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*Narratives of AIDS: The Normal Heart and People in
Trouble, from Private to Public Spheres*

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Table of Contents

Introduction 1

1. The AIDS Crisis: Social and Political Context..... 3

2. Community Care: from Private to Public Spheres 9

 2.1. *The Normal Heart*: Caregiving and Legitimation through Assimilation 10

 2.2. *People in Trouble*: Direct Action Activism and Organization 15

Conclusion..... 23

Works Cited..... 25

Introduction

Queer Studies is an increasingly popular field, albeit still somewhat neglected in many institutions. Not many English Studies undergraduates have the opportunity to dwell into any specifically queer history or literature, and thus are left to fill in the gaps on their own if they so choose. Correspondingly, it is not common to learn about either the context or fallout of the AIDS crisis which, although a major, drawn-out series of events in the later decades of the twentieth century, has in more recent years faded from the collective imaginary, particularly with the younger generations. This paper aims to explore the AIDS crisis from the vantage point of history, focusing on queer activism as reflected in the literature written during that time.

Literature is one of the ways in which a society is reflected back onto itself. It is an essential way of understanding how a community perceives their world, and can resonate very deeply when it forces people to confront their own context and biases, as well as other people's, and how they intersect. This is particularly true when the literature consumed is actually relevant to the reader's context, although that may not always apply given the cultural hegemony of the (Western, Northern) English-speaking world, and particularly that of the United States.

When it comes to representation, early American literature on HIV/AIDS dealt with the reflection of society by presenting a narrative broader than the one offered by the government and mainstream media (when they offered one at all), and it "tended to subvert the explicit and implicit homophobia of other cultural discourses" (Thornber 2020: 125). Albeit often failing to take into account HIV/AIDS patients of color and centering white, middle-class gay men, these texts argued for "understanding social priorities and individual needs as closely aligned" (Thornber 2020: 181).

However, in the past few years there have been new, wide reaching works which have dealt—to a bigger or lesser extent—with the AIDS crisis, with TV shows like HBO's *POSE* (2019-2021) or the Channel 4 miniseries *It's a Sin* (2021), Robin Campillo's film *120 BPM* (2017), or novels like Rebecca Makkai's *The Great Believers* (2018), which deal with some of the ramifications of the crisis, or of being diagnosed with HIV/AIDS, within various, intersecting communities. The fraught days at the peak of the epidemic revealed the, at best, lacking response of the United States government. This was in turn reflected in the literature produced at the time by writers who were part

of, or had a close relation to, the communities being ravaged by the illness; fictional—or fictionalized—characters and situations mirrored real-life implications of HIV/AIDS, often with overt, government-critical stances.

The aim of this paper is to explore the AIDS crisis in the city of New York, taking into account its sociocultural context and related activism as represented in coetaneous literature—Larry Kramer’s *The Normal Heart* (1985) and Sarah Schulman’s *People in Trouble* (1990)—in order to gain a more comprehensive understanding of the crisis and subsequent activism, in both private and public spheres, considering the stigma that surrounded HIV/AIDS. The scope of this analysis will be somewhat limited, as it will focus on the narratives of AIDS as they pertain to the queer community, even though the epidemic affected mainly gay men, sex workers, intravenous drug users, and the Black population. Nevertheless, it was at the beginning “labeled a gay disease” (Clement 2017: 917), an association which has endured through the years and which both Kramer’s play and Schulman’s novel reflect.

Both of these works were written within the first few years of the AIDS epidemic and are set in New York City, which was one of the areas of the US most widely and fatally affected by the virus. Both Kramer’s and Schulman’s works are fictionalized accounts of what they lived through, as part of the queer community of New York, recounting the founding of and participation in AIDS activist groups. The core of this paper will be structured in three different parts: the first one will provide an overview of the United States social and political background in which the AIDS epidemic occurred, and how this framework propitiated the mismanagement of the crisis. The second, focused on Kramer’s *The Normal Heart*, will examine how government inaction led to the organization of intra-community care and activism groups, particularly those with a more diplomatic approach. The third and final section, on Schulman’s *People in Trouble*, will look at direct action protest as well as the burden of care on community members, as the epidemic dragged on.

1. The AIDS Crisis: Social and Political Context

In the United States, sodomy laws were passed as early as the seventeenth century, but rarely enforced, and it was not until the mid-twentieth century that sodomy “was more thoroughly homosexualized. McCarthyist anxieties about homosexuality, sex-crime panics and the advent of the vice squad led to a midcentury boom in sodomy arrests” (Canaday 2008: n.p.). The Lavender Scare of McCarthyism (parallel to the second Red Scare) meant that those suspected of homosexuality were a perceived threat to the American identity, and barred from working in the Federal Government as per Executive Order 10450, signed by President Eisenhower in 1953. This mid-century homophobia is what the gay liberation movement of the 60s and 70s reacted to, galvanized after the 1969 Stonewall riots—sodomy law repeal efforts were “more vigorously taken up by gay rights activists during [the late 1970s]”, who “successfully used their newly acquired clout to pressure police to ease up on solicitation arrests” (Canaday 2008: n.p.).

The idea of the AIDS epidemic as divine punishment on unclean lifestyles, particularly that of gay men, was inherited from McCarthyism’s perception of homosexuality in itself being a threat to American identity, echoed by Reverend Greg Dixon, who stated that “[i]f homosexuals are not stopped, they will in time infect the entire nation, and America will be destroyed” (Chan 2015: 28). Gayness, and by extension gay people, were perceived to be inherently un-American, and were denied what Stephen Vider calls *domestic citizenship*: “the rights, benefits, obligations, and recognition associated with normative homemaking” (2019: 169)—a normativity (heterosexual, monogamous, nuclear family-making) which the so-called gay lifestyle did not conform to.

This demographic is what the main narrative circulating around the virus responded to, as “[the] earliest stories about AIDS labeled it a gay disease” (Clement 2017: 917), and public opinion swayed the course of the epidemic. The human immunodeficiency virus (HIV), had already made its way through the African and Haitian populations when the first American cases were reported on June 5, 1981 (Chan 2015: 11). In the US, it affected not only queer people, but also sex workers, intravenous drug users, and Black communities, among others. Nevertheless, “even after a viral theory was confirmed in 1983, the image of the ‘promiscuous gay’

remained the dominant representation through which Americans came to know about AIDS” (Chan 2015: 27-8), a widespread view which fueled the already existing homophobia and allowed for continued neglect of gay men’s and other affected populations’ health on an institutional level.

Ronald Reagan became President of the United States after winning the 1980 election, and remained in office until 1989, when another Republican, George H. W. Bush, stepped into the role. Religious fundamentalism had gained traction during the late 1970s, with prominent figures supporting Reagan’s “pro-family, and anti-gay, legislative agenda” (Shilts 2007: 44), a compelling rhetoric after the backlash against the gay liberation movement that fueled subsequent anti-gay campaigns (Shilts 2007: 16). To put the role of Reagan’s government in the expansion of the AIDS epidemic only in relation to homophobia would be reductive, even though the response of the queer community to the crisis is the main concern of this paper. Nonetheless, it is important to situate the spread of AIDS within the framework of policies carried out by Reagan’s government, like the war on drugs: its “differential sentencing ... funneled disproportionate numbers of African American men into prison [where] some men engaged in sex and drug use that put them at risk,” which also resulted in these men’s partners “turning to transactional sex to make ends meet and exposing them to risk” (Clement 2017: 925). Clement also mentions Evelyn Brooks-Higginbotham’s politics of respectability, which “involves performing middle-class white values, particularly surrounding sexuality and gender, as a way to demonstrate the worthiness of African Americans for citizenship rights” (2017: 929), an idea which runs parallel to Stephen Vider’s notion of domestic citizenship as it relates to (white, straight, middle-class) American normativity. Combined with racist policies, poverty, and neoliberal approaches to government funding, the story of AIDS as a gay disease changed the course of the epidemic.

The narrative surrounding the AIDS health crisis, as well as the lack of certainty regarding modes of transmission and incubation periods during its first years, created an environment in which the association of the illness with gay people meant that an already vulnerable population became further victimized. Indeed, the initial response of the Reagan administration was not only neglectful but derisive: Scott Calonico’s short documentary *When AIDS Was Funny* (2015) uses clips from White House press

briefings to illustrate the nonchalant, callous way in which Larry Speakes, Deputy Press Secretary until 1987, speaks of the situation. In its short seven minutes, Calonico's documentary weaves Speakes's speeches with data on the epidemic superimposed over pictures of (presumably) AIDS patients. In 1982, with 853 AIDS deaths in the US, "[journalist] Rev. Lester Kinsolving asks ... the first public question about the AIDS epidemic." At his mention of it being known as the "gay plague," Speakes and the press pool laugh. In 1983, with 2,304 registered deaths in the US, Speakes jokes about "fairies" and Kinsolving's insistence on the subject. In 1984, with 4,251 deaths, he laughs at Kinsolving's question on the Centers for Disease Control (CDC): "[this] is going to be an AIDS question." President Reagan would not utter the word "AIDS" in public until 1985, and would not address the issue until May 31, 1987. By that time, more than half of the over 36 thousand people with AIDS in the United States had died (White 2004: n.p.).

It is unsurprising, given public opinion, that the Reagan administration's response to the epidemic was thoroughly inadequate, considering that "[a] significant source of Reagan's support came from the newly identified religious right and the Moral Majority, a political-action group founded by the Rev. Jerry Falwell" (White 2004: n.p.). These were groups who very much subscribed to the idea of AIDS as godly wrath, and Reagan's own communications director, Pat Buchanan, called it "nature's revenge on gay men" (White 2004: n.p.). This idea of AIDS as divine punishment, as well as the term *GRID* (Gay-Related Immuno-Deficiency) which circulated at the start of the epidemic, made gay men in particular the target of a politics of blame which "encouraged the government and the general public to ignore the crisis and justified denying resources for research, care, and prevention" (Clement 2017: 919). This (non-) response to the AIDS epidemic was a result of the predominant narrative, shaped by blaming contagion and illness on behaviors perceived as sinful, as well as the continued othering of gay men (who failed to conform to Vider's idea of domestic citizenship). The existing institutions thus neglected the situation.

Not only did Reagan's administration fail to address the AIDS epidemic. When, four years into it, the president finally spoke of AIDS, "he directly contradicted a CDC advisory issued several weeks before that casual contact poses no risk of infection" (Thorner 2020: 123). In March of 1986, New Right leader William F. Buckley Jr.

discussed in a *New York Times* opinion piece the two main camps of public opinion regarding the containment of the AIDS epidemic: one side, against the passing of any legal norm that would compel the identification of people with AIDS, as “any attempt to segregate the AIDS carrier is primarily an act of moral ostracism.” The other side, “calling for the return of the Scarlet Letter,” with Buckley advocating for tattooing HIV-positive individuals. He writes, resonating with Vider’s domestic citizenship notion: “[what] School B is really complaining about is the extension of civil rights to homosexuals” (Buckley 1986: n.p.) Still, by the time Buckley’s piece was published, there had been significant progress, despite a lack of funding and the delayed response to the situation. HIV was identified as the cause of AIDS in 1983, and “the first commercial HIV test was approved at the beginning of 1985” (Thornber 2020: 102). Just a year and three days after running Buckley’s article, *The New York Times* published that the first medication for HIV, Azidothymidine (AZT), had been approved (Molotsky 1987: n.p.).

Yet, in 1988, Senator Jesse Helms championed an amendment to the AIDS appropriation bill refusing federal funds to any educational material or program that even mentioned homosexuality. By acknowledging homosexuality as part of the fabric of the American population, it would validate gay men as citizens of the United States, making the American identity no longer inherently straight. Helms defended his proposed legislation as what would prevent “the wayward, warped sexual revolution which has ravaged this nation for the last quarter of a century” (Harvey 2011: 161), a striking vocabulary given how the AIDS epidemic had, by that point, ravaged many populations neglected by the federal and state governments, gay men being the most visible. His rhetoric betrays how the opinion of AIDS as godly punishment had a significant role in the government, against the already scientifically proven viral explanation.

The fact that the institutions in charge failed to respond to the epidemic as a health issue had repercussions that still linger today. Due to its high mortality rate, the fact that transmission often happens through commonly stigmatized behaviors, and that the more vulnerable populations are already stigmatized to begin with, a positive diagnosis of HIV/AIDS was allowed to become yet another stigma (Thornber 2020: 103). Furthermore, the knowledge compiled during the early 80s about the routes of

transmission of HIV allowed those who subscribed to the divine curse version to perpetuate their politics of blame:

A person with HIV has either done something to cause the infection ... Or they have had something done to them ... This leads to concepts of innocence and guilt. Stigma and blame are further compounded because many of the behaviours that lead to HIV transmission are circumscribed by society. (Whiteside, in Thornber 2020: 104)

This stigma so heavily associated with HIV/AIDS was apparent, specifically, in New York City, where “patients experienced stigma and neglect in the city’s health care system” (Carroll 2015: 139). In what could be considered the epicenter of the crisis in the United States, private hospitals refused patients, and public ones could not provide the proper care due to lacking resources and educated professionals.

As for New York’s political leadership, Democrat Governor Mario Cuomo was in 1985 “accused of shortchanging AIDS research” (Shilts 2007: 559), after three years of consistently allocating state funds below what health authorities recommended. Democrat Ed Koch—mayor of New York City from 1978 until 1989—“like Reagan, championed conservative social causes and radically cut funding to poverty and community organizing programs” (Carroll 2015: 17). At the start of the epidemic, attempts to get Koch to fund AIDS research fell short. Shilts heavily implies that it was to avoid being seen as gay by association, as Koch had lost the New York State primary governorship to Mario Cuomo, with conservatives making posters that read: “[v]ote for Cuomo, Not the Homo” (Shilts 2007: 181). Even though New York had, in the early 1980s, half of the AIDS cases reported in the US, the care of AIDS patients fell on volunteer groups: “New York City’s reaction toward the epidemic was marked by the utter absence of any policy at all” (Shilts 2007: 340).

Concurrently, however, Mayor Ed Koch “signaled his allegiance to real estate investors” (Carroll 2015: 17). Sarah Schulman alludes to the relationship between AIDS and gentrification in the 2007 introduction to her novel *Rat Bohemia* (1995), as “the community of gay people willing to take action for social change ... had such high death rates that the infrastructures and cultural ways of these groups were basically

destroyed” (2018: 7). All in all, it was the narrative of AIDS as a gay disease, entrenched in longstanding homophobia, as well as conservative and neoliberal policies across the board, that created an environment that not only failed to provide for people with AIDS but which actively contributed to the hostile environment rooted in the idea of divine punishment in which the epidemic unfolded.

2. Community Care: from Private to Public Spheres

The lack of information about HIV/AIDS, as well as the subsequent misinformation once it could no longer be ignored, resulted in a stigmatization of the disease that not only slowed down government responses but was also fed back into society: “[w]ith AIDS, the shame is linked to an imputation of guilt” (Sontag 2001: 112). Those perceived to be at risk were further ostracized, subjected to a marginalization leading to internal stigma which, together with the antipathy from society at large, “complicated efforts at prevention, care, healing, and attaining wellbeing” (Thornber 2020: 104). The volunteer organizations that came into being as part of the community response to the epidemic thus had to navigate, in some cases, the hurdles caused by that internalized stigma. This sort of scenario is reflected in Schulman’s *People in Trouble*, where a character volunteering at the AIDS hotline states that “[y]ou have to give them every excuse in the world so they can tell you what they did without admitting to being gay,” and stresses that “[t]his epidemic will never be taken care of properly until people can be honest about ... what they do” (89).¹

It was the volunteer groups, from the early days of the epidemic, who took the brunt of the response to HIV/AIDS. Community activism ranged from caregiving and education to direct action and public protest, the last two being “presented as the core movers in HIV/AIDS activism ... [although] they can also obscure the impact of responses that were less visible” (Vider 2019: 169). Facing governmental inaction at every level, the gay community organized itself, essentially becoming test subjects for neoliberalism (Harvey 2011: 163), particularly regarding the caregiving taken up by the volunteer programs, by greatly diminishing the costs and level of involvement that the government should have otherwise fulfilled. One of these groups was Gay Men’s Health Crisis (GMHC), central in Kramer’s *The Normal Heart*, which recounts the organization’s founding and denounces the neglect enacted by New York City’s authorities: “[e]verything we’re doing is stuff you should be doing” (61). GMHC was created in 1982 in New York, and was “focused originally on AIDS research and education but quickly found itself setting up different volunteer programs for home support and care” (Chan 2015: 213).

¹ All the references to Schulman’s primary text will be from the 2019 edition. To avoid unnecessary repetition, it will be cited just by its page numbers. The same will be done with Kramer’s *The Normal Heart*. The edition I have worked with in this case was published in 2011.

Co-founded by Larry Kramer, GMHC provided information and support services such as a 24-hour hotline, counseling, and assistance with health insurance and welfare bureaucracy, while also fundraising and promoting safer-sex education (Carroll 2015: 139). Kramer, however (and correspondingly his stand-in Ned Weeks in *The Normal Heart*), ultimately became exasperated by work he perceived to be insufficient, “calling instead for more assertive, public ... action,” and showing a “tendency to dismiss labor that happens in private as genuine work” (Vider 2019: 170), revealing his perception of refusing to engage in public protest “as one consequence of fearing the stigmas surrounding HIV/AIDS [and] gay individuals, more than being committed to combatting the actual disease” (Thornber 2020: 138). Stemming from his dissatisfaction with GMHC, Kramer went on to co-found the AIDS Coalition to Unleash Power (ACT UP) in 1987, which used direct action and protest, and is fictionalized under the name “Justice” in Schulman’s *People in Trouble*, as she takes real-life activism enacted by ACT UP and transposes it onto her novel.

2.1. *The Normal Heart*: Caregiving and Legitimation through Assimilation

Larry Kramer’s *The Normal Heart* was written in the early years of the HIV/AIDS epidemic, and premiered in New York in 1985. The play takes place between July 1981 and May 1984 in New York City, and centers on Ned Weeks as he navigates the beginnings of the epidemic, dealing with his involvement in community organization and the founding and running of Gay Men’s Health Crisis, as well as his increasing rage at the administration’s failure to respond to the situation satisfactorily, at the press, and at society as a whole. *The Normal Heart* also “chastises the gay community for not doing more, in part out of ignorance and disbelief at the scale of HIV/AIDS and in part out of fear of intensifying ... stigmas against them and ... of being outed” (Thornber 2020: 131). The fear of exposure, not only to the virus itself but to society as a whole, is exemplified in the first act: even those who are founding partners of Gay Men’s Health Crisis argue with Ned about his having put the organization’s whole name on envelopes, rather than merely its initials. Not wanting to be associated with the word “gay,” Bruce (Ned’s close friend who eventually becomes GMHC’s president) wonders: “[w]hat about my mailman?” (37). Bruce’s is a striking statement given the play’s opening scene, when Dr. Emma Brookner, who from the beginning of the play devotes her

practice to treating HIV/AIDS patients and soon strikes a friendship with Ned, predicts that “nobody important is going to give a damn because it seems to be happening mostly to gay men. Who cares if a faggot dies?” (16). She follows that question by asking Ned if he will do anything about it, as no existing gay organizations seem to be able to—GMHC is, essentially, his response.

Ned’s friend Mickey, who works (despite a decrease in budget) at the New York Health Department, says that “[t]he city doesn’t exactly show a burning interest in gay health” (14). According to Ned, *The New York Times* “won’t even use the word ‘gay’ unless it’s in a direct quote. To them we’re still homosexuals. ... *The Times* has always had trouble writing about anything gay” (16). In real-life 1983, officially two years into the epidemic, a spokesperson insisted *The New York Times* “would continue to use the word ‘homosexual’ rather than ‘gay’ ... [which] implied happy to most people ... even as he used the word in its twentieth-century meaning” (Shilts 2007: 341), after gay leaders had attempted to get the newspaper to increase its coverage of AIDS. The response from *The New York Times* was particularly jarring, as Emma points out to Ned in the book, since other health scares of the 1970s and 80s (Legionnaires’ Disease, the Tylenol murders, or Toxic Shock Syndrome) had dominated the front pages before with significantly lower numbers of people affected (Thornber 2020: 132). As Susan Sontag writes in *AIDS and Its Metaphors*, “part of making an event real is just saying it” (2001: 164), and the refusal to recognize the realities of this particular event from city authorities, press, and even the gay community itself contributed to the continued stigmatization of HIV/AIDS. Indeed, it is this fear of stigma, insofar as “[getting] AIDS is to be revealed ... as a member of ... a community of pariahs” (Sontag 2001: 112-3), which allowed those in volunteer groups taking action against AIDS to still somewhat maintain their identities or associations hidden—not engaging in public protest, their work could take part in the private sphere and thus stay, to some degree, unblemished by the gay plague.

Fictionalized in *The Normal Heart*, Gay Men’s Health Crisis is started in order to “raise money and spread information and fight any way we can” (24), as put by Ned. However, the rest of the members involved take a more orderly approach than Ned’s calls for boycotts and demonstrations: GMHC is a tax-exempt organization, a status which requires it to be non-political, and Ned’s methods and calls for more drastic

action clash with everyone else's. The organization chooses Bruce Niles to be president, and appoints a board of directors (34). Tommy, also a founding member of GMHC and member of the board, stresses the importance of setting up a telephone hotline and other patient services (40), and the group gets volunteers (44). Despite the narrative in *The Normal Heart* that clearly favors direct action and public activism, the play also succeeds at inserting glimpses of domesticity: "the day-to-day acts of caregiving and family-making, the need for home," are a compelling narrative on their own, and show "the ongoing impact of stigma and silence" (Vider 2019: 189). Ned understands the need to engage the gay community but continuously places the onus of responsibility, in regards to behaviors, on gay men, with his board of directors thinking Ned is being unnecessarily antagonistic and "creating a panic" (49). Nevertheless, he also knows the importance of seeming legitimate to the system and mainstream society, and he makes this argument to his brother Ben when the latter raises the question of the gay community having a perception problem: "[t]hat's why it's so important to have people like you supporting us. You are a respected person. You already have your dignity" (45). Everyone is to blame, for not doing anything or for not doing enough, perpetuating the stigma surrounding the gay community as a whole and broadening it onto AIDS. Ned rejects the extension of the idea of disease from the actual viral phenomenon as inherent to gay people, arguing to Ben that "the single-minded determination of all you people to forever see us as sick helps keep us sick" (45).

When the issues are structural, charity cannot work as a substitute to governmental responses (Clement 2017: 931-2), but GMHC wants to focus on taking care of patients with "crisis counseling, support groups, home attendants..." (55), avoiding the risk of becoming too political and losing their tax-exempt status. Bruce, as president of the organization, even goes as far as to say that "[i]t's not the city's responsibility to take care of us" (57); however, "if local, state, and federal governments resisted funding AIDS research or care ... then who [did?]" (Clement 2017: 931). In a GMHC meeting with Mayor Koch's gay assistant Hiram Keebler, he calls what GMHC is doing "[shouldering] your own responsibility," to which Bruce says thank you, Ned becomes confrontational, and Bruce politely asks for help. Tommy hedges into the conversation by stating that the organization is doing what the city is not: running an emergency hotline, providing information, "visiting over one hundred patients each

week in hospitals and homes” (61). After a year of trying to set up the meeting, once it happens, Hiram asserts that he cannot inform the Mayor of the epidemic declared by the CDC because “it isn’t true” (61). As the conversation progresses and Hiram reveals that they are, in fact, aware of the situation, Ned is outraged: “[n]ow we get to worry about them being repressive and downright dangerous” (62). At Ned’s disparaging comments, Hiram turns to Mickey and threatens his job with the City Department of Health, delegitimizing GMHC’s requests and playing on the fear of stigma and public vulnerability.

Ned’s stance toward the press, and the city and mayor of New York, is undoubtedly contentious, considering them to be “the biggest enemy gay men and women must contend with in New York” (49). This hostility, as well as his judgement on the gay community as being “at least somewhat responsible *not* for their disease but instead for their *behaviors*” (Thornber 2020: 138; emphasis in the original), puts a strain in his relationship with the rest of the members at Gay Men’s Health Crisis, ultimately resulting in the board convening to have Ned “removed as a director” (85). His stance, calling for action, clashes with GMHC’s, who after the meeting with Hiram “want to work from the inside now that we have the contact” (84).

Kramer’s *The Normal Heart* posits that “health is a political issue. Everyone’s entitled to good medical care. If you’re not getting it, you’ve got to fight for it” (17), and constantly reiterates the “responsibility—the culpability and the obligation—of every member of society, but particularly those in leadership positions, to break the stronghold of fear and fight the tide of a ferocious epidemic” (Thornber 2020: 135), denouncing the apathy he perceived as a threat from all fronts. After serving in the real GMHC’s first board of directors, Kramer went on to, in 1987, co-found the AIDS Coalition to Unleash Power (ACT UP), an organization focused on AIDS advocacy and protest.

Kramer’s determination to make the acknowledgement of AIDS unavoidable is apparent in the set directions for *The Normal Heart*. During its original production in 1985, the decoration was minimal and the walls of the set were used as a sort of poster: written on them was the number of AIDS cases in the United States, the date on which the epidemic had been declared, the number of articles by specific newspapers on the epidemic, delayed action taken by the Government, as well as a vast list of names as a

memorial (Kramer 2011: 7-8). This paratext fulfilled the task of providing context for the audience and shaping their perception of the play. As of August 1, 1985, the writing on the wall read over 12,000 cases. At the start of the play in 1981, Emma has 28 cases and over half of them are dead (14).

The Normal Heart uses the idea of AIDS as a plague—out of control, unknown, damning—particularly within the first act. From the opening scene, the audience is launched into the atmosphere of fear and uncertainty that the characters are experiencing. Ned’s characterization, in particular, is mainly intradiegetic, with other characters constantly voicing their impressions of him, as Emma does in the play’s first scene: “I hear you’ve got a big mouth” (15). While not necessarily aggressive, Ned often offers answers with a confrontational tone when he feels that other characters are downplaying the severity of the situation.

Within the play, the epidemic progresses and the idea of AIDS as plague remains, although now accompanied by the idea of government apathy as genocide. Ned compares the HIV/AIDS crisis, and the ignorance of the mainstream population, to the Holocaust. He brings up that inaction in the early days resulted in unimaginable loss, and he fears that, the same way “it was too late” (30) at the end of World War II, it may be as well for the lives he is slowly seeing unravel. This leads him to be unrelenting even as his preaching about HIV/AIDS becomes too overtly gay, and too political, for the comfort of some. He leans into the anger—at the government, the health institutions, the gay community itself, and society as a whole—that others at Gay Men’s Health Crisis feel is counterproductive. His stance can be reduced to “[h]ow many of us have to die before you get scared off your ass and into action?” (49). The first act begins and ends with the same utterance: “[i]t keeps getting bigger and bigger, ... and it doesn’t go away!” (51).

The epidemic progresses, and there is not much Ned, or any other single person, can do. The second act frames the fight against HIV/AIDS as a collective effort, from activists, institutions, and the general population. However, activists are divided, institutions are neglectful, and the general population is often unaware of the situation. As Emma puts it: “[y]ou guys are still not making enough noise” (65), and Ned places the onus of responsibility on his own community as much as on political and medical institutions. Yet, he is pushed out from the very organization he helped fund, he is not

speaking to his brother, and he is losing his partner. At the closing of *The Normal Heart*, the epidemic is still raging on and Ned harbors no hope it will get better any time soon. However, he does regain some community: his brother comes back into his life, and he marries Felix, although he loses him soon after. But at the end, even as he berates himself over not doing more, he mentions the community of gay men and women who had a dance at his alma mater, where he had felt so alone. However tragic, however dire the situation may be, the community will overcome.

Overall, the importance of *The Normal Heart* resides in the fact that it portrays the beginnings of the AIDS crisis in New York, and the beginning of a community-led response. It illustrates, especially in the face of institutional indifference, the importance of that community, with its history and internal conflicts. Although the play favors a louder movement, it also shows that there is no single way to take action when confronted with such a critical situation. It shows that the dynamics that came from the fear of exposure (both to the virus and to society), the pride and freedom from the gay liberation movement of previous decades, and the grief and anger at the epidemic going unnoticed or intentionally ignored interacted in such a way that the community response was, and continues to be, significant. The play and the history are both tragic and full of hope.

2.2. *People in Trouble*: Direct Action Activism and Organization

Sarah Schulman's *People in Trouble* was published in 1990. It takes place in New York City from 1988 to 1989, and it incorporates real-life protests into its plot, recounting actual events as enacted by a fictionalized ACT UP under the name Justice. The novel mirrors ACT UP's Stop the Church and Trump Tower protests (as enacted by Justice), against the church and Ronald Horne and his real estate development (as a stand-in for Donald Trump). *People in Trouble* follows Kate, an artist who at the beginning chooses a voyeuristic approach to AIDS activism, but gradually becomes more and more engaged with Justice; Peter, her husband, who is detached from the queer community and sees the epidemic and the protests as annoyances to his life in New York; and Molly, Kate's lover, who has already been taking care of friends with HIV/AIDS and becomes involved with Justice, bringing Kate with her. Schulman establishes the parallel between ACT UP and Justice early on, when Peter is walking on the street and

sees the word “Justice” stenciled inside pink triangles, analogous to the 1987 Silence = Death project by the Gran Fury art collective, an image which quickly became associated with ACT UP.² Gran Fury’s poster “featured a pink triangle on a black background, a reference to the pink triangle forced on homosexuals by Nazi Germany but inverted ‘to signify hope,’” and was also a response to William Buckley’s 1986 *New York Times* article suggesting that people with AIDS be tattooed (Carroll 2015: 140-1). The apocalyptic tone used by the political right in the discourse about HIV/AIDS (as a plague, as divine punishment) is mirrored by the activist left (Dickinson 1994: 233), and in *People in Trouble* Schulman depicts the epidemic as inescapable devastation, partially a consequence of the calls for quarantine and marking of people with HIV/AIDS.

ACT UP “transformed grief into anger and action” (Vider 2019: 170), using non-violent civil disobedience and mass protests to raise awareness of the AIDS crisis among the general public, and pressure the government and drug companies “to increase the availability of treatment for people with AIDS” (Carroll 2015: 142). *People in Trouble* constantly refers to grief and how Peter, Kate, and Molly interact with it in different ways, witnessing or feeling it. Peter, in particular, watches and judges from the outside. When he sees “not a homosexual church, but a Catholic one, filled with homosexuals. He watched them ... preparing to mourn” (35). He decides to enter the building as “a tourist,” “watching another culture in church” (38) and thus staying in the back. He has no attachment to the grief that he witnesses, and feels as if he has been “slapped in the face by homosexuality” and “this AIDS thing” (35) ever since Kate’s affair with Molly started. Kate, on the other hand, has a more complex relationship to grief, choosing at the beginning a rather voyeuristic position: she spies on Molly attending a friend’s funeral, “a gay liberation flag draped over his coffin” (111). Queer people, faced with massive loss, responded to the erasure and dismissal of their lives and deaths by “making their mourning public and political” (Clement 2017: 928), and Molly and the other mourners share “a sincere but familiar grief, a practiced one” (115). The surviving relatives of those lost to AIDS often failed to recognize their family members’ everyday lives (Vider 2019: 166) and, as Kate watches, she is struck by the deceased’s family, who “didn’t find out who their son was, so when he died they

² See <https://www.nypl.org/blog/2013/11/22/silence-equals-death-poster>

couldn't understand his funeral. They couldn't find solace with his friends who had stood united before them. There was a deprivation that accompanies this kind of ignorance" (119).

The ignorance that Schulman depicts in her novel fits in with the idea of multiple public spheres proposed by philosopher Nancy Fraser. She defends that exclusion from the public sphere is rooted in different forms of oppression (1990: 60), but also that there is no *one* public and that many spheres can exist, divided by social strata, what she calls "subaltern counterpublics" (1990: 67). Families of HIV/AIDS patients often did not know or chose not to mention their relative's cause of death as related to AIDS in obituaries and funerals, silencing "not only discussions of the plague but queerness itself," while "queer mourners made grief a vehicle for demanding justice" (Clement 2017: 928). By the end of the novel, after Molly has gotten Kate involved in Justice's activism, they go to their friend Scott's funeral after he has been in hospital and his boyfriend has had to "convince the staff that he was immediate family" (250) in order to be allowed at his side. Scott's obituary, placed by his family in *The New York Times*, describes him as having been "'survived' by two daughters, a wife, mother, father and sister in Kansas City," but Kate finds a privately placed notice at the bottom of the page: "Scott Yarrow died in the arms of his lover, James Carroll, with whom he shared a vision of freedom for lesbians and gay men" (258). His funeral is celebrated at the same church where Kate spied on Molly months prior, but "[n]ow she too was a mourner" (258). From before the beginning of the novel, with a quote by Karl Marx, Schulman sets the scene for the idea of separate public spheres, as "[i]t is ... [people's] social being that determines their consciousness" (Marx, in Schulman 2019: n.p.). Kate becomes part of the community, part of its specific subaltern counterpublic, and is invited to share in the grief and the anger, but it is Molly in particular that from the beginning of the novel experiences grief within the group. She is enveloped in a never-ending mourning period which makes her angry, as she looks around during a vigil at the balloons bearing the names of the dead: "[t]hese were her dead friends ... Were their lives worth less than the lives of heterosexuals?" (54). It is at this vigil that she sees Scott and James, wearing Justice t-shirts, handing out leaflets that read: "DO YOU THINK IT'S RIGHT? *That people are dying and the government does nothing? If you do not think that this is right then do something about it*" (55; emphasis in the

original). The flyers are invitations to a weekly meeting, and it is from there that Molly, and then Kate, affiliate with Justice.

Schulman leans into the politization of Justice, as she writes the organization carrying out coordinated public protests, but also directing actions like a non-violent bank robbery (87), sharing a recipe for homemade anti-retroviral medication (139), providing fake identification to undocumented HIV/AIDS patients in order for them to get Medicaid (140), introducing contraband condoms and needles at the Riker's Island prison (141), stealing office supplies (187), or orchestrating credit card fraud (195). All in order to care for people with HIV/AIDS in the face of government indifference, as the group is said to have "no ideology except stopping AIDS, and because they had made that their priority, they behaved as though it was the world's priority" (189). Schulman describes in her novel public demonstrations that mirror ACT UP's Stop the Church and Trump Tower protests. Regarding the former, Peter witnesses a protest inside St. Patrick's Cathedral: "about forty men stood up together from among the worshippers ... with their backs to the priest who continued his service as though nothing was happening" (67). Peter is dismissive about what he sees, passing judgements in his head about the men's appearance and whether they look like they have HIV/AIDS or how they contracted it. A spokesman calls the church "the world's most powerful hypocrite," to which Peter's reaction is to think that "[t]hey should have picked somebody more masculine, so people would be more sympathetic" (68). Peter is somewhat of a surrogate for the general population, whose exposure to HIV/AIDS activism would come from mainstream media who, instead of "socializing a discourse on AIDS ... have demonized it" (Dickinson 1994: 232), rendering it a trite subject where optics matter more than substance to those not partial to the discourse of that sphere. The media characterization of Justice is of the group as "marauding vigilantes" (176), versus the three-dimensional way in which the collective and the individuals who make it up are presented in *People in Trouble* as a whole. Peter, as an outsider, witnesses the subaltern counterpublic specific to Justice, an alternate sphere where the particular communities concerned have created a "counterdiscourse" (Fraser 1990: 67) which allows them to oppose the mainstream ideas that characterize HIV/AIDS as a divine plague. Justice calls for the church to start spending money "on affirmative care for people with AIDS" (68) while the priest carries on with mass and ignores them, as

the narrative outside of Justice has rendered AIDS as possible to ignore. ACT UP's Stop the Church was a series of protests carried out in March 1989 at St. Patrick's Cathedral in New York, some "inside the cathedral during mass, [which] elicited widespread condemnation" (Clement 2017: 920). The protest sought to denounce the leverage that the Catholic Church, and particularly Cardinal O'Connor, had on public health. The cardinal was courting the press and Mayor Ed Koch, and working to further the "increasing influence the Catholic Church had over the provision of health care, both in New York and across the United States" (Carroll 2015: 134-5), following its own directives and moral mandates to restrict abortion, sex education, and gay rights.

Mayor Koch, a Democrat, supported conservative social policy and his administration was for real estate investor policies, promoting the gentrification of working-class neighborhoods that led to escalating homelessness, a phenomenon embodied by tycoon Donald Trump (Carroll 2015: 132). The government, businesses, and mainstream discourse create the hegemonic public sphere that obstructs all others, which are rooted to different types of oppression (Fraser 1990: 62). Real estate issues are mentioned throughout *People in Trouble*, as characters allude to how they are "having apartment troubles lately, but isn't everyone?" (109), or "it looks like all the gay men in your building are being evicted" (133). Ronald Horne's development company (a stand-in for Donald Trump's) has sent many people eviction notices. The characters point out that Horne has acquired buildings occupied by over fifty percent gay tenants "in the hope that we will drop dead and leave him with empty apartments. He files these eviction notices anticipating that some of us will be too ill to contest" (141), and Justice then calls for action. ACT UP, in real life, protested at several Trump properties starting in 1989, and specifically at Trump Tower on October 31, "[hoping] to draw attention to the lack of housing for homeless people with AIDS" (Vider 2016: n.p.). Justice, on the other hand, protests at Ronald Horne's Castle, demanding that he "rescind eviction notices sent to homosexual men in Horne-owned buildings" (149), exposing themselves to arrest and avoiding it due to the police's ignorance about HIV/AIDS. Horne announces his decision to run for mayor and advocates for interning all people with HIV/AIDS in camps (mirroring the apocalyptic tone of the real-life mainstream sphere), adding that "any apartments in Horne-owned buildings that might be left vacant due to internment would immediately be converted to luxury co-ops for

intact nuclear families, ... the least likely to spread AIDS” (247-8), and thus implying that the epidemic is inseparable from homosexuality. Each faction involved uses a particular cultural vernacular that fits within their discourse, speaking “not to ‘target groups’ ... but to ‘constituent communities’” (Dickinson 1994: 239). The mainstream public sphere follows a narrative different to that of the HIV/AIDS community itself, and both ACT UP and Justice (particularly the latter, as Schulman writes the group engaging in far more radical activism than its real-life counterpart) speak out, making their subaltern counterpublic discourse invade the official public sphere, calling for the elimination of the systemic social inequalities that are necessary for these spheres to exist separately (Fraser 1990: 65). *People in Trouble* portrays Ronald Horne as ACT UP saw Donald Trump: “a symbol of a flawed system, where government policies empowered the wealthy at the expense of the poor and marginalized” (Vider 2016: n.p.).

The overarching narrative of *People in Trouble*, particularly regarding the characters whose point of view it follows, is somewhat circular. From its very first lines, the novel illustrates the divide between different realities within the same city: “[i]t was the beginning of the end of the world but not everyone noticed right away. Some people were dying. Some people were busy” (1). Schulman divides her novel in chapters told alternately from three different points of view: Peter’s, Kate’s, and Molly’s, who all have varied relationships to the HIV/AIDS crisis and the grief that stems from it. Peter is the mainstream sphere’s surrogate, as he only engages with the epidemic and those affected in a superficial way. Kate’s involvement with HIV/AIDS is at the beginning distant, through the lens of her art, and it is her relationship with Molly that triggers her into developing personal connections to others who are involved in HIV/AIDS activism. Molly is the one character that is involved with the gay community and who suffers from the divide between the mainstream public sphere and the counterpublic discourse that she is immersed in, having to watch her friends and acquaintances get sick and die.

Peter goes through life in New York as if whatever happens is a backdrop for him, as he waits for Kate to get bored of her affair. He is introduced as he walks away “to avoid some kind of turf war” (4). From his point of view, “city people ... [have] a thousand ... fascinating ways to occupy their time” (4-5), which he chooses to do by looking into the subaltern counterpublic of the city’s HIV/AIDS activist community, into their grief and their anger. As someone who does not belong in that demographic,

thinking of himself as a tourist, he does not understand its codes or its vernacular, nor how they do not correspond to the mainstream he is a part of, and he focuses more on the optics of the people and events he witnesses than on their content and their reasons. He “[thinks] people are all the same” (169). Even as Peter dips into this alternate society (lurking in the background at a funeral, seeing a protest in church or on television), he ends the novel in the same place he started, telling Molly “[y]ou approach the world your way and I’ll approach it mine” (267).

Kate has a different journey, albeit one that still looks very similar at its start and its end. She wants to witness without engaging, always preoccupied with her art, her chapters underlining how “[l]ove with political implications had always interested her from a distance” (13). Her relationship with Molly draws her out and pushes her to engage, which to Kate would feel like a trap. The most important thing to Kate is to witness from the sidelines, in order to integrate what she sees into her creations, yet she believes she “wouldn’t be able to do [her] artwork if [she] was with [Molly]” (23). The way Kate relates to the sphere where Molly and HIV/AIDS activism operate evolves throughout the novel. The narrative places her in situations where she has to face realities of HIV/AIDS that she had previously only known through “pictures she had seen and some sideways glances at deteriorating men on the street, but never on the face of someone she had to interact with in an equal way” (101). When she and Molly visit Scott in the hospital, Kate’s mindset (not removed from either the mainstream nor the HIV/AIDS spheres, but not fully belonging to either) is reflected in the writing: “[i]t was hard to believe this raw, bleeding skin was Scott and not just something laid on top of him” (173). Kate’s outlook juxtaposes the reality she is living against the one she previously knew. She comes to understand how these different spheres interact when she has a conversation with a gay stranger, realizing that “*it is the danger that brings you together*” (193; emphasis in the original). By the end, Justice protests at a Ronald Horne event where there is an art installation by Kate, and the situation escalates until she presumably sets fire to her own art, watching it from across the street. The flames kill Horne, and Kate’s career skyrockets as a result of the fire. Paradoxically, destroying her own work as part of the protest becomes the thing that pushes her out of the sphere of HIV/AIDS—Kate fulfills her own circular arc, and she goes back to making art engaging only from a distance.

Molly, on the other hand, is introduced as part of the community. She carries the grief that *People in Trouble* focuses on, the tiredness, the anger. She goes to an AIDS vigil where the dead are remembered by writing their names and dates of birth and death on balloons—Joseph DeCarlo 1960-1982 (53), Jeffrey Rechtschaffen 1960-1988 (85), Scott Yarrow 1958-1988 (249)—and when throughout the novel another friend or acquaintance who died of AIDS is mentioned, it follows the same formula, punctuating the monotonous grief that plagues the community. Molly's chapters constantly remind the reader about the realities of belonging to a community faced with such loss: to be overcome with a loved one's suffering, relieved at its end, and moving on as much as the situation allows, as "[t]hese situations were frequent ghastly habits that crept into the structure of everyone's personal life" (108). Molly's engagement with Justice gives her an outlet for her anger, the possibility of making small contributions as part of a whole without having to be consumed by caring for another friend whose suffering she is powerless to stop. The final chapter in *People in Trouble* is Molly's, and she voices the same feelings she has had for the entirety of the novel: "I'm tired," and "[s]o many people ... don't do anything" (268). The divide between different realities within the same city remains apparent: "[s]ome lives are more important than others. Some deaths are shocking, some invisible" (268).

People in Trouble paints a picture in which grief and anger coalesce into action. It takes the exhaustion of individuals facing drawn-out, massive loss, and makes their collective emotions the backbone of their community. Throughout its polyphonic narrative, even if it does use grief and anger, it also centers on love. The fight that the community endures is one where the very existence of a people is threatened, and Justice (and ACT UP) is a name but also a call. Schulman portrays the experience that people in the late 80s would have already had, living with a deadly crisis ignored by many and celebrated by some. By then, people had regrouped and figured out what they could and could not do, and as Molly puts it, if a lot of people each do a little, it will still add up to a lot. *People in Trouble*, ultimately, keeps its anger, but mixes it in with the love and hope that fighting is not futile.

Conclusion

HIV/AIDS activism started with the epidemic and continues on today. Unfortunately, the social and political context that prompted the unfolding of the crisis as it was is not a thing of the past. The scope of this paper is regrettably limited, focusing mainly on white perspectives. It is important, nonetheless, to understand not only how the gay community responded to the stigma surrounding HIV/AIDS (on top of the existing stigma on the populations most affected by it), but also the dominant environment which made the involvement of activist groups a necessity in the wake of the epidemic. Early American literature on HIV/AIDS presented a narrative broader than the mainstream (when the mainstream even had one), and embodied a sort of corroboration of a reality that huge swathes of society were not, or chose not to be, party to.

The two works explored in this paper examine the parallel realities that HIV/AIDS and the world at large seem to inhabit. In *The Normal Heart*, these parallel realities are separated in a dichotomy of private vs. public spheres. The narrative frames HIV/AIDS, in its early days, as an intra-community issue, dealt with at first individually and, as the issue grows, within the community: a bigger but still self-contained sphere, removed from the mainstream and its stigmatization of gay people and their newly identified predicament. The private sphere exists not only within but also subordinated to the public one. *People in Trouble*, in turn, proposes the existence of parallel public spheres: a mainstream, and a subaltern counterpublic made up of those affected by the HIV/AIDS epidemic, and particularly queer people. This subaltern counterpublic is carved out from the public sphere in which all social strata coexist, and creates a space in which a specific oppressed minority can escape the inequities they face in the broader framework, as well as fulfill the societal responsibilities that the mainstream public sphere bypasses. In both Kramer's and Schulman's works, the gay community is nowhere near the fringes of respectability: *The Normal Heart* depicts the earlier attempt at assimilation into mainstream acceptability, even if its narrative eventually pushes to the contentious demands for acceptance and acknowledgement, however disagreeable to the general public, in *People in Trouble*.

If we understand the effect of HIV/AIDS then, we may begin to comprehend its fallout. The consequences of the AIDS crisis of the 80s and 90s are still felt today: in the missing generation of queer people, the trauma it left behind, the continued stigma

and ignorance regarding a virus that changed the course of so many lives. The general population was ignorant, at best, of the plight of thousands upon thousands of people, and the continuation of the oppressions they still face makes it so that its fallout often remains confined to specific subsets of the population. In the end, as in the works dealt with in this paper, it all comes down to choice: choosing to care as part of a whole, and contributing to progress, playing however small a part.

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