as yet unprocessed, memories untold and unrecorded, traumas not yet overcome. "Reading over this diary," Russo noted in 1984, "I realized how little I've actually recorded of the daily happenings in the last few years. In some ways living through it all once is quite enough."<sup>58</sup> In another more recent example, the Gay Men's Health Crisis archive was only opened to the general public in summer 2010.

But we may not yet have the full ability to perceive them. To address the dilemma of visibility, this thesis has tried to demonstrate how theories of sexuality and disease overlap and inform one another in meaningful ways. Rosenberg's view of the "interactive negotiation" between the ontology and epistemology of a given disease can be translated into a history of sexuality, encouraging more flexible and polyvalent concepts of identity. Certain subjects remain buried in the archives or distinct modes of cultural memory. Lee Edelman usefully warns that "there is no available discourse on 'AIDS' that is not itself diseased."<sup>59</sup> Terms are not uncertain, they are rather infected with a meaning and an ideology that can exceed the grasp of language, rhetoric, discourse, and ultimately the author himself. Remaining wary

<sup>&</sup>lt;sup>58</sup> Russo, Journal Entry, April 26, 1984.

<sup>&</sup>lt;sup>59</sup> Edelman, "The Plague of Discourse," 92.

about our limitations, we must then continue to offer new stories and histories of AIDS while acknowledging, that it is a subject that cannot be fully revealed.

AIDS shows us that such a nuanced understanding of identity is not merely an interesting form of scholarship. Historically, identity was a matter of life and death for gay men. Until AIDS "ends" and historians can begin to view it with the same emotional distance and scholarly retrospection as other past epidemics such as, for example, the black death, a multiplicity of unfinished narratives is inevitable. They may even be essential to consistently reframe the disease itself, thereby informing later accounts that may be more "definitive" but no less subject to their own limitations. What recent history can offer is a continuous process of revision that resists the naturalization of any one history of AIDS. New subjects can be made visible; traditional subjects, by being recontextualized, can be made newly so.

Its history meshes, albeit tragically, with the ongoing history of gay male sexuality. This must be interrogated in new ways even as the current gay rights movements seems pressed on achieving a closure of their own debates after "victory," now defined as gay marriage and military service, are finally achieved. Vito Russo seemed to notice this very problem even in the midst of the epidemic itself. "Everyone I meet seems to want to get married immediately," he wrote shortly after Valentine's day in 1984, again frustrated by his persistent loneliness. "I could truly use some good news and a nice long rest."<sup>60</sup>

<sup>&</sup>lt;sup>60</sup> Russo, Journal Entry February 2, 1984.

## **Bibliography**

### Archival Materials

National Archive of Lesbian, Gay, Bisexual, Transgender History, New York, N.Y.

New York Jacks Collection

Dance Club Collection

Michael Callen Collection

New York Public Library, New York, N.Y.

**Bradley Ball Papers** 

**David Feinberg Papers** 

Gay Men's Health Crisis Records

International Gay Information Center Records

Joseph Sonnabend Papers

Lawrence Mass Papers

**Robin Hardy Papers** 

Vito Russo Papers

People with AIDS Coalition Newsline

Newspapers and Periodicals

The Advocate The Body Politic Gay Community News New York Daily News New York Native New York Newsday POZ People With AIDS Coalition Newsline Village Voice

#### Works Cited

- Altman, Dennis. "Legitimation through Disaster: AIDS and the Gay Movement." In AIDS: The Burdens of History, edited by Elizabeth Fee and Daniel M. Fox, 301-15. Berkley: University of California Press, 1988.
- Anderson, Benedict R. . Imagined Communities: Reflections on the Origin and Spread of Nationalism. Revised and Extended ed. New York: Verso, 1991.
- Andriote, John-Manuel. *Victory Deferred: How AIDS Changed Gay Life in America*. Chicago: The University of Chicago Press, 1999.
- Armstrong, Elizabeth A. Forging Gay Identities: Organizing Sexuality in San Francisco, 1950-1994. Chicago: University of Chicago Press, 2002.
- Arno, Peter S., and Karyn Feiden. *Against the Odds: The Story of AIDS Drug Development, Politics, and Profits.* 1st ed. New York: HarperCollins, 1992.
- Bailey, Robert W. "Sexual Identity and Urban Space: Economic Structure and Political Action." In *Sexual Identities, Queer Politics*, edited by Mark Blasius, 231-55. Princeton: Princeton University Press, 2001.
- Bayer, Ronald. "AIDS and the Gay Community: Between the Specter and the Promise of Medicine." *Social Research* 52, no. 3 (1985): 581-606.

-------. Private Acts, Social Consequences: AIDS and the Politics of Public Health. New York: Free Press, 1989.

- Beam, Joseph. *In the Life: A Black Gay Anthology*. 1st ed. Boston: Alyson Publications, 1986.
- Bergman, David. *The Violet Hour: The Violet Quill and the Making of Gay Culture*. New York: Columbia University Press, 2004.

- Berkowitz, Richard. *Stayin' Alive: The Invention of Safe Sex, a Personal History*. Boulder: Westview, 2003.
- Bersani, Leo. "Excluding Shame." In *Gay Shame*, edited by David M. Halperin and Valerie Traub, 176-77. Chicago: University of Chicago Press, 2009.
- ------. "Is the Rectum a Grave?" In *AIDS : Cultural Analysis, Cultural Activism*, edited by Douglas Crimp, 197-222. Cambridge, Mass.: MIT Press, 1988.
- Bersani, Leo, and Adam Phillips. Intimacies: University of Chicago Press, 2008.
- Bérubé, Allan. "The History of Gay Bathhouses." In *Policing Public Sex : Queer Politics and the Future of AIDS Activism*, edited by Dangerous Bedfellows, Ephen Glenn Colter, Wayne Hoffman, Eva Pendleton, Alison Redick and David Serlin, 187-220. Boston, MA: South End Press, 1996.
- Bram, Christopher. "Faggots Revisited." In We Must Love One Another or Die : The Life and Legacies of Larry Kramer, edited by Lawrence Mass, 126-33. New York: St. Martin's Press, 1997.

. In Memory of Angel Clare: A Novel. New York: D.I. Fine, 1989.

- Brandt, Allan M. *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880.* Expanded ed. New York: Oxford University Press, 1987.
- Brier, Jennifer. *Infectious Ideas: U.S. Political Responses to the AIDS Crisis.* Chapel Hill: University of North Carolina Press, 2009.
- Brodsley, Laurel. "Literature and AIDS: The Varieties of Love." In *AIDS: Principles, Practices & Politics*, edited by Inge B. Corless and Mary Pittman-Lindeman, xvii, 252 p. Washington: Hemisphere Pub. Corp., 1988.

- Bronski, Michael. *Culture Clash: The Making of Gay Sensibility*. Boston: South End Press, 1984.
- Brown, Judith C. *Immodest Acts: The Life of a Lesbian Nun in Renaissance Italy.* New York: Oxford University Press, 1986.
- Burkett, Elinor. *The Gravest Show on Earth: America in the Age of AIDS*. Boston: Houghton Mifflin Co., 1995.
- Cady, Joseph. "Immersive and Counterimmersive Writing About AIDS: The Achievement of Paul Monette's *Love Alone*." In *Writing AIDS: Gay Literature, Language, and Analysis*, edited by Timothy F. Murphy and Suzanne Poirier, 244-64. New York: Columbia University Press, 1993.
- Chambers, Ross. *Facing It: AIDS Diaries and the Death of the Author*. Ann Arbor: University of Michigan Press, 1998.
- Chauncey, George. Gay New York: Gender, Urban Culture, and the Makings of the Gay Male World, 1890-1940. New York: Basic Books, 1994.
- . "The Trouble with Shame." In *Gay Shame*, edited by David M. Halperin and Valerie Traub, 277-82. Chicago: University of Chicago Press, 2009.
- Clum, John. "Refusing the Name: The Absence of AIDS in Recent American Gay Male Fiction." In *Writing AIDS: Gay Literature, Language, and Analysis*, edited by Timothy F. Murphy and Suzanne Poirier, 200-24. New York: Columbia University Press, 1993.
- Cohen, Cathy. "Contested Membership: Black Gay Identities and the Politics of AIDS." In *Creating Change: Sexuality, Public Policy, and Civil Rights*, edited by John D'Emilio, William B. Turner and Urvashi Vaid, 382-406. New York: St. Martin's Press, 2000.
- Crimp, Douglas. "How to Have Promiscuity in an Epidemic." In *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp, 43-82. Boston: MIT Press, 2002.

—. "Mourning and Militancy." In *Melancholia and Moralism: Essays on AIDS and Queer Politics*, edited by Douglas Crimp, 129-50. Cambridge: MIT Press, 2002.

Cummings, Kate. "Reading AIDS." College Literature 21, no. 1 (1994).

Cunningham, Michael. A Home at the End of the World. [S.l.]: Warner, 2004.

- Currier, Jameson. *Dancing on the Moon: Short Stories About AIDS*. New York: Viking, 1993.
- D'Emilio, John. "Capitalism and Gay Identity." In *Powers of Desire : The Politics of Sexuality*, edited by Ann Snitow, Christine Stansell and Sharon Thompson, 100-16. New York: Monthly Review Press, 1983.

—. "A Meaning for All Those Words: Sex, Politics, History, and Larry Kramer." In *The World Turned: Essays on Gay History, Politics, and Culture*, edited by John D'Emilio, 64-77. Durham: Duke University Press, 2002.

——. "Not a Simple Matter: Gay History and Gay Historians." *The Journal of American History* 76, no. 2 (1989): 435-42.

- D'Emilio, John, and Freedman, Estelle B. . "Problems Encountered in Writing the History of Sexuality: Sources, Theory and Interpretation." *The Journal of Sex Research* 27, no. 4 (1990): 481-95.
- Dean, Tim. Unlimited Intimacy: Reflections on the Subculture of Barebacking. Chicago: University of Chicago Press, 2009.
- Delany, Samuel R. *Times Square Red, Times Square Blue*. New York: New York University Press, 1999.
- Denneny, Michael. "AIDS Writing and the Creation of a Gay Culture." In Confronting AIDS through Literature : The Responsibilities of

*Representation*, edited by Judith Laurence Pastore, 15-35. Urbana: University of Illinois Press, 1993.

Edelman, Lee. "The Mirror and the Tank: "AIDS," Subjectivity, and the Rhetoric of Activism." In *Writing AIDS: Gay Literature, Language, and Analysis*, edited by Timothy F. Murphy and Suzanne Poirier, 9-38. New York: Columbia University Press, 1993.

—. *No Future: Queer Theory and the Death Drive*. Durham: Duke University Press, 2004.

———. "The Plague of Discourse: Politics, Literary Theory, And "AIDS"." In *Homographesis: Essays in Gay Literary and Cultural Theory*, edited by Lee Edelman, 79-92. New York: Routledge, 1994.

- Elovitz, Marc E., and P.J. Edwards. "The D.O.H. Papers: Regulating Public Sex in New York City." In *Policing Public Sex : Queer Politics and the Future of AIDS Activism*, edited by Dangerous Bedfellows, Ephen Glenn Colter, Wayne Hoffman, Eva Pendleton, Alison Redick and David Serlin, 295-316. Boston, MA: South End Press, 1996.
- Elphick, Richard. "Writing Religion into History: The Case of South African Christianity." In *Missions and Christianity in South African History*, edited by H. C. Ross Bredekamp and Robert July, 25-41. Johannesburg: Witwatersrand University Press, 1995.
- Epstein, Steven. *Impure Science: AIDS, Activism, and the Politics of Knowledge*, Medicine and Society;. Berkeley: University of California Press, 1996.
- Feinberg, David B. Queer and Loathing: Rants and Raves of a Raging AIDS Clone. New York, NY: Viking, 1994.

-------. Spontaneous Combustion. New York: Viking, 1991.

Feinberg, David B. . Eighty-Sixed. New York: Viking, 1989.

Ferguson, Roderick A. *Aberrations in Black: Toward a Queer of Color Critique*. Minneapolis: University of Minnesota Press, 2004.

Ferro, Robert. Second Son: A Novel. 1st ed. New York: Crown, 1988.

Fierstein, Harvey. Harvey Fierstein's Safe Sex. New York: Atheneum, 1987.

- Fleck, Ludwik. Genesis and Development of a Scientific Fact. Translated by Fred Bradley and Thaddeus Trenn. Edited by Thaddeus J. Trenn and Robert K. Merton. Chicago: University of Chicago Press, 1979.
- Fussell, Paul. *The Great War and Modern Memory*. New York: Oxford University Press, 1975.
- Gingold, Bruce S. "Gay Bowel Syndrome--an Overview." In *AIDS and Infections of Homosexual Men*, edited by Pearl Ma and Donald Armstrong, 51-62. Boston: Butterworths, 1989.
- Gould, Deborah. *Moving Politics: Emotion and Act Up's Fight against AIDS*. Chicago: The University of Chicago Press, 2009.
- ———. "The Shame of Gay Pride in Early AIDS Activism." In *Gay Shame*, edited by David M. Halperin and Valerie Traub, 221-55. Chicago: University of Chicago Press, 2009.
- Grmek, Mirko D. *History of AIDS: Emergence and Origin of a Modern Pandemic.* Translated by Russell C Maulitz and Jacalyn Duffin. Princeton: Princeton University Press, 1990.
- Halperin, David M. *How to Do the History of Homosexuality*. Chicago: University of Chicago Press, 2002.
- Hardy, Robin. *The Crisis of Desire: AIDS and the Fate of Gay Brotherhood*. Edited by David Groff. Boston: Houghton Mifflin, 1999.
- Hempel, Sandra. *The Strange Case of the Broad Street Pump: John Snow and the Mystery of Cholera*. Berkley: University of California Press, 2007.

- Hemphill, Essex. *Brother to Brother: New Writings by Black Gay Men.* 1st ed. Boston: Alyson Publications, 1991.
- Hoffman, William M. As Is: A Play. 1st Vintage Books ed. New York: Vintage Books, 1985.
- Holleran, Andrew. *Dancer from the Dance: A Novel*. 1st ed. New York: Morrow, 1978.

*——. Ground Zero.* 1st ed. New York: Morrow, 1988.

- Johnston, William. *The Modern Epidemic: A History of Tuberculosis in Japan*. Cambridge: Council on East Asian Studies, Harvard University : Distributed by Harvard University Press, 1995.
- Jones, James W. "Refusing the Name: The Absence of AIDS in Recent American Gay Male Fiction." In *Writing AIDS : Gay Literature, Language, and Analysis*, edited by Timothy F. Murphy and Suzanne Poirier, 225-43. New York: Columbia University Press, 1993.
- Katz, Jonathan. Gay American History: Lesbians and Gay Men in the U.S.A.: A Documentary. New York: Crowell, 1976.
- King, Edward. Safety in Numbers: Safer Sex and Gay Men. London: New York, 1993.
- Kramer, Larry. Faggots. 1st ed. New York: Random House, 1978.
- ------. The Normal Heart. 1st Plume ed. New York: New American Library, 1985.
- *———. Reports from the Holocaust: The Making of an AIDS Activist.* 1st ed. New York: St. Martin's Press, 1989.
- Kruger, Steven F. *AIDS Narratives: Gender and Sexuality, Fiction and Science*. New York: Garland Publishers, 1996.

Kushner, Tony. Angels in America : A Gay Fantasia on National Themes, Part One: Millenium Approaches. 1st ed. New York: Theatre Communications Group, 1993.

—. Angles in America: A Gay Fantasia on National Themes, Part Two: Perestroika. 1st ed, Angels in America. New York: Theatre Communications Group, 1994.

- Lawson, D. S. "Rage and Remembrance: The AIDS Plays." In *AIDS: The Literary Response*, edited by Emmanuel S. Nelson, 131-39. New York : Twayne Publishers: Toronto, 1992.
- Lindell, John. "Public Space for Public Sex." In *Policing Public Sex : Queer Politics and the Future of AIDS Activism*, edited by Dangerous Bedfellows, Ephen Glenn Colter, Wayne Hoffman, Eva Pendleton, Alison Redick and David Serlin, 73-80. Boston, MA: South End Press, 1996.
- Lovett, Joseph F. "Gay Sex in the Seventies." 67 min. USA: Wolfe Video (DVD), 2005.
- Manalov, George, Yanka Manalov, Joseph Sonnabend, Helen Lipscomb, and David Purtilo. "Aberrations in Chromone of Peripheral Lymphocytes of Male Homosexuals Predisposed to Acquired Immune Deficiency Syndrome." *AIDS Research* 1, no. 3 (1984): 157-59.
- Mass, Lawrence, ed. We Must Love One Another or Die: The Life and Legacies of Larry Kramer. New York: St. Martin's Press, 1997.
- Mausner, Judith S., Shira Kramer, and Anita K. Bahn. *Epidemiology: An Introductory Text.* 2nd ed. Philadelphia: Saunders, 1985.
- Meijer, Irene Costera and Baukje Prins. "How Bodies Come to Matter: An Interview with Judith Butler." *Signs* 23, no. 2 (1998): 275-82.

Monette, Paul. Afterlife. 1st ed. New York: Crown Publishers, 1990.

------. Love Alone: 18 Elegies for Rog. 1st ed. New York: St. Martin's Press, 1988.

- Nussbaum, Martha Craven. From Disgust to Humanity: Sexual Orientation and Constitutional Law. New York: Oxford University Press, 2010.
- Odets, Walt. In the Shadow of the Epidemic: Being Hiv-Negative in the Age of AIDS. Durham: Duke University Press, 1995.
- Oppenheimer, Gerald. "In the Eye of the Storm: The Epidemiological Construction of AIDS." In *AIDS: The Burdens of History*, edited by Daniel M. Fee and Elizabeth Fox, 267-300. Berkley: University of California Press, 1988.
- Paller, Michael. "Larry Kramer and Gay Theater." In We Must Love One Another or Die: The Life and Legacies of Larry Kramer, edited by Lawrence Mass, 235-55. New York: St. Martin's Press, 1997.
- Parker, Trey. "Tonsil Trouble." In *South Park*, edited by Trey Parker, 22:00. USA: Comedy Central, 2008.
- Patton, Cindy. *Fatal Advice: How Safe-Sex Education Went Wrong*. Durham: Duke University Press, 1996.
- Peck, Dale. *Martin and John: A Novel*. 1st ed. New York: Farrar, Straus & Giroux, 1993.
- Preston, John. *My Life as a Pornographer & Other Indecent Acts*. New York, N.Y.: Masquerade Books, 1993.

*Personal Dispatches: Writers Confront AIDS.* 1st ed. New York: St. Martin's Press, 1989.

- Rabin, Judith A. "The AIDS Epidemic and Gay Bathhouses: A Constitutional Analysis." *Journal of Health, Politics, Policy and Law* 10, no. 4 (1986): 729-47.
- Reed, Paul. "Early AIDS Fiction." In *Confronting AIDS through Literature: The Responsibilities of Representation*, edited by Judith Laurence Pastore, 91-94. Urbana: University of Illinois Press, 1993.

------. *Facing It: A Novel of AIDS*. 1st ed. San Francisco: Gay Sunshine Press, 1984.

Report, Morbidity and Mortality Weekly. "Kaposi's Sarcoma and *Pneumocystis* Pneumonia among Homosexual Men--New York City and California." In *AIDS: From the Beginning*, edited by Helene M. Cole and George D. Lundberg, 3-5. Chicago: American Medical Association, 1986.

Riggs, Marlon. "Tongues Untied." 55 mins. USA: Strand Releasing, 1989.

Rofes, Eric E. Dry Bones Breathe: Gay Men Creating Post-AIDS Identities and Cultures. New York: Haworth Press, 1998.

*——. Reviving the Tribe: Regenerating Gay Gen's Sexuality and Culture in the Ongoing Epidemic.* New York: Haworth Press, 1996.

- Rosenberg, Charles E. *The Cholera Years; the United States in 1832, 1849, and 1866.* Chicago: University of Chicago Press, 1962, 1987.
- ———. "Disease in History: Frames and Framers." *The Milbank Quarterly* 67, no. 1. Framing Disease: The Creation and Negotiaton of Explanatory Schemes (1989): 1-15.

——. "Explaining Epidemics." In *Explaining Epidemics and Other Studies in the History of Medicine*, edited by Charles Rosenberg, 293-304. New York: Cambridge University Press, 1992.

------. Our Present Complaint: American Medicine, Then and Now: Johns Hopkins University Press, 2007.

. "What Is an Epidemic? AIDS in Historical Perspective." *Daedalus* 118, no.
 2, Living With AIDS (1989): 1-17.

Rotello, Gabriel. *Sexual Ecology: AIDS and the Destiny of Gay Men.* New York: Dutton, 1997.

Rudnick, Paul. Jeffrey. New York: Plume, 1994.

- Schwartzberg, Steven. A Crisis of Meaning: How Gay Men Are Making Sense of AIDS. New York: Oxford University Press, 1996.
- Scott, Joan W. "The Evidence of Experience." *Critical Inquiry* 17, no. 4 (1991): 773-97.
- Shilts, Randy. And the Band Played On: Politics, People, and the AIDS Epidemic. New York: St. Martin's Press, 1987.
- Silverman, Mervyn F., and Deborah B. Silverman. "AIDS and the Threat to Public Health." *The Hastings Center Report* 15, no. 4 (1985): 19-22.
- Somerville, Siobhan B. *Queering the Color Line: Race and the Invention of Homosexuality in American Culture*. Durham: Duke University Press, 2000.
- Sonnabend, Joseph A., Steven S. Witkin, and David T. Purtilo. "Acquired Immunodeficiency Syndrome, Opportunistic Infections, and Malignancies in Male Homosexuals." In *AIDS: From the Beginning*, edited by Helene M. Cole and George D. Lundberg, 387-91. Chicago: American Medical Association, 1986.
- Sonnabend, Joseph A., Steven S. Witkin, and David T. Purtilo. "A Multifactorial Model for the Development of AIDS in Homosexual Men." *Annals of the New York Academy of Sciences* 437 (1984): 177-83.
- Sonnabend, Joseph, Steven Witkin, and David Purtilo. "Acquired Immune Deficiency Syndrome (AIDS)--an Explanation for Its Occurrence among Homosexual Men." In AIDS and Infections of Homosexual Men, edited by Pearl Ma and Donald Armstrong, 409-25. Boston: Butterworths, 1989.
- Treichler, Paula A. *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham: Duke University Press, 1999.
- Vaid, Urvashi. Virtual Equality: The Mainstreaming of Gay and Lesbian Liberation. New York: Anchor Books, 1996.
- Warner, Michael. *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life*. Cambridge: Harvard University Press, 1999.

Watney, Simon. *Policing Desire: Pornography, AIDS, and the Media*. Minneapolis: University of Minnesota Press, 1987.

Wein, Daryl. "Sex Positive." 75 min. USA: E1 Entertainment Distribution, 2008.

- Weinberg, Martin S., and Colin J. Williams. "Gay Baths and the Social Organization of Impersonal Sex." *Social Problems* 20, no. 2 (1975): 124-36.
- Weir, John. *The Irreversible Decline of Eddie Socket: A Novel.* 1st ed. New York: Harper & Row, 1989.
- Weston, Kath. Long Slow Burn: Sexuality and Social Science. New York: Routledge, 1998.
- White, Edmund "Esthetic and Loss." In *The Burning Library: Essays*, edited by David Bergman, 211-17. New York: Knopf, 1994.
- Wojnarowicz, David. *Close to the Knives: A Memoir of Disintegration*. New York: Vintage Books, 1991.

. *Memories That Smell Like Gasoline*. San Francisco: Artspace Books, 1992.

- Yingling, Thomas E. "AIDS in America: Postmodern Governance, Identity, and Experience." In AIDS and the National Body, edited by Robyn Wiegman, 37-56. Durham, NC: Duke University Press, 1997.
- Yingling, Thomas E. . "The Dream Visitor." In *AIDS and the National Body*, edited by Robyn Wiegman, v. Durham, NC: Duke University Press, 1997.