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## Before They Could Be Saved: AIDS Voices before Protease Inhibitors

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BEFORE THEY COULD BE SAVED: AIDS VOICES BEFORE PROTEASE  
INHIBITORS

by

JULIAN WILLIS

A thesis submitted in partial fulfillment of the requirements  
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## ABSTRACT

The intent of this thesis is to explore writing during the start of the AIDS epidemic in the U.S. States. This time period encompasses the early 1980s to mid-1990s before Protease Inhibitors were FDA approved which was the medical breakthrough drug that helped turn an HIV diagnosis from a death sentence to a chronic condition. This thesis will be an examination of three themes: “Gay White Cis Male Experience of HIV/AIDS,” “Marginalized Identity Experience of HIV/AIDS” and an exploration of two plays written during the height of the AIDS epidemic that were later turned into HBO productions: *The Normal Heart* and *Angels in America: A Gay Fantasia on National Themes* when AIDS was more widely featured in the media. The introductory and concluding paragraphs include details on how my life has been impacted by the those that lived, wrote, fought, and died, during the height of the epidemic.

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## INTRODUCTION

My mom always thought she was going to have a gay son. My mom was born in 1958 and became a parent in the early 1990s. In that over thirty-year span, there was no substantial political or social progress for gay people. She was raised in southern California by two liberal atheists with PhDs in Psychology and in a household where homosexuality was not often discussed but was also not demonized. When she went off to college at 17 years old, she began befriending gay men at her small liberal arts college in Los Angeles and then moved to San Francisco after graduating in 1979 and unknowingly witnessed the start of the AIDS epidemic. In the next decade-and-a-half, she would have a handful of gay male friends die of AIDS, and one of them would die when she was pregnant with me. His name was Paul Jacobsen. After his death, she wrote to his mom, who wrote back that he loved flowers and that if she wished, she could leave flowers on his grave. She never did and that gay son she thought she would have never did happen either. She would have a son who grew up to be a straight man and then a daughter who, at the age of twenty-three, became a straight man as well. I am that second son.

The idea of having a transgender child was probably not one that ever crossed my mom's mind before having children. In the six years since becoming her son, she handles it in the way she would have had she had a gay son, with profound acceptance and love. I sometimes think about how my mom would have witnessed a decade-and-a-half of an epidemic that ravaged and killed gay men across this country and how having a gay son did not frighten her. For all her knowledge at the time of my birth in 1994, AIDS was still, essentially, a death sentence and one that could remain a death sentence for the foreseeable future. Yet it was not. Protease Inhibitors were soon becoming available across this country and were the first widespread effective

treatment for HIV/AIDS. I would grow up in a time when HIV was no longer a death sentence and has since become a chronic condition, one where you can now live with undetectable viral loads. If I had grown up to be her gay son, she would not have had the same concern that she would bury her child as did the moms who buried their gay sons in the 1980s and 1990s.

Besides loosely conjured theories, I do not know why the AIDS epidemic of the 1980s and the early 1990s has been something of interest to me since early adolescence. I have a curiosity and desire to learn about these times and the people who wrote about it them, some who lived through it, and most who died during it. I do not want their stories or lives to be ephemeral. These people died from a plethora of reasons: lack of effective medicine, lack of national attention, lack of empathy, lack of research, homophobia, racism, sexism, and the list of where and how our society failed them goes on. And those that did live through it, the lucky ones for whom the disease did not progress or who avoided infection entirely, watched countless friends and chosen family die. The trauma must have felt insurmountable.

What makes the first decade and a half of the AIDS epidemic in the United States unique is, primarily, gay men were watching their once healthy, young, and vibrant friends get infected and die. According to a Centers for Disease Control and Prevention 2011 article, “From 1981 to 1995, the estimated annual number of deaths among persons with AIDS increased from 451 to 50,628” (*HIV surveillance --- United States, 1981--2008*). Before 1996, when Protease Inhibitors became available to AIDS patients, the average life expectancy was eighteen months post-diagnosis (“AIDS Patients Now Living Longer, But Aging Faster”). It is not uncommon to lose a friend of the same age in your 20s, 30s, or 40s, as it is not uncommon to die in what is considered pre-middle age. What is uncommon is fifteen years of seeing entire friend circles and communities across the country die from the same disease. Besides war and genocide, it would

be hard to find an epidemic or plague in modern history where closely acquainted people would die in droves for over a decade. To witness death and face one's mortality for more than a decade changes a person, changes a community indelibly. The modern LGBTQ movement would not be where it is today if it were not for this tragedy. More profoundly, those who lived through the AIDS epidemic would be forever altered by this tragedy.

This thesis will be an examination of three themes. The first theme is the "Gay White Cis Male Experience of HIV/AIDS". The majority of the writers that I read for this thesis were/are gay white cis men. As HIV/AIDS was viewed as a gay disease, some could say it still is, I wanted to group their experiences into one section as there were many overlapping themes. The epidemic would have been entirely different if gay men were not primarily affected and died from the disease. Forty years later, the recent COVID-19 pandemic taught us Americans that the government can act quickly when they care about the dying population.

The second theme will cover "Marginalized Identity Experience of HIV/AIDS". What is often overlooked in the discussion of the early years of the AIDS epidemic is the fact that people other than gay cis white men were dying as well. Those that hold marginalized identities were rarely portrayed in the media. As with gay men, people who possessed marginalized identities was not an impetus for the government to get involved.

The third section will be an exploration of two plays written during the height of the AIDS epidemic that were later turned into HBO productions: *The Normal Heart* and *Angels in America: A Gay Fantasia on National Themes*. *The Normal Heart* was a play written by Larry Kramer. The play was produced in 1985 and it became a 2014 HBO movie. *Angels in America: A Gay Fantasia on National Themes* was a play written by Tony Kushner. The play was produced in 1991 and it became a 2003 HBO miniseries.

As I explore the early years of the AIDS epidemic, I want to note a stylistic choice of my writing. I have already and will, at times, refer to someone dying from AIDS. I know that one does not die from AIDS but from the opportunistic infections that occur from a severely weakened immune system that AIDS enables one to contract. I prefer saying dying from AIDS because that is the root cause of the death.



## GAY WHITE CIS MALE EXPERIENCE OF HIV/AIDS

I will not die in a car crash. I will not die in the explosion of a plane bombed by terrorists. No madman will strafe the bleachers at a soccer game if I am there, Toby's cheering section. A crazed junkie in a dark city alley will not plunge a knife into my belly, angered that I don't carry enough cash to do him any good. Lena's boyfriend Ray will not fall asleep before the TV with a cigarette between his fingers and the hundred-thirty-year-old frame and clapboard house whose lower floor Lena rents will not blaze up and burn down- because I live upstairs. My flesh is sealed, my fate verified in a purple rich and indelible as blood, twenty-seven dry lesions scattered over my limbs like candle drippings and one on the roof of my mouth. I will die in bed, in a hospital or my home. The newspapers in the tidy Catholic city where I live will commit to print euphemisms about long illnesses and grieving survivors without being able to name the illness or mention that the chief survivors will be my beloved friend, the man who has shared my life for going on ten years, his teenage son, and the nephew we have taken in our home. I can drive anywhere. (350)

That quote is from Alex Jeffers' 1995 fictional novel *Safe As Houses*. The novel ends with the narrator, Allen Pasztory, on the verge of death from AIDS. He knows how he will die. It will not be random. Most of us do not know how we will die. We live with an optimistic expectation that death will come after a long life, that we will be spared from the tragedy of a death that came too abruptly or too young. In the end, maybe we will know when death is near, we may be told that we have terminal cancer or an incurable illness. Most fatal diseases have an origin from within our bodies, when there are gene mutations, or we are born with genetic abnormalities. It stemmed from within and remained within our bodies. But AIDS is different. For people like

Allen, the clicking time clock of death came from the act of sex. It came from a night of seeking pleasure in and from another person's body. From sex came death. From love came death. From life came death. And to understand the death of AIDS, we must understand the origin of AIDS.

The question, "What is AIDS?" may be a good starting point. AIDS stands for Acquired Immune Deficiency Syndrome. The virus that causes AIDS is the Human Immunodeficiency Virus or HIV. HIV "is a virus that attacks the immune system, specifically CD4 cells (or T cells)" (History of AIDS). HIV is spread "through bodily fluids such as blood, semen, vaginal fluids, anal fluids, and breast milk. Historically, HIV has most often been spread through unprotected sex, the sharing of needles for drug use, and through birth" (History of AIDS). The stages of HIV are 1) Acute HIV Infection, 2) Chronic HIV Infection, and 3) AIDS (The Stages of HIV Infection). When HIV has thoroughly attacked a person's immune system, they can develop AIDS, which is the most severe stage of HIV infection. Scientifically, "people with HIV are diagnosed with AIDS if they have a CD4 count of less than 200 cells/mm<sup>4</sup>" (The Stages of HIV Infection). For this thesis, I will cover people from all three stages of HIV.

The origin of HIV has been hypothesized and studied by researchers and scientists. History.com, a website of the History Channel, has a succinct explanation of how HIV first infected:

Scientists have traced the origin of HIV back to chimpanzees and simian immunodeficiency virus (SIV), an HIV-like virus that attacks the immune system of monkeys and apes.

In 1999, researchers identified a strain of chimpanzee SIV called SIVcpz, which was nearly identical to HIV. Chimps, the scientist later discovered, hunt and eat two smaller

species of monkeys—red-capped mangabeys and greater spot-nosed monkeys—that carry and infect the chimps with two strains of SIV. These two strains likely combined to form SIVcpz, which can spread between chimpanzees and humans.

SIVcpz likely jumped to humans when hunters in Africa ate infected chimps, or the chimps' infected blood got into the cuts or wounds of hunters. Researchers believe the first transmission of SIV to HIV in humans that then led to the global pandemic occurred in 1920 in Kinshasa, the capital and largest city in the Democratic Republic of Congo.

The virus spread may have spread from Kinshasa along infrastructure routes (roads, railways, and rivers) via migrants and the sex trade.

In the 1960s, HIV spread from Africa to Haiti and the Caribbean when Haitian professionals in the colonial Democratic Republic of Congo returned home. The virus then moved from the Caribbean to New York City around 1970 and then to San Francisco later in the decade.

International travel from the United States helped the virus spread across the rest of the globe. (History of AIDS)

Why, then, if HIV can be spread through both vaginal and anal fluids, was it initially thought of as a gay man's disease? There are a variety of reasons, including societal and biological. In the twenty years leading up to the HIV/AIDS epidemic in the U.S., the 1960s and 1970s were marked as a time of sexual revolution and liberation. The advent of the first oral contraceptive, or "the Pill," was approved by the U.S. Food and Drug Administration in 1960 (A Brief History of Birth Control in the U.S.). Sex for pleasure, not exclusively in heterosexual

matrimony with a primary purpose of procreating, became sought after and normalized. The morality shift, composed primarily of the Baby Boomer generation, also gave way to the sexual liberation of LGBTQ people. I do not want to conflate increased visibility of gay sexual freedom with acceptance of gay sexual freedom. The paradigm shift went from living in secret to being seen in the public sphere. The 1969 Stonewall riots at the Stonewall Inn in NYC was an act by trans women of color and gay men against police raids. The six days of protest against the police were an act of defiance against prolonged police brutality against gay bars, gay men, and trans women of color (Stonewall National Monument). After this watershed event, the next decade would be spent with increased sexual liberation. It would not be until the AIDS epidemic that this sexual liberation would be re-examined.

For biological reasons, gay men are more susceptible to transmitting the disease through anal sex over heterosexual intercourse. According to information from the *National Library of Medicine* and *The Journal of Infectious Diseases*, there are explanations for this:

The makeup of rectal tissues: The vagina is lined with layers of cells, known as epithelial cells, that provide a barrier against infection. The rectum is lined with only a single layer of these cells.

The fragility of rectal tissues: Rectal tissues are fragile and prone to breakage. This provides the virus easier direct access into the body.

The immune response: Rectal tissues are also rich in a type of immune cell called CD4 T cells. Ironically, these are the very cells that HIV targets for infection.

Because of these and other factors, HIV can establish an infection quickly. Studies have shown that within an hour of rectal exposure, HIV can breach the body's frontline immune defense, and, within 24 hours, spread throughout the body. (Boskey)

It has been over forty years since the start of the AIDS epidemic in 1981. As with diseases, what we knew then is not what we know now. What we learned at the beginning was that small groups of gay men in cities such as Los Angeles, New York, and San Francisco were dying from unusual infections that people with healthy human systems would not die from:

In 1981, the Centers for Disease Control and Prevention (CDC) published a report about five previously healthy homosexual men becoming infected with *Pneumocystis pneumonia*, which is caused by the normally harmless fungus *Pneumocystis jirovecii*. This type of pneumonia, the CDC noted, almost never affects people with uncompromised immune systems. (Timeline of HIV and AIDS)

One may think this would then expedite research to prevent more deaths, but the opposite happened, and the reasoning was clear; these were gay men dying. As the causes of this disorder were initially unknown, one of its original names was GRID, for gay-related immunodeficiency (Altman). In Randy Shilts' 1987 meticulously detailed historical book of the beginning decade of the AIDS epidemic, *And The Band Played On: Politics, People, and The AIDS Epidemic*, he writes in the Prologue:

But from 1980, when the first isolated gay men began falling ill from strange and exotic ailments, nearly five years passed before all these institutions- medicine, public health, the federal and private scientific research establishments, the mass media, and the gay community's leadership- mobilized the way they should in a

time of threat. The story of these first five years of AIDS in America is a drama of national failure, played out against a backdrop of needless death. (xvii)

What were front-line doctors and nurses thinking as they began to see dozens, hundreds, thousands of gay men die before their eyes and, frankly, helpless to stop it? In Chapter 5 of Shilts' book, he covers the perspective of a gay general practitioner, Dr. Joel Weisman, who was based out of Los Angeles at the end of 1980:

On top of these two cases, another twenty men had appeared at Weisman's office that year with strange abnormalities of their lymph nodes. That's how the ailments of these two more seriously ill patients had started... New studies were showing that 93 percent of gay men were infected with cytomegalovirus, a herpes virus that had been linked to cancer. The gay sexual revolution had also made the Epstein-Barr virus, a microbe also linked to cancers, pandemic among homosexual men. There were only so many viruses a body could battle before something went horribly wrong awry. Now Weisman worried that he was seeing what could happen in the frightened eyes of the advertising manager who had been far too young and healthy last year to be so sick today.

The dean of southern California gay doctors, Weisman had pondered how to start telling gay men to slow down, that all this sex might end up being hazardous to their health. This was not a community that took kindly to stern reprimands, especially about sex, the doctor knew... This was not a time or place to be judgmental, because most of these men had fled their homes for cities like Los Angeles precisely to escape judgement... So, as Weisman reassured this young

man that they'd give back his health, he was wondering to himself, "What are we doing to ourselves?" (48-49)

The sexual liberation of the 1960s and 70s fostered a gay male community of promiscuity which I do not write in a pejorative sense. Gay men did not have to worry about getting each other pregnant, so why would condoms be used? During the early 1940s, penicillin was discovered to be an effective treatment for syphilis, and other STDs, such as herpes, was considered more bothersome than an objection to unprotected sex; the use of condoms held little importance or practicality (Francis). Sex was so very intertwined with gay culture. At the onset of the epidemic, the question likely facing Dr. Weisman and other health care professionals is how do we stop men from doing the very thing that may be killing them.

What was this culture of sex before AIDS? In *My Alexandria*, a collection of poems by Mark Doty, he gave us a glimpse into this life. In "Days of 1981", Doty wrote of being young in Boston, of meeting a man in a bar, and learning about sex:

/The man I met, slight and dark as Proust, a sultry flirt,  
introduced himself because he liked my yellow shirt.  
I don't remember who brought who drinks,  
or why I liked him; I think it was simply  
that I *could*. The heady rush of quickly  
leaving together, late sun glaring over the Charles,  
those last white sails blinding: it was so easy,  
and strangely exhilarating, and free

as the women singing: a tidal, glimmering whirl/

/he knelt in front of me on the bleachers

in an empty suburban park, and I reached

for anything to hold onto, my head thrown back/

/If I knew where he was, even his last name,

(something French?) I might call again

to apologize for my naïve

persistence, my lack of etiquette,

my ignorance of the austere code of tricks.

I didn't know then how to make love like that./ (7-9)

Casual sex was the norm. It was sex that was emotionally unattached and plentiful. In the ways in which Doty explored the freedom of sex in the beginning of the decade, it looked different by the end. In David Leavitt's 1989 *The New York Times Magazine* article, "The Way I Live Now," a response to Susan Sontag's 1986 short story, "The Way We Live Now," Leavitt writes about the evolution of "safe sex" in the gay community:

Among gay men things have changed. Though I still know men who believe there is no such thing as "safe sex"- who prefer to lead a celibate life rather than risk infection- they are rare; for the most part, after AIDS as before AIDS, people follow their natures: some have only one sex partner, some multiple sex partners; some seek anonymous sex, some lovers, some both. What's changed is that safe sex has become the norm to which unsafe



sex is the frowned-upon exception. For younger gay men especially, unhampered by memories of the old days, safe sex has become simply what sex is.

In a decade, the ways gay men had sex changed, and in the framework, did the ways gay men love change? I wanted to understand the writings of love during the AIDS epidemic. What would it be like to romantically love someone when you have AIDS? What would it be like to be loved by someone with AIDS? What would it be like to witness your beloved community of friends die from this disease?

Michael Callen's 1990 book, *Surviving AIDS*, is about what the title implies: stories of how people, including himself, have lived for years with AIDS. He wanted to fight against the notion that AIDS was an automatic death sentence. However, the title became ironic; Callen died of AIDS three years after the book's publication. *Surviving AIDS* is dedicated to two people: his doctor, Dr. Joseph A. Sonnabend, and his partner, Richard Dworkin. When Callen and Dworkin met, Callen had AIDS, but Dworkin did not. From my searches on Google, it appears that Dworkin never contracted HIV, though I do not proclaim that definitively, and he is also still alive. In *Surviving AIDS*, Callen credits his survival to the love of his partner:

But it is to my lover that I feel I owe my life. There is no question in my mind that I would not be alive today if, at a crucial moment in the process of coming to terms with AIDS, I hadn't met my lover, Richard Dworkin. I consider myself unspeakably lucky to have met him when I did. (76)

Dworkin, with full disclosure by Callen of his AIDS diagnosis, decided to start a relationship with Callen, and they remained together until Callen's death. What would it have been like to watch your partner of many years die from AIDS? To watch someone suffer and then be released

from their pain through death? I believe when the end finally comes, the surviving partner also feels a sense of release. In Mark Doty's 1996 memoir, *Heaven's Coast*, he writes of his life with his partner, Wally Edwards, who died of AIDS in 1994, and the immediate aftermath. Similar to Dworkin, Doty appears to have never contracted HIV and is still alive and publishing work. In *Heaven's Coast*, Doty captures Wally's last moments on Earth. Doty was with him to the very end, along with the couple's dog, Arden, and Wally's caretaker, Darren:

I was never this close to anyone in my life. His living's so deep and absolute that it pulls me close to that interior current, so far inside his life. And my own. I know I am going to be more afraid than I have ever been, but right now I am not afraid. I am face to face with the deepest movement in the world, the point of my love's deepest reality- where he is most himself, even if that self empties out into no one, swift river hurrying into the tumble of rivers, out of individuality, into the great rushing whirlwind of currents.

God moving on the face of the waters.

Suddenly I'm so tired I think I can't stay awake another minute. Darren comes in- he's been in and out all day, spelling me, seeing where things are- and says he'll sit with Wally awhile. I say I'll sleep on the couch for an hour. I don't think I've been lying down ten minutes when I sit up, wide awake. Darren is in fact on the way to fetch me, but I'd have come on my own. I know it's time.

I say to Wally, while the breath comes more shallowly. *All the love in the world goes with you.*

Each breath he draws in goes a little less further down into his body, so easily. He never struggles; there's no sense of difficulty, no sense of holding on.

Arden stands up, suddenly, moved by what imperative I don't know, and falls out of the bed. Darren says, *That's just Arden, he's okay*, not wanting to steal Wally's attention from where he is now.

I say, *You go easy, babe, go free*.

The world seems in absolute suspension, nothing moving anywhere, everything centered.

*Go easy, but you go.* (260-261)

I do not believe I have ever read such beautiful prose about watching your partner die. Doty is as present as he can be, and while he will soon be overwhelmed with grief, he does not detach himself from this moment. While Doty wants Wally to be released from his body, free from his physical presence, Doty is not releasing Wally's entire presence from this world. Doty will write a book about Wally, and about their love. Wally's life gave Doty's life a greater sense of purpose. I think that sort of love is tremendous.

It is one thing to bear witness to a loved one's death, but what would it be like to bear witness to your own? David B. Feinberg's 1994 posthumously published collection of essays turned book, *Queer and Loathing: Rants and Raves of a Raging AIDS Clone*, is satirical and painstakingly honest about dying from AIDS. In his final essay, "The Last Piece," he writes about his impending death:

But there comes a point when your sense of humor grows stale. It's time for a break.

Writing these essays becomes too much of a strain. I've lost my taste for it. I can only mask so much bitterness and anger with humor. The subject ceases to be palatable. It all gets too ugly.

I'm beginning to lose perspective. I need more distance. I cannot write about being ill when I am ill.

We can leave here with the hopeful fiction that nothing worse will happen, that the cure is just around the corner, but that would be fooling no one, least of all myself.

I could look back from the perspective of beyond the plague.

I can't.

This is the logical stopping place. (273-274)

I am unaware of how much time Feinberg had left on this Earth when he wrote those words. He was right, though; he does die and is somewhat wrong, a cure is not right around the corner, but an effective type of drug, Protease Inhibitors, is two years away from FDA approval. People will begin to have longer lifespans. I do understand why Feinberg stopped writing, though. There is only so much writing about one's death that one can write. The writing that will follow will not be by Feinberg but about Feinberg. I wanted to write about Feinberg and more broadly, this entire thesis, because part of a generation was lost in the AIDS epidemic, but what can live on, what can be preserved, are their stories and their words.

After Wally's death, Doty continues his exploration of grief in *Heaven's Coast*. Doty not only witnessed Wally's life and death from AIDS, but he watched friends die of AIDS before Wally and continued to watch friends die after him. Is there a breaking point to grief? When death feels all around us, how much can we handle? In the time of the AIDS epidemic, the grief one had to face as a gay man in America was unimaginable. Doty writes of how this grief affected him:

Maybe, yes, R. and L. will be fine, maybe the men in the workshop will be all right; the old optimistic line, San Francisco, 1989, plays in my head, *HIV is not a death sentence*, and who knows how any individual will fare, who can predict it. But I've seen too much, I've lived that long corrosive descent, and now I want to moan or cry it out, from the depth of my stomach, I want to double over and push the grief out of me, for R. and L., and the circle of radiant or uncertain faces around that table last night, hopeful, disenchanted, sorrowing, exhausted, still quick with potential. The epidemic opens out and out, endlessly consuming my generation and the one before and the one after me, immense bitter wave, the floor beneath us pulling back, pulling away, a huge gap opening beneath whatever seemed momentarily solid, downward pull, dizzying absence: multiply, endlessly, these human faces. (277)

In the first fifteen years of the AIDS epidemic, roughly 160,000 men between 25 to 44 who identified as gay had died from AIDS in America (Rosenfeld). Part of a generation of gay men died from AIDS, and the other part who lived would be shaped by those that died from AIDS. But gay men were not the only ones dying. The stories of non-white gay cisgender men need to be told too. Their lives need to be in the narrative and remembrance.

## MARGINALIZED IDENTITY EXPERIENCE OF HIV/AIDS

"I didn't want to publish a book about long-term survivors that didn't include a profile of a woman surviving with AIDS" (124). Michael Callen wrote that in *Surviving AIDS*. While white cis gay males were at the forefront of the media, women were dying too. Intravenous drug users were dying too. People of color were dying too. Poor people were dying too. AIDS would kill you indiscriminately. I cannot write this thesis without including profiles of women, people of color, intravenous drug users, and poor people surviving and dying of AIDS.

Callen's *Surviving AIDS* comprises profiles of people living with AIDS; each chapter is devoted to one person. The chapter in which he wrote the above quote was a profile of "Lela," not her real name. He follows that quote: "Sadly, available data indicates that women with AIDS tend to die much more quickly than gay men, and in particular, women of color whose risk factor is IV drug use tend to die very quickly" (124). Yet the focus of the disease was on white gay men. The most marginalized of society existed in the shadows of the media discourse. Their hopes for survival would be intertwined in a racial and socio-economic hierarchy where white gay men would sit up top and be the primary voice of the sick.

At the beginning of Callen's profile of Lela, she starts by explaining the differences in how women with AIDS are treated and seen:

The most frustrating aspect of being a woman who has AIDS, Lela explained, is that everyone expects you to have AIDS in the same way that men do. "Everyone's image of AIDS is the emaciated, Dachau concentration-camp-survivor look. In fact, most of the women with AIDS I know are very large, like me- *robust*, as I would say. And the infections we get aren't always the same ones men get, so doctors often don't look for

AIDS in women. And the reality is, there are a lot of women out there who you'll be sitting next to thinking they're fine, but I know them to be sick. (125)

Lela described herself as a "former IV drug user" and "a lesbian- even though I have slept with men" (125). She started shooting up heroin as a teenager in the 1970s, leading to years of use, remission, and relapse. She suspected that she contracted HIV during one of the periods of relapse when she was shooting up heroin with two gay men, and they were also all having sex. In 1985, during a period of remission helped by NA (Narcotics Anonymous), she got tested for HIV after four months of sobriety. The first test was negative, but within a year, vaginal yeast infections that didn't clear up and respiratory illnesses led her to get tested again with a positive diagnosis of HIV. Within two years, her HIV diagnosis progressed to an AIDS diagnosis.

As Lela was a featured story in *Surviving AIDS*, we know she lived with AIDS for a number of years, but we do not if or when she died, presumably she did die from AIDS. Callen ends each profile by asking the person what they would tell someone who was newly diagnosed with AIDS and, in Lela's instance, what she would say to a woman who was newly diagnosed. One piece of advice was, "And I would encourage her to get into a support group-- not to try to go through AIDS alone. I don't know anyone who is doing it alone and making it" (131). This idea of isolation is a thread through the stories of marginalized identities. While white cis gay males were dying, they usually died within their communities. Lela, and stories like hers, shed light on how marginalized identities lacked much of the community support that held up those dying of AIDS in the gay white male communities.

Dr. Abigail Zuger was a second-year resident at Bellevue Hospital in New York City in 1981 when she witnessed the beginning of the AIDS epidemic. Dr. Zuger became an internist and infectious disease expert. She spent an afternoon a week for years in Bellevue Hospital's

infectious disease clinic, where she treated some of the city's poorest people who had HIV or AIDS. In the Preface to her 1995 book, *Strong Shadows: Scenes from an Inner City AIDS Clinic*, which chronicled eight patients who she saw over months or years in the late 1980s and early 1990s, Dr. Zuger writes of how AIDS manifests in the inner city:

Readers will find that AIDS in the inner city has less to do with sexual politics than with individual citizenship, less with abstractions of art and mortality than with the mundanities of food, shelter, child care, and Medicaid cards. No disease shows up the crazy quilt of American medical care for the shabby thing it is among the sick-to-death poor better than AIDS. In the infectious disease clinics of large urban hospitals like mine, the much-touted amenities of our health-care system are not in evidence. (xii)

People living in the inner city may already struggle to survive even if they do not have an AIDS diagnosis. Anita Lewis, one of the patients who Dr. Zuger chronicled, was described as a beautiful young black woman and mother. In her first appointment at the clinic, Anita brings her toddler with her. At the consultation, she admits to missing appointments at her previous NYC hospital and not re-filling her prescriptions. Anita says her “husband doesn’t like my being away from home” (148). Dr. Zuger wanted to admit her to the hospital after hearing her breathing and fear of an opportunistic lung infection. However, Anita refused treatment as she did not trust her husband to take care of himself and their child without her. Two months after their initial consultation, Anita comes back to the clinic. She tells Dr. Zuger she needs a certain kind of medicine:

“Oh, and I need some kind of a cream for a discharge too, if you would. In my, you know, down below.”



“A discharge in your vagina?”

“Yes, just, you know, whatever cream you would use for a little sore.”

“Well, that kind of depends on what you’ve got down there. Let’s have a look.” A sore and a discharge could mean a dozen things, from candida to syphilis to herpes.

“Oh, no, I just don’t have time for that. Just give me whatever cream would do the best job.”

“Mrs. Lewis, I can’t do that. No cream will do a good job for everything. I won’t do a full exam, if you don’t want, but I’ve got to take a look.”

“I’d really rather not.”

“It’s your choice, then, but I can’t give you anything to help.” This is not disciplinary action on my part: I would actually be happy to oblige, but I would honestly not know what to give her.

She sighs, gets up on the table, pulls down her underclothing, closes her eyes.

“Oh, my God.” The words are out before I can stop them. Her vaginal area is a mass of sores, oozing and crusted. She has the worst case of vaginal herpes I have ever seen. I can’t imagine how she is able to talk, let alone walk, without any sign of discomfort.

“How long have you had that for?”

“Just a while.” Her eyes are still closed.

“Did you ever have that before?”

“A few times.”

“This bad?”

She nods.

“Did you take anything for it?”

She shakes her head, adjusts her clothing, climbs down from the table, avoiding my eyes.

“You can give me something for it now? I really do have to be going.” (154-156)

While this dialogue discusses vaginal herpes, not AIDS, it exemplifies Anita's involvement in the health care system. It shows her reluctance to seek treatment, downplaying of her vaginal condition, shame, and desire to leave the room. Anita seems to be able to dissociate from her body at times. As she walks to go, Dr. Zuger asks how she thinks she contracted HIV; Anita responds with, "I don't talk about it" (156). Two months after this appointment, the last and final time Dr. Zuger meets with Anita, she needs to be admitted to the hospital for PCP, Pneumocystis pneumonia, which is an opportunistic fungal lung infection and is accompanied by her daughter and sister. Her sister believes she came down with another bad case of the flu; she is unaware that Anita has AIDS. Once again, the shame is palpable. But I can understand why. Anita's story was not akin to stories of AIDS across the country, or at least not on the news. She was a poor young black mother who had AIDS. You can see why she didn't talk about it and she couldn't put her health first because she had a child and a spouse to care for, as the social mores of the time dictated.

Another profile in *Surviving AIDS* was that of "A.J." Roosevelt Williams. At the time of Michael Callen's interview with him, he was a forty-three-year-old black gay man living in Oakland, California. He was raised poor, along with six half-siblings, in Oakland. As a child, he suffered sexual abuse by the husband of one of his mother's friends and a Baptist preacher. By

the age of sixteen, he had been taken into foster care after being beaten by his mother. Eventually, he became estranged from almost his entire family. He was diagnosed with AIDS in 1982, nearly a decade before his interview with Callen. During the 1980s, he was fired from his job at Trans World Airlines, losing his medical insurance and forcing him onto Medicare and Social Security. He was intermittently homeless and struggled to find a non-familial support group. However, A.J. remained resilient. When he was told he had AIDS, he wouldn't accept it as a death sentence. Living with AIDS was not the most upsetting thing he learned to live with, but the racism and lack of attention to people who looked like him were:

To give you an example of racism, when I came back to San Francisco with this AIDS diagnosis, San Francisco was paying more attention to AIDS than just about every other city. Every day on television there was something in the news. But I soon realized that whenever anything about AIDS was reported, it was always a gay white man. And even when they spoke of volunteers, it was always white people who were doing the volunteering.

And to be honest with you, I started to feel jealous. I was watching these people become heroes and stars and I felt like I was being neglected. I realized that this must be true for other people too. Here we have black children in a ghetto who feel doubtful about a future to begin with. The world is saying to them, 'Just say no to drugs and make something of your life, but we're not going to show you any images of you as a hero.'

(108)

It is one thing to live with AIDS; it is another to feel like you are not a part of the community of people with AIDS. AIDS was given a face that did not look like A.J., Anita, or Lela. The reporting was on white people dying and white people saving white people from dying. Even

though AIDS was a stigmatized disease, one often associated with a “gay disease,” the stigmatization begot stigmatization. It was not given a name associated with other minorities and marginalized identities. As is often the case, people of color and people experiencing poverty were not part of the narrative, primarily if the narrative concerns society caring about their well-being. Society can condemn people for being gay and poor, but if you are male and white, you are of an elevated social status. It being called a “gay disease” was the extent of marginalization, and when it ends there, you leave out all the rest.

***THE NORMAL HEART AND ANGELS IN AMERICA: A GAY FANTASIA  
ON NATIONAL THEMES***

*The Normal Heart* was written by Larry Kramer and first produced in 1985. The title of the play comes from W.H. Auden's poem "September 1, 1939" and Kramer requested that all programs of the play include this excerpt:

The windiest militant trash  
Important Persons shout  
Is not so crude as our wish:  
What mad Nijinsky wrote  
About Diaghilev  
Is true of the normal heart;  
For the error bred in the bone  
Of each woman and each man  
Craves what it cannot have,  
Not universal love  
But to be loved alone.

All I have is a voice  
To undo the folded lie,  
The romantic lie in the brain  
Of the sensual man-in-the-street  
And the lie of Authority  
Whose buildings grope the sky:  
There is no such thing as the State

And no one exists alone;  
Hunger allows no choice  
To the citizen or the police;  
We must love one another or die.

The play shows that we must love one another despite death. Death becomes the constant, and love is the choice. These people and their stories are not imaginative for Kramer as the play is semi-autobiographical. The character, Ned Weeks, is based on Kramer's life. As did Kramer, Ned graduated from Yale. Both became successful writers of screenplays and books before focusing on AIDS activism before AIDS was known as AIDS and co-founded one of the first service organizations for people with AIDS, then were kicked out of it by other founders (Lewis). Ned's close yet contentious relationship with his heterosexual lawyer brother, Ben, is also drawn from Kramer's relationship with his brother, Arthur. Most of the other characters are based on his real-life friendships. Inspiration for this story was all around Kramer.

The play takes place between 1981 to 1984 in New York City. There is something striking about the play before the dialogue even starts: the set design. The walls of the play were painted with these facts of the AIDS epidemic and comparison to the Tylenol scare of 1982.

These were a few things written on the walls of the original production:

1. Principal place was given to the latest total number of AIDS cases nationally: \_\_\_\_\_  
AND COUNTING. (For example, on August 1, 1985, the figure read 12,602.) As the Centers for Disease Control revise all figures regularly, so do we, crossing out old numbers and placing the new figure just beneath it.
2. EPIDEMIC OFFICIALLY DECLARED JUNE 5, 1981.

3. During the first nineteen months of the epidemic, *The New York Times* wrote about it a total of seven times.
4. During the three months of the Tylenol scare in 1982, The New York Times wrote about it a total of 54 times. Total number of cases: 7.
5. The public education budget for 1985 at the U.S. Department of Health and Human Services: \$120,000.

Frank Rich, an op-ed columnist, reviewed the 1985 production for *The New York Times* and spoke of the stage design being arguably more impactful than the dialogue itself:

The set, designed by Eugene Lee and Keith Raywood, encloses the audience in a whitewashed box, on which are emblazoned the names and state-by-state death tolls of AIDS victims. While one wishes that the play's outrage had been channeled into drama as fully compelling as its cause, the writing on the theater's walls alone could drive anyone with a normal heart to abandon what Mr. Kramer calls the "million excuses for not getting involved."

Unlike Rich, I found the drama compelling. Throughout the play, Ned Weeks, the character based on Kramer's life, frequently speaks in diatribes against those he thinks are against him and he thinks many, if not most, people are against him. Possibly the top receiver of his rants is his brother, Ben. In Scene 5, Ned demands that Ben, his successful and straight brother, view him as "the same as you," to which Ben responds, "No, you're not. I can't say it". Ned does not hold back his agitation:

Ned: I'm beginning to think you and your straight world are our enemy. I am furious with you, and with myself and with every goddamned doctor who ever told me I'm sick and

interfered with my loving a man. I'm trying to understand why nobody wants to hear we're dying, why nobody wants to help, why my own brother doesn't want to help.

(Scene 5)

Ned's speech could come off as self-righteous, but he had a right to be. If the people in positions of power are being quiet and unresponsive to the AIDS epidemic, then why not be loud and abrasive? Why couldn't his brother see him as an equal, deserving of every right to live as his own? Ned does not crave universal love but to be loved alone by his brother, who means more to him "than anyone else in the world" (Scene 5). At the end of the play, when Ned has just lost his partner, Felix, to AIDS, there appears to be a reconciliation between the brothers. In his final speech, Ned believes he didn't fight hard enough to save Felix. And there is no final speech by Ben proclaiming his brother to be his equal. Despite the reconciliation, it appears that Ned lost on two fronts.

Nearly thirty years after the first production of *The Normal Heart*, *HBO* produced its movie adaptation in 2014. A review of the adaptation by Richard Lawson in *Vanity Fair* underscores why this play has not lost its importance:

In many ways, *The Normal Heart* has become an entirely necessary historical document, giving full-bodied life and spirit to a piece of recent history that's all too often forgotten in our progressive, gay marriage-sanctifying present. The horrors of the play's generation must be remembered, not just because H.I.V.-infection rates among young people are troublingly on the rise in this country, but because these stories crucially remind us how we got where we are now, how far we've come and how far we've yet to go.



Well-done adaptations can be reminders that the past is not too distant. That what we believe is behind us is still with us. Three years after the first production of *The Normal Heart*, Larry Kramer was diagnosed with HIV (Lewis). He lived, though. His obituary does not come before he writes co-wrote this adaptation with Ryan Murphy. Through the capabilities of film, Larry could show in a two-hour movie what a two-hour play could not do. Lawson's article highlights how the character of Felix, played by openly gay actor Mark Bomer, wanted to inhabit someone dying from AIDS convincingly:

Shooting on the film reportedly stopped for some time while Mr. Bomer lost 40 pounds to portray Felix after he has come down with the disease. It's a frightening thing to see, and an example of how Mr. Kramer and Mr. Murphy take one of the play's strong points and, through the flexibility afforded by film, make it even more powerful.

(Lawson)

Not only was the audience able to see a physical transformation, but the medium of film allowed for visuals that were impossible on stage. One of the most memorable monologues from *The Normal Heart* is when Bruce, a closeted, successful, and distractingly attractive gay man, informs Ned about the death of Albert, his partner. Ned did not know that Albert was close to death:

Bruce: No one did. He wouldn't tell anyone. Do you know why? Because of me. Because he knows I'm so scared I'm some sort of carrier. This makes three people I've been with who are dead. I went to Emma and I begged her: please test me somehow, please tell me if I'm giving this to people. And she said she couldn't, there isn't any way they can find out anything because they still don't know what they're looking for. Albert,

I think I loved him best of all, and he went so fast. His mother wanted him back in Phoenix before he died, this was last week when it was obvious, so I get permission from Emma and bundle him all up and take him to the plane in an ambulance. The pilot wouldn't take off and I refused to leave the plane- you would have been proud of me- so finally they get another pilot. Then, after we take off, Albert loses his mind, not recognizing me, not knowing where he is or that he's going home, and then, right there, on the plane, he becomes...incontinent. He starts doing it in his pants and all over the seat; shit, piss, everything. I pulled down my suitcase and yanked out whatever clothes were in there and I start mopping him up as best I can, and all these people are staring at us and moving away in droves and...I ram all these clothes back in the suitcase and I sit there holding his hand, saying, "Albert, please, no more, hold it in, man, I beg you, just for us, for Bruce and Albert." And when we got to Phoenix, there's a police van waiting for us and all the police are in complete protective rubber clothing, they looked like fucking astronauts, and by the time we got to the hospital where his mother had fixed up his room real nice, Albert was dead. (*Ned starts toward him.*) Wait. It gets worse. The hospital doctors refused to examine him to put a cause of death on the death certificate, and without a death certificate the undertakers wouldn't take him away, and neither would the police. Finally, some orderly comes in and stuffs Albert in a heavy-duty Glad Bag and motions us with his finger to follow and he puts him out in the back alley with the garbage. He says, "Hey, man. See what a big favor I've done for you, I got him out, I want fifty bucks." I paid him and then his mother and I carried the bag to her car and we finally found an undertaker who cremated him for a thousand dollars, no questions asked.

(Scene 11)

Albert's death was horrific, and watching the corresponding scenes made it even more powerful than reading it. People like Albert were ostracized from society because of having AIDS, a disease that members of society cannot contract from exhibiting compassion towards them. Not only were they ostracized, but the government and society were not trying to save them. They were left to die, to be discarded as garbage. In another review of the adaption by Neil Genzlinger in *The New York Times*, he explained why that was:

And where, in the play, a character might describe an experience, here we can see it. A monologue about a flight home with a sick friend can be compelling, but being inside that airplane — a hermetically sealed tube full of people, fear and ignorance — is harrowing on a whole other level.

As Larry Kramer was successful in his own right before *The Normal Heart*, his co-writer for this screenplay, Ryan Murphy, who is also openly gay, had already made a name for himself in the mainstream television industry. He had succeeded in creating and producing television shows such as *Nip/Tuck*, *Glee*, and *American Horror Story*. At the height of the AIDS epidemic in the late 1980s, Murphy was in college. In a 2018 interview about *Pose*, a series Murphy co-created surrounding the drag ballroom culture in NYC in the 1980s and 90s, Murphy spoke of his fear of contracting HIV, even when he was not having sex:

I would drive myself to the emergency room in college every 10 days, even when I was celibate, and get a blood test and I would wait for two weeks and lose 15 pounds and throw up in the middle of the night in fear because I thought I was going to die. I thought that loving someone meant death, and I think a large group of young people don't have

that experience. That was my experience, so I was able to, with the HIV/AIDS story, really lean into my pain. (Bentley)

As a gay man, Murphy equated love with death. Coming of age as a gay man at this time, could you argue that fear did not hold legitimacy? Murphy did not have to look far for examples of how love was associated intimately with death. Trauma was experienced among those in that demographic that did not die, whether that be from a strong immunity, celibacy, or pure luck. *The Normal Heart* was not the only play of the epidemic to make an impact. In 1991, six years after *The Normal Heart* was produced, *Angels in America: A Gay Fantasia on National Themes* premiered in San Francisco.

The playwright Tony Kushner started writing *Angels in America* 1987 at thirty-one years old (Kushner ix). Kushner spent much of his twenties watching those within his community die from AIDS (McGarth). While the play *Angels in America* is centered around a disease that was a death sentence for tens of thousands of young gay men in the 1980s, the critiques of American politics surrounding AIDS are just as central to the theme as the disease itself. As was Kramer, Kushner was part of a growing community of 20th-century playwrights who decided to incorporate politics and social injustices into their dialogues. I believe that *Angels in America* was particularly impactful because it was written and performed at a specific time in the AIDS epidemic: AIDS being a death sentence, ignored by the Reagan and Bush administrations, and stigmatized as a gay man's disease. The overwhelming death of gay men began to subside by the mid-1990s with the introduction of AZT. This antiretroviral medication helped turn the disease into a chronic illness, not a death sentence. While there is a privilege in knowing that an effective drug was just a few years away, *Angels in America* needed to be introduced into consciousness when lives were on the line.

In Ramzi Fawaz's article, "I Cherish My Bile Duct as Much as Any Other Organ: Political Disgust and the Digestive Life of AIDS in Tony Kushner's *Angels in America*," he focuses on many instances where discussion of digestion and bodily function were exchanged and how those were also metaphorical allusions to American politics:

I coin the phrase "the digestive politics and poetics of AIDS" to describe a dense rhetorical formation distinct to queer cultural production in the late 1980s and early 1990s. This formation developed metaphors, conceptual juxtapositions, and figures that linked the material forms of the gut (particularly as they were affected by HIV/AIDS) — the stomach, ingestion, digestion, blood flow, and excretion — to the forms of American political life: democracy, the public sphere, the law, and liberal humanism. By employing viscerally charged representations of bodily and political forms that elicit affective responses, the digestive politics and poetics of AIDS worked not only to reroute the direction of a particular emotion — social and political disgust — but also to *repurpose* its content, that is, to transform a dehumanizing disgust that enables political apathy toward people with AIDS into a galvanizing disgust that might incite political action in response to the AIDS crisis. (122-123)

Fawaz's phrase "the digestive politics and poetics of AIDS" covers the period during which Kushner wrote and the first live production of *Angels in America*. References to digestion are pervasive throughout the play. In Act One Scene Eight of *Millennium Approaches*, Prior and Louis, boyfriends, get into their first prolonged argument after Prior discloses to Louis that he has AIDS:

Prior: .... We who are about to die thank you.

Louis: You are not about to die.

Prior: It's not going well, really... Two new lesions. My leg hurts. There's protein in my urine, the doctor says, but who knows what the fuck that portends. Anyway it shouldn't be there, the protein. My butt is chapped from diarrhea and yesterday I shat blood.

Louis: I really hate this. You don't tell me –

Prior: You get too upset, I wind up comforting you. It's easier-

Louis: Oh thanks.

Prior: If it's bad I'll tell you.

Louis: Shitting blood sounds bad to me.

Prior: And I'm telling you.

Louis: And I'm handling it.

Prior: Tell me some more about justice.

While I am unaware if Kushner intended this, I deduced an allusion to the American public and politicians in this dialogue. Louis inhabits the willful ignorance of those not concerned with the AIDS epidemic. Prior did not have effective AIDS medication, so his body would deteriorate before Louis's eyes. Yet, Louis lives in a state of ignorance about the body of the man he sleeps next to every night. Men like Prior walked in every corner of this country, yet ignorance & avoidance was the societal antidote prior to the real one, AZT. The idea of how the butt can be both a place of profound pleasure and profound pain is unsettling imagery for those disgusted by the act of homosexual penetrative sex. Kushner's imagery of the digestive tract is confronting

not just for Louis but for those that sat in the audience and those that would not sit in the audience during the production.

In Fawaz's article, he can artfully articulate and underscore why *Angels in America* became commanding on the American then-world stage:

No cultural production of the late 1980s and early 1990s took up this project more powerfully than *Angels in America*, which was being written and performed at the same time that AIDS cultural theory and radical AIDS activism reached their zenith between 1987 and 1993. The play renders the realm of politics itself as an affective intensity experienced on the body both in the visceral metaphors used to describe it and in the possible performance of those metaphors elicited by stage directions that demand “fury,” “distaste,” “terror,” and “despair”; simultaneously, it links its characters' seemingly individual experiences of AIDS, racism, homophobia, and sexism — in particular, their digestive responses to the disease and its corollary social stigmas — to wider orders of experience including the nation, the globe, even the category of the human. (129-130)

The production of *Angels in America* coincided with radical AIDS activism in America. Without *Angels in America* and forms of activism, would widespread, effective treatment of the disease have become available in the mid-1990s? There were governmental health sectors, companies, and individuals working tirelessly for treatment that would change the diagnosis from a death sentence to a chronic disease, and forms of writing such as this became a needed provocation to the powers that be that this community will not be silenced nor ignored.

In Joshua Takano Chambers-Letson's, “The Principle of Hope: Reflections on a Revival of *Angels in America*.”, he takes a more pointed stance on where Kushner missed the mark:

*Angels in America* is one of the most produced contemporary plays and is also the source of a compendium of critical attention. It has been heralded and critiqued as a lyrical meditation on the question of America; a heart-breaking interrogation of personal and political loss; and a sometimes-cloying documentation of a specific vision of urban, middle-class, white, queer intellectual liberalism at the end of the millennium. (143)

The only person of color in the play was Belize, a former drag queen, and nurse. While severely lacking in a diverse cast of characters, Belize was the only self-actualized character. He was harsh, astute, and honest in his monologues while simultaneously being the only character who was compassionate enough to care for Roy Cohn. This dying man hated everything Belize was and represented in the flesh. When Roy ultimately died, and Belize called in Louis to take his stash of AZT, Louis was outraged that Belize requests that he says the Kaddish, the Jewish prayer for the dead. At first, Louis refused until Belize explained his reasoning:

Belize: He was a terrible person. He died a harsh death. So maybe...A queen can forgive her vanquished foe. It isn't easy, it doesn't count if it's easy, it's the hardest thing. Forgiveness. Which is maybe where love and justice finally meet. Peace, at least.  
(*Perestroika* Act Five Scene 3)

For those who watched their loved ones die of AIDS during the roughly decade and a half before effective treatment, was forgiveness of people like Roy Cohn and a government, at best described as apathetic, something that should be sought? I believe if the government fully acknowledged how they failed those who died, it would be in the realm of possibility, but until then, I think not. As Belize said, I also imagine it would be the hardest thing to do.

The 2003 HBO adaptation of *Angels in America* was accurate to much of the same dialogue of the play, but beyond that, the undefinable allure that drew me to the play was not felt



in the adaptation. The star-studded cast included Al Pacino, Meryl Streep, and Emma Thompson, but none of them nor the other prominent cast members of the series are LGBTQ, at least publicly. You need not be gay to play a gay actor as acting is acting, but there lacked a queerness to this production that I was longing for during the six parts and 6 hours of airtime. In Gretchen Minton and Ray Schultz's article, "*Angels in America: Adapting to a New Medium in a New Millennium*," they share a similar sentiment, "Ultimately, what is lacking in the HBO *Angels* may not be gay content so much as a gay sensibility" (35). It could be that I expect, at the minimum, any production of LGBTQ content to be something that does not feel contrived or manufactured. Although that is possibly an unfair lens to critique a production of two decades ago. But then again, why does *Angels in America* feel so authentically "gay" in its written form in the late 1980s and early 1990s but so unauthentically gay a decade and a half later on television? In the span of Tony Kushner completing the first edition of *Angels of America* to the production of the HBO series of the same title, protease inhibitors became available to the public, and AIDS became a chronic disease, not a death sentence (Nania). The transition from AIDS being synonymous with death to AIDS being a disease you could live with enabled a film production void of the profound grief and loss of the 1980s and early 1990s because it stopped being such a lived reality in America. The more distant we grow from a tragedy, the more distant we can all ourselves to grow from the emotion of the tragedy.

Minton and Shultz's article is critical of much of the film adaptation. Yet, these authors applaud certain aspects of scenes, such as "visual effects is one way that the film medium can add details that contribute to the palimpsest of history" (38-39). In the first part of the play, *Millennium Approaches*, there is a split scene of the breaking up of two relationships: Joe & Harper and Prior & Louis. In the film adaptation, what initially ties the split scene together is a

speech by Ronald Reagan on the television in the hospital room of Prior and the living room of Harper and Joe's apartment. While the film allows for the sameness of what is playing on the tv and the realism of a hospital room and an apartment, I believe this scene calls for this dialogue to be shared on the same stage. This dialogue exchange needs to be depicted in the same foreground as these words are heightened and more pronounced because there isn't a division of space in the play. The adaptation shows the sameness of time, but the equality of space is needed just as much for its intended effect. The dialogue does remain mostly exact in the play. Still, a particular retort by Prior is left out, "Apartment too small for three? Louis and Prior comfy but not Louise Prior and Prior's disease" (Act 2 Scene 9). The historical piece of Ronald Reagan being on the television screen was an important contribution to the scene. But the mention of disease was left out of this scene, and disease felt left out of this adaptation.

The words of *Angels in America* and *The Normal Heart* were brought to life on stage and then in film. A call to arms became a call to remember. Both playwrights outlived the AIDS epidemic. Tony Kushner is still alive, and Larry Kramer died of pneumonia at 84 in 2020 (Lewis). Their plays will always serve as a reminder of words written amidst an epidemic of death and the American government not having done nearly enough to end it.

## CONCLUSION

The title of this thesis, “Before They Could Be Saved: AIDS Voices before Protease Inhibitors,” indicates that there came a time when people with AIDS could be saved, specifically when Protease Inhibitors became available to people in America in 1996. Protease inhibitors “attack an enzyme called protease used by the AIDS virus, H.I.V., to multiply in the body” (Hilts). According to this 1996 *New York Times* article, “With Record Speed, F.D.A Approves a New AIDS Drug,” Merck & Company’s drug, Crixivan, was proved highly effective with AZT, the conventional AIDS drug:

The new Merck drug has been shown in a series of tests to reduce the amount of AIDS virus detectable in patients’ blood by 80 to 90 percent when used alone, and by 90 to 98 percent when used alone, and by 90 to 98 percent when used in combination with customary AIDS drugs like AZT.

In fact, “triple drug”, therapy -- a combination of indinavir, AZT and another customary medication called 3TC – reduced the AIDS virus even further, to below detectable levels, in all of one group of 30 patients for six months.

With the groundbreaking success of AIDS drugs, not only were fewer people dying, but more people were also living longer, “In 1996, the total life expectancy for a 20-year-old person with HIV was 39 years. In 2011, the total life expectancy bumped up to about 70 years” (Scaccia). And then, in 2012, a massive milestone in the AIDS epidemic occurred, the FDA approval of PrEP, short for pre-exposure prophylaxis. PrEP “reduces the risk of becoming infected with HIV through sex by 99% and through sharing needles for injection drugs by 74%” (“A Decade of PrEP: HIV Prevention Medicine Has Been a Lifesaver”). From 2014 to 2017, HIV infection

among men who have sex with men decreased by staggering percentages in two former epicenters of the AIDS epidemic: 47% in San Francisco and 37% in New York City (Arana).

The scientific advancements in HIV/AIDS research have enabled new generations of gay men to live long lives with HIV and even protect themselves against HIV with one pill a day.

Where there has been scientific progress, there has also been, in some ways, societal regression. In a press release on May 23<sup>rd</sup>, 2023, from the Human Rights Campaign, this year alone, there have been over 520 anti-LGBTQ bills introduced into state legislatures and over 220 bills specifically targeting transgender and non-binary people, a record number of bills in a single year (Peele). The current state in which I live, Florida, has enacted six anti-LGBTQ bills this year, which include bills that erase transgender and non-binary people from Pre-K through Grade 12 curriculum, criminalize transgender people for using public restrooms and change facilities that match their gender identity, allowing the Board of Governors to remove university majors and minors in subjects such as gender & women studies and critical race theory, and banning gender-affirming care for transgender youth as well as prohibiting all transgender adults on Medicaid from gender-affirming care (“Gov. DeSantis Signs”).

As I conceptualized, read extensively, spoke with my thesis chair, and wrote this thesis, it was not difficult for me to form connections between the AIDS epidemic and the rights of LGBTQ people, specifically trans people. The rights and access to healthcare for transgender people are at the whim of the state in which we live, our access to private health insurance, and our age, to name a few. The people who died from AIDS were a minority of the population, as those who identify as transgender are a minority. Because of that, people who did not have AIDS made decisions affecting people who had AIDS, as people who are not transgender are making decisions involving people who are transgender. While one could say that AIDS healthcare was a

life-or-death matter where transgender healthcare is not, that entirely is wrong. In 2022, a survey from The Trevor Project showed data that over 50% of nearly 34,000 queer and trans youth from ages 13 to 24 have seriously considered suicide (Levin). The apathy and disregard by people in positions of power for those dying of AIDS in the 1980s and early 1990s have evolved into hateful legislation against the lives of transgender people in current times. One generation was left to die, and a new generation was told not to exist.

When I started this thesis, I decided to find where Paul Jacobsen was buried so my mom and I could leave flowers on his grave. In the intervening decades between his death and now, my mom had lost Paul's mother's letter, but she believed he had been buried in Los Angeles. I did what any other Millennial, who came of age in the early 2000s, would do by trusting Google to find the answer. I started with searches such as "Paul Jacobsen Obituary," "Paul Jacobsen Occidental College Obituary," "Paul Jacobsen Los Angeles Obituary," and "Paul Jacobsen AIDS Obituary." Still, none of these searches yielded any results. I then signed up for free trials at Newspapers.com and Archives.com. A paid subscription would be sure to find him. Paul was a white, upper-middle-class, college-educated man; most surely, his death would have been marked by an obituary, even if his death from AIDS was written as "dying after a short illness" or some other misnomer that families would use during this time. However, once again, his death was not marked.

I then decided my last meaningful effort would be to contact the Office of Alumni and Parent Engagement at Occidental College, where Paul and my mom attended college, to see if Paul's family notified them of his death and, for my sake, his burial grounds too. A woman from the Alumni office responded, "I'm sorry to tell you, we were not given a copy of his obituary. According to the records that were given to us he passed away 9/6/88, and his middle

name was Elkins." When I thanked her for responding to my email, she wrote back with his birth date and verified the spelling of his last name; my mom wasn't entirely sure if it was Jacobsen or Jacobson. Once again, this additional information proved unhelpful in my search.

The date of his death did surprise me, though. I was born in January 1994, over five years after his death. My mom was not pregnant with me when he died. I do not give too much weight to that error because she remembered Paul. She remembered going to college with him, him dying, writing to his mother, and his love of flowers. Through this process of trying to find him, I realized that as hopeful as I was for the symbolism of lying flowers at his grave alongside my mom, what my mom has done in the intervening years since his death is more significant than any bouquet on top of a gravestone could mean. My mom allowed me to be her son. She was not consumed by the rhetoric of the death of her daughter, the challenges and discrimination that I would likely face as a transgender person, how my life would be marked by my first twenty-three years, and the hope that time would grant me many decades more as a man. I would like to believe that Paul would be more impacted by my mom's love for her child than by flowers.

In the penultimate essay titled "Regrets" in David B. Feinberg's *Queer and Loathing: Rants and Raves of A Raging AIDS Clone*, Feinberg starts the list of his regrets with, "I never went to Greece" (268). I know the importance of that is far less significant than what else he wrote: "I never really fell in love, only lust" and "I didn't call home enough," along with other quotes wrote in his sardonic prose, "I didn't charge more things on Visa before declaring bankruptcy" (270). But as I write this, I leave for Greece in less than two weeks. It is my first time visiting, and I am going with two trans male friends whom I met at an adult camp for men of trans experience. I have found myself going back to that quote again and again.

I feel overwhelmed with sadness and gratitude. Sorrow for a man who had to write a list of things he never got to do because a horrific disease took his life before being saved—gratitude for being a twenty-nine-year-old transgender man who gets to go to Greece. I will be able to say I went to Greece. I can also say that my health insurance covered my medical transition. I can say that I stood before a judge in California who legally declared me male and was able to change my name under the same authority. I can say that the past six years of my life as a transgender person have been the happiest six years of my life. I can write this thesis about people whose medical, political, and moral fighting enabled me to exist in the way I have had the ability and privilege to in the past six years. To the people I wrote about, your lives and deaths made an immeasurable impact on my existence. This was my way of leaving flowers on each of your graves.

## WORKS CITED

- “AIDS Patients Now Living Longer, But Aging Faster.” *NPR*, 10 Nov. 2009,  
[www.npr.org/2009/11/10/120249388/aids-patients-now-living-longer-but-aging-faster](http://www.npr.org/2009/11/10/120249388/aids-patients-now-living-longer-but-aging-faster).
- Altman, Lawrence K. “New Homosexual Disorder Worries Health Officials.” *The New York Times*, 11 May 1982, [www.nytimes.com/1982/05/11/science/new-homosexual-disorder-worries-health-officials.html](http://www.nytimes.com/1982/05/11/science/new-homosexual-disorder-worries-health-officials.html).
- Arana, Gabriel. “PrEP: The Story of a Sexual Revolution.” *Them*, 16 Mar. 2020,  
[www.them.us/story/prep-the-story-of-a-sexual-revolution#:~:text=The%20Federal%20Drug%20Administration%20first,with%20men%20and%20transgender%20people](http://www.them.us/story/prep-the-story-of-a-sexual-revolution#:~:text=The%20Federal%20Drug%20Administration%20first,with%20men%20and%20transgender%20people).
- Bentley, Jean. “‘Pose’: 10 Surprising Facts About Ryan Murphy’s Trans-Inclusive Series.” *The Hollywood Reporter*, 11 July 2018, [www.hollywoodreporter.com/tv/tv-news/pose-10-surprising-facts-ryan-murphys-trans-inclusive-series-1126281/](http://www.hollywoodreporter.com/tv/tv-news/pose-10-surprising-facts-ryan-murphys-trans-inclusive-series-1126281/).
- Boskey, Elizabeth. “Why Do Gay Men Get HIV?” *Verywell Health*, 14 Dec. 2022,  
[www.verywellhealth.com/why-do-gay-men-have-an-increased-risk-of-hiv-3132782#citation-33](http://www.verywellhealth.com/why-do-gay-men-have-an-increased-risk-of-hiv-3132782#citation-33).
- “A Brief History of Birth Control in the U.S.” *Our Bodies Ourselves Today*, 8 June 2023,  
[www.ourbodiesourselves.org/health-info/a-brief-history-of-birth-control/](http://www.ourbodiesourselves.org/health-info/a-brief-history-of-birth-control/).
- Callen, Michael. *Surviving AIDS*. HarperPerennial, 1991.
- “A Decade of PrEP: HIV Prevention Medicine Has Been a Lifesaver.” *UCLA Health*, 1 Dec. 2022, [www.uclahealth.org/news/a-decade-of-prep-hiv-prevention-medicine-has-been-a-lifesaver](http://www.uclahealth.org/news/a-decade-of-prep-hiv-prevention-medicine-has-been-a-lifesaver).



Doty, Mark. "Days of 1981." *My Alexandria*, University of Illinois Press, Urbana, IL, 1993, pp. 7–10.

Doty, Mark. *Heaven's Coast: A Memoir*. HarperPerennial, 1997.

Fawaz, Ramzi. "I Cherish My Bile Duct as Much as Any Other Organ: Political Disgust and the Digestive Life of AIDS in Tony Kushner's *Angels in America*." *GLQ*, vol. 21, no. 1, 2015, pp. 121–52, <https://doi.org/10.1215/10642684-2818540>.

Feinberg, David B. *Queer and Loathing: Rants and Raves of a Raging AIDS Clone*. Penguin Books, 1995.

Francis, Andrew M. "The Wages of Sin: How the Discovery of Penicillin Reshaped Modern Sexuality - Archives of Sexual Behavior." *SpringerLink*, 5 Oct. 2012, [link.springer.com/article/10.1007/s10508-012-0018-4](http://link.springer.com/article/10.1007/s10508-012-0018-4).

Genzlinger, Neil. "Raging Amid Tears in a Gathering Storm." *The New York Times*, 22 May 2014, [www.nytimes.com/2014/05/23/arts/television/mark-ruffalo-stars-in-larry-kramers-the-normal-heart.html](http://www.nytimes.com/2014/05/23/arts/television/mark-ruffalo-stars-in-larry-kramers-the-normal-heart.html).

"Gov. DeSantis Signs Slate of Extreme Anti-LGBTQ+ Bills, Enacting a Record-Shattering Number of Discriminatory Measures Into Law." *Human Rights Campaign*, 17 May 2023, [www.hrc.org/press-releases/gov-desantis-signs-slate-of-extreme-anti-lgbtq-bills-enacting-a-record-shattering-number-of-discriminatory-measures-into-law](http://www.hrc.org/press-releases/gov-desantis-signs-slate-of-extreme-anti-lgbtq-bills-enacting-a-record-shattering-number-of-discriminatory-measures-into-law).

Hilts, Philip J. "With Record Speed, F.D.A. Approves a New AIDS Drug." *The New York Times*, 15 Mar. 1996, [www.nytimes.com/1996/03/15/us/with-record-speed-fda-approves-a-new-aids-drug.html](http://www.nytimes.com/1996/03/15/us/with-record-speed-fda-approves-a-new-aids-drug.html).

"History of AIDS." *History.Com*, 21 Feb. 2021, [www.history.com/topics/1980s/history-of-aids](http://www.history.com/topics/1980s/history-of-aids).

“HIV Surveillance --- United States, 1981--2008.” *Centers for Disease Control and Prevention*,  
3 June 2011, [www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a2.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a2.htm).

Jeffers, Alex. *Safe As Houses*. Gay Men’s Press, 1995.

Joshua Takano Chambers-Letson. “The Principle of Hope: Reflections on a Revival of *Angels in America*.” *TDR : Drama Review*, vol. 56, no. 1, 2012, pp. 143–  
49, [https://doi.org/10.1162/DRAM\\_a\\_00149](https://doi.org/10.1162/DRAM_a_00149).

Kramer, Larry. *The Normal Heart*. Samuel French, 2011.

Kushner, Tony. *Angels in America: A Gay Fantasia on National Themes*. Theatre  
Communications Group, 2013.

Lawson, Richard. “The Normal Heart Channels Ryan Murphy’s Garish Energy Through Larry  
Kramer’s Keening Rage.” *Vanity Fair*, 23 May 2014,  
[www.vanityfair.com/hollywood/2014/05/the-normal-heart-review](http://www.vanityfair.com/hollywood/2014/05/the-normal-heart-review).

Leavitt, David. “The Way I Live Now.” *The New York Times*, 9 July 1989,  
[www.nytimes.com/1989/07/09/magazine/the-way-i-live-now.html](http://www.nytimes.com/1989/07/09/magazine/the-way-i-live-now.html).

Levin, Sam. “More than 50% of Trans and Non-Binary Youth in US Considered Suicide This  
Year, Survey Says.” *The Guardian*, 17 Dec. 2022, [www.theguardian.com/us-  
news/2022/dec/16/us-trans-non-binary-youth-suicide-mental-health](http://www.theguardian.com/us-news/2022/dec/16/us-trans-non-binary-youth-suicide-mental-health).

Lewis, Daniel. “Larry Kramer, Playwright and Outspoken AIDS Activist, Dies at 84.” *The New  
York Times*, 27 May 2020, [www.nytimes.com/2020/05/27/us/larry-kramer-dead.html](http://www.nytimes.com/2020/05/27/us/larry-kramer-dead.html).

Mcgrath, Charles. “Tony Kushner, at Peace? Not Exactly. But Close.” *The New York Times*, The  
New York Times, 7 Mar. 2018, [https://www.nytimes.com/2018/03/07/theater/tony-  
kushner-angels-in-america-](https://www.nytimes.com/2018/03/07/theater/tony-kushner-angels-in-america-)

broadway.html#:~:text=Kushner's%20own%20difficult%20and%20somewhat%20belate  
d%20coming%20out%20as%20a%20gay%20man.&text=It%20didn't%20happen%20unt  
il,turning%20himself%20into%20a%20heterosexual.

Minton, Gretchen E., and Ray Schultz. “*Angels in America: Adapting to a New Medium in a  
New Millennium.*” *American Drama*, vol. 15, no. 1, 2006, pp. 17–42.

Nichols, Mike, et al. *Angels in America*. Directed by Mike Nichols, HBO Video, 2004.

Nania, Rachel. “‘Exciting’ Discoveries Could Finally Mean the End of AIDS.” *AARP*, 27 Nov.  
2019, [https://www.aarp.org/health/conditions-treatments/info-2019/hiv-now-chronic-  
condition.html#:~:text=The%20drugs%2C%20which%20often%20came,death%20in%20y  
oung%20American%20adults](https://www.aarp.org/health/conditions-treatments/info-2019/hiv-now-chronic-condition.html#:~:text=The%20drugs%2C%20which%20often%20came,death%20in%20youngeung%20American%20adults).

Peele, Cullen. “Roundup of Anti-LGBTQ+ Legislation Advancing In States Across the  
Country.” *Human Rights Campaign*, 23 May 2023, [www.hrc.org/press-releases/roundup-  
of-anti-lgbtq-legislation-advancing-in-states-across-the-country](http://www.hrc.org/press-releases/roundup-of-anti-lgbtq-legislation-advancing-in-states-across-the-country).

Rich, Frank. “Theater: ‘The Normal Heart,’ By Larry Kramer.” *The New York Times*, 22 Apr.  
1985, [www.nytimes.com/1985/04/22/theater/theater-the-normal-heart-by-larry-  
kramer.html](http://www.nytimes.com/1985/04/22/theater/theater-the-normal-heart-by-larry-kramer.html).

Rosenfeld, Dana. “The AIDS Epidemic’s Lasting Impact on Gay Men.” *The British Academy*, 18  
Feb. 2018, [www.thebritishacademy.ac.uk/blog/aids-epidemic-lasting-impact-gay-men/](http://www.thebritishacademy.ac.uk/blog/aids-epidemic-lasting-impact-gay-men/).

Scaccia, Annamarya. “Facts About HIV: Life Expectancy and Long-Term Outlook.” *Healthline*,  
24 Apr. 2020, [www.healthline.com/health/hiv-aids/life-expectancy](http://www.healthline.com/health/hiv-aids/life-expectancy).

Shilts, Randy. *And The Band Played On: Politics, People, and the AIDS Epidemic*. 20th Anniversary ed., St Martin's Griffin, 2007.

“The Stages of HIV Infection.” *National Institutes of Health*, 20 Aug. 2021, [hivinfo.nih.gov/understanding-hiv/fact-sheets/stages-hiv-infection#:~:text=People%20with%20HIV%20are%20diagnosed,HIV%20to%20others%20very%20easily.](https://hivinfo.nih.gov/understanding-hiv/fact-sheets/stages-hiv-infection#:~:text=People%20with%20HIV%20are%20diagnosed,HIV%20to%20others%20very%20easily.)

“Stonewall National Monument (U.S. National Park Service).” *National Parks Service*, [www.nps.gov/places/stonewall.htm](https://www.nps.gov/places/stonewall.htm). Accessed 26 June 2023.

“Timeline of HIV and AIDS.” *HIV.Gov*, [www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1983](https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline/#year-1983). Accessed 26 June 2023.

Zuger, Abigail. *Strong Shadows: Scenes from an Inner City Aids Clinic*. W.H. Freeman and Company, 1995.