

# How to Have Promiscuity in an Epidemic

DOUGLAS CRIMP

- AIDS: Questions and Answers
- AIDS: Get the Facts
- AIDS: Don't Die of Ignorance

The sloganeering of AIDS education campaigns suggests that knowledge about AIDS is readily available, easily acquired, and undisputed. Anyone who has sought to learn the “facts,” however, knows just how hard it is to get them. Since the beginning of the epidemic, one of the very few sources of up-to-date information on all aspects of AIDS has been the gay press, but *this* is a fact that no education campaign (except those emanating from gay organizations) will tell you. As Simon Watney has noted, the British government ban on gay materials coming from the US until late in 1986 meant, in effect, that people in the UK were legally prohibited from learning about AIDS during a crucial period. The ban also meant that the British Department of Health had to sneak American gay publications into the country in diplomatic pouches in order to prepare the Thatcher government's bullying “Don't Die of Ignorance” campaign.<sup>1</sup>

Among information sources, perhaps the most acclaimed is the *New York Native*, which has published news about AIDS virtually every week since 1982. But, although during the early years a number of leading medical reporters wrote for the newspaper and provided essential information, the *Native's* overall record on AIDS is not so admirable. Like other tabloids, the *Native* exploits the conflation of sex, fear, disease, and death in order to sell millions of newspapers. Banner headlines with grim predictions, new theories of “cause” and “cure,” and scandals of scientific infighting combine with soft-core shots of hot male bodies to insure that we will rush to plunk down our two dollars for this extremely thin publication. One curious aspect of these headlines over the past few years is that they nearly always refer not to a major news or feature story, but to a short editorial column by the newspaper's publisher Charles Ortlieb. These

1. See Simon Watney, *Policing Desire: Pornography, AIDS, and the Media*, Minneapolis, University of Minnesota Press, 1987, p. 13.

weekly diatribes against the likes of Robert Gallo of the National Cancer Institute and Anthony Fauci of the National Institute for Allergy and Infectious Diseases might appear to be manifestations of a healthy skepticism toward establishment science, but Ortleb's distrust takes an odd form. Rather than performing a political analysis of the ideology of science, Ortleb merely touts the crackpot theory of the week, championing whoever is the latest outcast from the world of academic and government research. Never wanting to concede that establishment science could be right about the "cause" of AIDS — which is now generally (if indeed skeptically) assumed to be the retrovirus designated HIV — Ortleb latches onto any alternative theory: African Swine Fever Virus, Epstein-Barr Virus, reactivated syphilis.<sup>2</sup> The genuine concern by informed people that a full acceptance of HIV as *the* cause of AIDS limits research options, especially regarding possible cofactors, is magnified and distorted by Ortleb into ad hominem vilification of anyone who assumes for the moment that HIV is the likely primary causal agent of AIDS and ARC. Among the *Native's* maverick heroes in this controversy about origins is the Berkeley biochemist Peter Duesberg, who is so confident that HIV is harmless that he has claimed to be unafraid of injecting it into his veins. When asked by *Village Voice* reporter Ann Giudici Fettner what he *does* think is causing the epidemic, Duesberg replied, "We don't have a new disease. It's a collection of [old] diseases caused by a lifestyle that was criminal 20 years ago. Combined with bathhouses, all these infections go with lifestyles which enhance them."<sup>3</sup> As Fettner notes, this is "a stunning regression to 1982," when AIDS was presumed to be a consequence of "the gay life-style."

A scientist pushing "the gay life-style" as the cause of AIDS in 1987 might seem a strange sort of hero for a gay newspaper to be celebrating, but then anyone who has read the *Native* regularly will have noted that, for Ortleb too, sex has been the real culprit all along. And, in this, Ortleb is not alone among powerful gay journalists. He is joined in this belief not only by right-wing politicians and ideologues, but by Randy Shilts, AIDS reporter for the *San Francisco Chronicle* and author of *And the Band Played On*, the bestselling book on AIDS.<sup>4</sup> That this book is pernicious has already been noted by many people working in the struggle against AIDS. For anyone suspicious of "mainstream" American culture, it might seem enough simply to note that the book *is* a bestseller, that it has been highly praised throughout the dominant media, or, even more damning, that the book has been optioned for a TV miniseries by Esther Shapiro, writer and producer of *Dynasty*. For some, the fact that Larry

2. For an overview of theories of the cause of AIDS, see Robert Lederer, "Origin and Spread of AIDS: Is the West Responsible?" *Covert Action*, no. 28 (Summer 1987), pp. 43–54; and no. 29 (Winter 1988), pp. 52–65.

3. Quoted in Ann Giudici Fettner, "Bad Science Makes Strange Bedfellows," *Village Voice*, February 2, 1988, p. 25.

4. Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic*, New York, St. Martin's Press, 1987. Page numbers for all citations from the book appear in parentheses in the text.

Kramer is said to be vying for the job of scriptwriter of the series will add to these suspicions (whoever reads the book will note that, in any case, the adaptation will be an easy task, since it is already written, effectively, *as a miniseries*). The fact that Shilts places blame for the spread of AIDS equally on the Reagan Administration, various government agencies, the scientific and medical establishments, *and the gay community*, is reason enough for many of us to condemn the book.

*And the Band Played On* is predicated on a series of oppositions; it is, first and foremost, a story of heroes and villains, of common sense against prejudice, of rationality against irrationality; it is also an account of scientific advance versus political maneuvering, public health versus civil rights, a safe blood supply versus blood-banking industry profits, homosexuals versus heterosexuals, hard cold facts versus what Shilts calls AIDSpeak.

We might assume we know what is meant by this neologism: AIDSpeak would be, for example, “the AIDS test,” “AIDS victims,” “promiscuity.” But no, Shilts employs these imprecise, callous, or moralizing terms just as do all his fellow mainstream journalists, without quotation marks, without apology. For Shilts, AIDSpeak is, instead, a language invented to cover up the truth. An early indication of what Shilts thinks this language is appears in his account of the June 5, 1981, article in the *Morbidity and Mortality Weekly Report* about cases of *Pneumocystis pneumonia* in gay men. Shilts writes:

The report appeared . . . not on page one of the *MMWR* but in a more inconspicuous slot on page two. Any reference to homosexuality was dropped from the title, and the headline simply read: *Pneumocystis pneumonia* — Los Angeles.

Don’t offend the gays and don’t inflame the homophobes. These were the twin horns on which the handling of this epidemic would be torn from the first day of the epidemic. Inspired by the best intentions, such arguments paved the road toward the destination good intentions inevitably lead (pp. 68–69).

It was a great shock to read this in 1987, after six years of headlines about “the gay plague” and the railing of moralists about God’s punishment for sodomy, or, more recently, statements such as “AIDS is no longer just a gay disease.” Language destined to offend gays and inflame homophobia has been, from the very beginning—in science, in the media, and in politics—the main language of AIDS discussion, although the language has been altered at times in order that it would, for example, offend Haitians and inflame racism, or offend women and inflame sexism. But to Shilts AIDSpeak is not this language guaranteed to offend and inflame. On the contrary, it is

. . . a new language forged by public health officials, anxious gay politicians, and the burgeoning ranks of “AIDS activists.” The linguistic roots of AIDSpeak sprouted not so much from the truth as

from what was politically facile and psychologically reassuring. Semantics was the major denominator of AIDSpeak jargon, because the language went to great lengths never to offend.

A new lexicon was evolving. Under the rules of AIDSpeak, for example, AIDS victims could not be called victims. Instead, they were to be called People With AIDS, or PWAs, as if contracting this uniquely brutal disease was not a victimizing experience. “Promiscuous” became “sexually active,” because gay politicians declared “promiscuous” to be “judgmental,” a major cuss word in AIDSpeak. . . .

. . . The new syntax allowed gay political leaders to address and largely determine public health policy in the coming years, because public health officials quickly mastered AIDSpeak, and it was a fundamentally political tongue (p. 315).

Shilts’s contempt for gay political leaders, AIDS activists, and people with AIDS, and his delusions about their power to influence public health policy are deeply revealing of his own politics. But to Shilts, politics is something alien, something others have, and political speech is AIDSpeak. Shilts has no politics, only common sense; he speaks only the “truth,” even if the truth is “brutal,” like being “victimized” by AIDS.

As an immediate response to this view, I will state my own political position: *Anything said or done about AIDS that does not give precedence to the knowledge, the needs, and the demands of people living with AIDS must be condemned.* The passage from *And the Band Played On* quoted above—and indeed the entire book—is written in flagrant disregard for these people. Their first principle, that they not be called victims, is flaunted by Shilts. I will concede that people living with AIDS *are* victims in one sense: they have been and continue to be victimized by all those who will not listen to them, including Randy Shilts. But we cannot stop at condemnation. Shilts’s book is too full of useful information, amassed in part with the help of the Freedom of Information Act, simply to dismiss it. But while it may be extremely useful, it is also extremely dangerous—and thus has to be read very critically.

In piecing together his tale of heroes and villains—which intersperses vignettes about scientists from the Centers for Disease Control in Atlanta, the National Institutes of Health in Bethesda, and the Pasteur Institute in Paris; doctors with AIDS patients in New York, San Francisco, and Los Angeles; blood-banking industry executives; various people with AIDS (always white, usually gay men living in San Francisco); officials in the Department of Health and Human Services and the Food and Drug Administration; gay activists and AIDS service organization volunteers—Shilts always returns to a single complaint. With all the people getting sick and dying, and with all the scandals of inaction, stonewalling, and infighting that are arguably the primary cause of their illness and death, journalists never bothered to investigate. They always



bought the government's lies, never looked behind those lies to get the "truth." There was, of course, one exception, the lonely journalist for the *San Francisco Chronicle* assigned full-time to the AIDS beat. He is never named, but we know his name is Randy Shilts, the book's one unqualified hero, who appears discreetly in several of its episodes. Of course, that journalist knows the reason for the lack of investigative zeal on the part of his fellows: the people who were dying were gay men, and mainstream American journalists don't care what happens to gay men. Those journalists would rather print hysteria-producing, blame-the-victim stories than uncover the "truth."

So Shilts would print that truth in *And the Band Played On*, "investigative journalism at its best," as the flyleaf states. The book is an extremely detailed, virtually day-by-day account of the epidemic up to the revelation that Rock Hudson was dying of AIDS, the moment, in 1985, when the American media finally took notice.<sup>5</sup> But taking notice of Rock Hudson was, in itself, a scandal, because by the time the Rock Hudson story captured the attention of the media, Shilts notes, "the number of AIDS cases in the United States had surpassed 12,000 . . . of whom 6,079 had died" (p. 580). Moreover, what constituted a story for the media was only scandal itself: a famous movie star simultaneously revealed to be gay and to be dying of AIDS.

How surprised, then, could Shilts have been that, when his own book was published, the media once again avoided mention of the six years of political scandal that contributed so significantly to the scope of the AIDS epidemic? that they were instead intrigued by an altogether different story, the one they had been printing all along—the dirty little story of gay male promiscuity and irresponsibility?

In the press release issued by Shilts's publisher, St. Martin's, the media's attention was directed to the story that would ensure the book's success:

*PATIENT ZERO: The Man Who Brought AIDS to North America*

What remains a mystery for most people is where AIDS came from and how it spread so rapidly through America. In the most bizarre story of the epidemic, Shilts also found the man whom the CDC dubbed the "Patient Zero" of the epidemic. Patient Zero, a French-Canadian airline steward, was one of the first North Americans diagnosed with AIDS. Because he traveled through the gay communities of major urban areas, he spread the AIDS virus [*sic*] throughout the continent. Indeed, studies later revealed 40 of the first 200 AIDS cases in America were documented either to have had sex with Patient Zero or have had sex with someone who did.

5. The fact that Shilts chose this moment as the end point of his narrative suggests that the book's central purpose is indeed to prove the irresponsibility of all journalists but Shilts himself, making him the book's true hero.

The story of Gaetan Dugas, or “Patient Zero,” is woven throughout the book in over twenty separate episodes, beginning on page 11 and ending only on page 439, where the young man’s death is recounted. “At one time,” Shilts writes in a typically portentous tone, “Gaetan had been what every man wanted from gay life; by the time he died, he had become what every man feared.” It is interesting indeed that Shilts, a gay man who appears *not* to have wanted from gay life what Gaetan Dugas may or may not have been, should nevertheless assume that what all gay men want is identical.

The publisher’s ploy worked, for which they appear to be proud. Included in the press kit sent to me were xeroxes of the following news stories and reviews:

—*New York Times*: Canadian Said to Have Had Key Role in Spread of AIDS

—*New York Post*: THE MAN WHO GAVE US AIDS

—*NY Daily News*: The man who flew too much

—*Time*: The Appalling Saga of Patient Zero

—*McClean’s*: “Patient Zero” and the AIDS virus

*People* magazine made “Patient Zero” one of its “25 most intriguing people of ’87,” together with Ronald Reagan, Mikhail Gorbachev, Oliver North, Fawn Hall, Princess Diana, Vincent van Gogh, and Baby Jessica. Shilts’s success in giving the media the scandalous story that would overshadow his book’s other “revelations”—and that would ensure that the blame for AIDS would remain focused on gay men—can be seen even in the way the story appeared in Germany’s leading liberal weekly *Der Spiegel*. Underneath a photograph of cruising gay men at the end of Christopher Street in New York City, the story’s sensational title reads “Ich werde sterben, und du auch” (“I’m going to die, and so are you”), a line the Canadian airline steward is supposed to have uttered to his bathhouse sex partners as he turned up the lights after an encounter and pointed to his KS lesions.

Shilts’s painstaking efforts at telling the “true” story of the epidemic’s early years thus resulted in two media stories: the story of the man who brought us AIDS, and the story of the man who brought us the story of the man who brought us AIDS. Gaetan Dugas and Randy Shilts became overnight media stars. Being fully of the media establishment, Shilts’s criticism of that establishment is limited to pitting good journalists against bad. He is apparently oblivious to the economic and ideological mechanisms that largely determine how AIDS will be constructed in the media, and he thus contributes to that construction rather than to its critique.

The criticism most often leveled against Shilts’s book by its gay critics is that

# NEW YORK POST

TUESDAY, OCT. 6, 1987

Founded by Alexander Hamilton in 1801

35 CENTS

**FINAL**

TONIGHT: Cloudy, mid 50s  
TOMORROW: Cloudy, mid 60s. Details: Page 2.

Stocks: P. 41

TV listings: P. 95

*Triggered 'gay cancer' epidemic in U.S.*

# THE MAN WHO GAVE US AIDS

—STORY ON PAGE THREE

*His love's safe after ordeal on icy peak*

Weekend hiker Millicent Moore Tomassetti nuzzles her husband, Louis, last night in Cherry Hill, N.J. She surprised him, and turned up safe and sound after being trapped in Sunday's freak snow storm atop Hunter Mountain in the Catskills. Mrs. Tomassetti and two companions made it down the slope to safety. Three more hikers walked down this morning on snow shoes dropped to them by helicopter.

SEE PAGE 5



New York Post P.M. January 8

it is a product of internalized homophobia. In this view, Shilts is seen to identify with the heterosexist society that loathes him for his homosexuality, and through that identification to project his loathing onto the gay community. Thus, “Patient Zero,” the very figure of the homosexual as imagined by heterosexuals—sexually voracious, murderously irresponsible—is Shilts’s homophobic nightmare of himself, a nightmare that he must constantly deny by making it true only of others. Shilts therefore offers up the scapegoat for his heterosexual colleagues in order to prove that he, like them, is horrified by such creatures.

It is true that Shilts’s book reproduces virtually every cliché of homophobia. Like Queen Victoria’s proverbial inability to fathom what lesbians do in bed, Shilts’s disdain for the sexual habits of gay men extends even to finding certain of those habits “unimaginable.” In one of his many fulminations against gay bathhouses, Shilts writes, “Just about every type of unsafe sex imaginable, and many variations that were unimaginable, were being practiced with carefree abandonment [*sic*] at the facilities” (p. 481).

Shilts’s failure of imagination is in this case merely a trope, a way of saying that certain sexual acts are beyond the pale for most people. But in resorting to such a trope, Shilts unconsciously identifies with all those who would rather see gay men die than allow homosexuality to invade their consciousness.

*And the Band Played On* is written not only as a chronology of events, but also as a cleverly plotted series of episodes. Hundreds of narrative threads are woven around individual characters described in conventional novelistic fashion. Often Shilts uses peoples’ regional accents and physiques metonymically to stand for their characters: “Everyone cheered enthusiastically when Paul Popham [president of the Gay Men’s Health Crisis] addressed the crowd in his broad, plainspoken Oregon accent” (p. 139). A hundred pages earlier, Popham is introduced with the sentence, “At the Y, Larry [Kramer] had told Paul that he had such a naturally well-defined body that he didn’t need to work out, and Paul responded with a shy aw-shucks ingenuousness that reminded Larry of Gary Cooper or Jimmy Stewart” (p. 26). Shilts’s choice of novelistic form allows him these tricks of omniscient narration. Not only does he tell us what Paul said and Larry thought, he also reveals his characters’ dreams and nightmares, and even, in a few cases, what people with AIDS were thinking and feeling at the moment of death. These aspects of bourgeois writing would seem to represent a strange choice indeed for the separation of fact from fiction,<sup>6</sup> but I want to argue that it is precisely this choice that determines Shilts’s homophobia. For it is my contention not simply that Shilts has internalized homophobia, but that he has sought to

6. Shilts writes in his “Notes on Sources,” “This book is a work of journalism. There has been no fictionalization. For purposes of narrative flow, I reconstruct scenes, recount conversations and occasionally attribute observations to people with such phrases as ‘he thought’ or ‘she felt.’ Such references are drawn from either the research interviews I conducted for the book or from research conducted during my years covering the AIDS epidemic for the *San Francisco Chronicle*” (p. 607).

escape the effects of homophobia by employing a particular cultural form, one that is thoroughly outmoded but still very much with us in its vulgarized variants. In *Writing Degree Zero*, Roland Barthes writes:

Until [the 1850s], it was bourgeois ideology itself which gave the measure of the universal by fulfilling it unchallenged. The bourgeois writer, sole judge of other people's woes and without anyone else to gaze on him, was not torn between his social condition and his intellectual vocation.<sup>7</sup>

“Sole judge of other people's woes and without anyone else to gaze on him,” Shilts adopted a no-longer-possible universal point of view—which is, among other things, the *heterosexual* point of view—and thus erased his own social condition, that of being a gay man in a homophobic society. Shilts wrote the story of Gaetan Dugas not because it needed telling—because, in the journalist's mind it was true and factual—but because it was required by the bourgeois novelistic form that Shilts used as his shield. The book's arch-villain has a special function, that of securing the identity of his polar opposite, the book's true hero. Shilts created the character of “Patient Zero” to embody everything that the book purports to expose: irresponsibility, delay, denial—ultimately murder.<sup>8</sup> “Patient Zero” stands for all the evil that is “really” the cause of the epidemic, and Shilts's portrait of “Patient Zero” stands for Shilts's own heroic act of “exposing” that evil.

If I have dwelt for so long on *And the Band Played On*, it is not only because its enthusiastic reception demands a response. It is also because the book demonstrates so clearly that cultural conventions rigidly dictate what can and will be said about AIDS. And these cultural conventions exist everywhere the epidemic is constructed: in newspaper stories and magazine articles, in television documentaries and fiction films, in political debate and health-care policy, in scientific research, in art, in activism, and in sexuality. The way AIDS is understood is in large measure predetermined by the forms these discourses take. Randy Shilts

7. Roland Barthes, *Writing Degree Zero*, trans. Annette Lavers and Colin Smith, Boston, Beacon Press, 1967, p. 60.

8. I say *created* because, though Gaetan Dugas was a real person, his character—in both senses of the word—was invented by Shilts. Moreover, contrary to the St. Martin's press release, Shilts did not “discover” “Patient Zero.” The story about how various early AIDS researchers were able to link a number of early cases of the syndrome—which was done not to locate the “source” of the epidemic and place blame, but simply to verify the transmissibility of a causal agent—was told earlier by Ann Giudici Fettner and William A. Check. Dugas is called “Eric” in their account, and his character is described significantly differently: “‘He felt terrible about having made other people sick,’ says [Dr. William] Darrow [a CDC sociologist]. ‘He had come down with Kaposi's but no one ever told him it might be infectious. Even at CDC we didn't know then that it was contagious. It is a general dogma that cancer is not transmissible. Of course, we now know that the underlying immune-system deficiency that allows the cancer to grow is most likely transmissible.’” (*The Truth about AIDS*, New York, Henry Holt, revised edition, 1985, p. 86). Thanks to Paula Treichler for calling this passage to my attention.



provided the viciously homophobic portrait of “Patient Zero” because his thriller narrative demanded it, and the news media reported that story and none of the rest because what is news and what is not is dictated by the form the news takes in our society. In a recent op-ed piece about his recognition that AIDS is now newsworthy, A. M. Rosenthal, executive editor of the *New York Times* during the entire five-year period when the epidemic was a *nonstory* for the *Times*, offered the following reflection on the news-story form: “Journalists call events, trivial or historic, ‘stories’ because we really are tellers of tales and to us there is no point in knowing or learning if we can’t run out and tell somebody. That’s just the way we are; go ask a psychiatrist why.”<sup>9</sup>

“Patient Zero” is a news story while the criminal inaction of the Reagan Administration is not — “go ask a psychiatrist why.” Rock Hudson is a story, but the thousands of other people with AIDS are not — “go ask a psychiatrist why.” Heterosexuals with AIDS is a story; homosexuals with AIDS is not — “go ask a psychiatrist why.” Shilts laments this situation. His book contributes nothing to understanding and changing it.

Among the heroes of *And the Band Played On* is Larry Kramer, who shares Shilts’s negative view of gay politics and sexuality. Here is how Shilts describes the reception of Kramer’s play about AIDS, *The Normal Heart*:

April 21 [1985]

PUBLIC THEATER

*New York City*

A thunderous ovation echoed through the theater. The people rose to their feet, applauding the cast returning to the stage to take their bows. Larry Kramer looked to his eighty-five-year-old mother. She had always wanted him to write for the stage, and Kramer had done that now. True, *The Normal Heart* was not your respectable Neil Simon fare, but a virtually unanimous chorus of reviewers had already proclaimed the play to be a masterpiece of political drama. Even before the previews were over, critics from every major news organization in New York City had scoured their thesauruses for superlatives to describe the play. NBC said it “beats with passion”; *Time* magazine said it was “deeply affecting, tense and touching”; the *New York Daily News* called it “an angry, unremitting and gripping piece of political theater.” One critic said *Heart* was to the AIDS epidemic what Arthur Miller’s *The Crucible* had been to the McCarthy era. *New York Magazine*’s critic John Simon, who had recently been overheard saying that he looked forward to when AIDS had killed all the homosexuals in New York theater, conceded in an interview that he left the play weeping (p. 556).

9. A. M. Rosenthal, “AIDS: Everyone’s Business,” *New York Times*, December 29, 1987, p. A19.



How is it that for four years the deaths of thousands of gay men could leave the dominant media entirely unmoved, but Larry Kramer's play could make them weep? Shilts offers no explanation, nor is he suspicious of this momentary change of heart. *The Normal Heart* is a *pièce à clef* about the Gay Men's Health Crisis, the AIDS service organization Kramer helped found and which later expelled him—because, as the play tells it, he, like Shilts, insisted on speaking the truth.<sup>10</sup> In one of his many fights with his fellow organizers, Ned Weeks, the character that represents Kramer, explodes, “Why is anything I'm saying compared to anything but common sense?” (p. 100). Common sense, in Kramer's view, is that gay men should stop having so much sex, that promiscuity kills. But this common sense is, of course, conventional moral wisdom: it is not safe sex, but monogamy that is the solution. The play's message is therefore not only reactionary, it is lethal, since monogamy per se provides no protection whatsoever against a virus that might already have infected one partner in a relationship.

“I am sick of guys who can only think with their cocks” (p. 57), says Ned Weeks, and later, “Being defined by our cocks is literally killing us” (p. 115). For Kramer, being defined by sex is the legacy of gay politics; promiscuity and gay politics are one and the same:

Ned [to Emma, the doctor who urges him to tell gay men to stop having sex]: Do you realize that you are talking about millions of men who have singled out promiscuity to be their principal political agenda, the one they'd die before abandoning? (pp. 37–38).

Bruce [the president of GMHC]: . . . the entire gay political platform is fucking (p. 57).

Ned: . . . the gay leaders who created this sexual liberation philosophy in the first place have been the death of us. Mickey, why didn't you guys fight for the right to get married instead of the right to legitimize promiscuity? (p. 85).

This is the view of someone who did not participate in the gay movement, and who has no sense of its history, its complexities, its theory and practice (was he too busy taking advantage of its gains?). Kramer's ignorance of and contempt for the gay movement are demonstrated throughout the play:

Ned: Nobody with a brain gets involved in gay politics. It's filled with the great unwashed radicals of any counterculture (p. 37).

Mickey: You know, the battle against the police at Stonewall was won

10. Larry Kramer, *The Normal Heart*, New York and Scarborough, Ontario, New American Library, 1985. Page numbers for citations are given in the text.

by transvestites. We all fought like hell. It's you Brooks Brothers guys who—

Bruce: That's why I wasn't at Stonewall. I don't have anything in common with those guys, girls, whatever you call them.

Mickey: . . . and . . . how do you feel about Lesbians?

Bruce: Not very much. I mean, they're . . . something else.

Mickey: I wonder what they're going to think about all this? If past history is any guide, there's never been much support by either half of us for the other. Tommy, are you a Lesbian? (pp. 54–55).

I want to return to gay politics, and specifically to the role lesbians have played in the struggle against AIDS, but first it is necessary to explain why I have been quoting Kramer's play as if it were not fictional, as if it could be unproblematically taken to represent Kramer's own political views. As I've already said, *The Normal Heart* is a *pièce à clef*, a form adopted for the very purpose of presenting the author's experience and views in dramatic form. But my criticism of the play is not merely that Kramer's political views, as voiced by his characters, are reactionary—though they certainly are—but that the genre employed by Kramer will dictate a reactionary content of a different kind: because the play is written within the most traditional conventions of bourgeois theater, its politics are the politics of bourgeois individualism. Like *And the Band Played On*, *The Normal Heart* is the story of a lonely voice of reason smothered by the deafening chorus of unreason. It is a play with a hero, Kramer himself, for whom the play is an act of vengeance for all the wrong done him by his ungrateful colleagues at the Gay Men's Health Crisis. *The Normal Heart* is a purely personal—not a political—drama, a drama of a few heroic individuals in the AIDS movement. From time to time, some of these characters talk “politics”:

Emma: Health is a political issue. Everybody's entitled to good medical care. If you're not getting it, you've got to fight for it. Do you know this is the only industrialized country in the world besides South Africa that doesn't guarantee health care for everyone? (p. 36).

But this is, of course, politics in the most restricted sense of the word. Such a view refuses to see that power relations invade and shape all discourse. It ignores the fact that the choice of the bourgeois form of drama, for example, is a political choice that will have necessary political consequences. Among these is the fact that the play's “politics” sound very didactic, don't “work” with the drama. Thus in *The Normal Heart*, even these “politics” are mostly pushed to the periphery; they become décor. In the New York Shakespeare Festival production of the play, “the walls of the set, made of construction-site plywood, were whitewashed. Everywhere possible, on this set and upon the theater walls too, facts and figures and names were painted, in black, simple lettering” (p. 19). These were such facts as

—MAYOR KOCH: \$75,000—MAYOR FEINSTEIN: \$16,000,000. (For public education and community services.)

—During the first nineteen months of the epidemic, *The New York Times* wrote about it a total of seven times.

—During the first three months of the Tylenol scare in 1982, *The New York Times* wrote about it a total of 54 times (pp. 20–21).

No one would dispute that these facts and figures have political significance, that they are part of the political picture of AIDS. But in the context of *The Normal Heart*, they are absorbed by the personal drama taking place on the stage, where they have no other function than to prove Ned Weeks right, to vindicate Ned Weeks's—Larry Kramer's—rage. And that rage, the play itself, is very largely directed against other gay men.

Shilts's book and Kramer's play share a curious contradiction: they blame the lack of response to the epidemic on the misrepresentation of AIDS as a gay disease even as they themselves treat AIDS almost exclusively as a gay problem. Both display indifference to the other groups drastically affected by the epidemic, primarily, in the US, IV drug users, who remain statistics for the two writers, just as gay men do for the people the two authors rail against.

The resolution of this contradiction, which is pervasive in AIDS discourse, would appear to be simple enough. AIDS is not a gay disease, but in the US it affected gay men first and, thus far, has affected us in greater proportion. But AIDS probably did *not* affect gay men first, even in the US. What is now called AIDS was first *seen* in middle-class gay men in America, in part because of our access to medical care. Retrospectively, however, it appears that IV drug users—whether gay or straight—were dying of AIDS in New York City throughout the '70s and early '80s, but a class-based and racist health care system failed to notice, and an epidemiology equally skewed by class and racial bias failed to begin to look *until 1987*.<sup>11</sup> Moreover, AIDS has never been restricted to gay men

11. In October 1987, the *New York Times* reported that the New York City Department of Health conducted a study of drug-related deaths from 1982 to 1986, which found an estimated 2,520 AIDS-related deaths that had not been reported as such. As a result, "AIDS-related deaths, involving intravenous drug users accounted for 53 percent of all AIDS-related deaths in New York City since the epidemic began, while deaths involving sexually active homosexual and bisexual men accounted for 38 percent." Even these statistics are based on CDC epidemiology that continues to see the beginning of the epidemic as 1981, following the early reports of illnesses in gay men, in spite of widespread anecdotal reporting of a high rate of deaths throughout the 1970s from what was known as "junkie pneumonia" and was likely *Pneumocystis pneumonia*. Moreover, the study was undertaken not through any recognition of the seriousness of the problem posed to poor and minority communities, but, as New York City Health Commissioner Stephen Joseph was reported as saying, because "the higher numbers . . . showed that the heterosexual 'window' through which AIDS presumably could jump to people who were not at high risk was 'much wider than we believed'" (Ronald Sullivan, "AIDS in New York City Killing More Drug Users," *New York Times*, October 22, 1987, p. B1).

in Central Africa, where the syndrome is a problem of apocalyptic dimensions, but to this day receives almost no attention in the US.

What is far more significant than the real *facts* of HIV transmission in various populations throughout the world, however, is the initial conceptualization of AIDS as a syndrome affecting gay men. No insistence on the facts will render that discursive construction obsolete, and not only because of the intractability of homophobia. The idea of AIDS as a gay disease occasioned two *interconnected* conditions in the US: that AIDS would be an epidemic of stigmatization rooted in homophobia, and that the response to AIDS would depend in very large measure on the very gay movement Shilts and Kramer decry.

The organization Larry Kramer helped found, the Gay Men's Health Crisis, is as much a part of the early construction of AIDS as were the first reports of the effects of the syndrome in the *Morbidity and Mortality Weekly Report*. Though it may be true that few, if any, of the founders of GMHC were centrally involved in gay politics, everything they were able to accomplish—from fundraising and recruiting volunteers to consulting with openly gay health care professionals and getting education out to the gay community—depended on what had already been achieved by the gay movement. Moreover, the continued life of GMHC as the largest AIDS service organization in the US has necessarily aligned it with other, considerably more radical grass-roots AIDS organizations both in the gay community and in other communities affected by the epidemic. The Gay Men's Health Crisis, whose workforce comprises lesbians and heterosexual women as well as gay men (heterosexual men are notably absent from the AIDS movement), is now an organization that provides services for infants with AIDS, IV drug users with AIDS, women with AIDS. It is an organization that every day puts the words *gay men* in the mouths of people who would otherwise never speak them. More importantly, it is an organization that has put the words *gay men* in the mouths of nongay people living with the stigma attached to AIDS by those very words. The Gay Men's Health Crisis is thus a symbol, in its very name, of the fact that the gay movement is at the center of the fight against AIDS. The limitations of this movement—especially insofar as it is riven by race and class differences—are therefore in urgent need of examination.

In doing this, we must never lose sight of the fact that the gay movement is responsible for virtually every positive achievement in the struggle against AIDS during the epidemic's early years. These achievements are not only those of politically organized response—of fighting repressive measures; of demanding government funding, scientific research, and media coverage; of creating service organizations to care for the sick and to educate the well. They are also the achievements of a sexual community whose theory and practice of sex made it possible to meet the epidemic's most urgent requirement: the development of safe sex practices. But who counts as a member of this community? Who will be protected by the knowledge of safe sex? Kramer's character Mickey was right in saying that it was transvestites who fought back at Stonewall. What he did not say

was that those “guys in Brooks Brothers suits” very soon hounded transvestites out of the movement initiated by Stonewall, because the “gay good citizens”<sup>12</sup> didn’t want to be associated with “those guys, girls, whatever you call them.” Now, in 1988, what AIDS service organizations are providing transvestites with safe sex information? Who is educating hustlers? Who is getting safe sex instructions, printed in Spanish, into gay bars in Queens that cater to working-class Colombian immigrants?<sup>13</sup> It is these questions that cannot be satisfactorily answered by a gay community that is far from inclusive of the vast majority of people whose homosexual practices place them at risk. It is also these questions that we must ask even more insistently of AIDS education programs that are now being taken out of the hands of gay people — AIDS education programs devised by the state, outside of any existing community, whatever its limitations.

Kramer’s summary dismissal of transvestites in *The Normal Heart* is followed by his assumption that lesbians will show no interest in the AIDS crisis. Not only has Kramer been proven dead wrong, but his assumption is grounded in a failure to recognize the importance of a gay *political* community that has always included both sexes. In spite of the very real tensions and differences between lesbians and gay men, our common oppression has taught us the vital necessity of forming a coalition. And having negotiated and renegotiated this coalition over a period of two decades has provided much of the groundwork for the coalition politics necessitated by the shared oppression of all the radically different groups affected by AIDS. But the question Larry Kramer and other gay men should be asking in any case is not “What are lesbians doing to help us?” but rather “What are we doing to help lesbians?” Although it is consistently claimed that lesbians, as a group, are the least vulnerable to HIV transmission, this would appear to be predicated, once again, on the failure to understand what lesbians do in bed. As Lee Chiaramonte wrote in an article entitled “The Very Last Fairy Tale,”

In order to believe that lesbians are not at risk for AIDS, or that those who have already been infected are merely incidental victims, I would have to know and agree with the standards by which we are judged to be safe. Meaning I would have to believe we are either sexless or olympically monogamous; that we are not intravenous drug users; that we do not sleep with men; that we do not engage in sexual activities that could prove as dangerous as they are titillating. I would also have to believe that lesbians, unlike straight women, can get seven years’

12. I borrow the phrase from Guy Hocquenghem, who used it to describe a gay movement increasingly devoted to civil rights rather than to the more radical agenda issuing from the New Left of the 1960s.

13. I do not want to suggest that there are no gay community organizations for or including transvestites, sex workers, or Latino immigrants, but rather that no organization representing highly marginalized groups has the funding or the power to reach large numbers of people with sensitive and specific AIDS information.

worth of honest answers from their lovers about forgotten past lives.<sup>14</sup>

Chiaromonte goes on to cite a 1983 *Journal of Sex Research* study in which it was determined that lesbians have almost twice as much sex as straight women and that their numbers of partners are greater than straight women's by nearly fifteen to one. In a survey conducted by Pat Califia for the *Journal of Homosexuality*, over half the lesbians questioned preferred nonmonogamous relationships.<sup>15</sup> And, in addition to the risks of HIV infection, which only compound women's problems with a sexist health care system, lesbians have, along with gay men, borne the intensified homophobia that has resulted from AIDS.

Not surprisingly it was a lesbian—Cindy Patton—who wrote one of the first serious political analyses of the AIDS epidemic and who has more recently coauthored a safe sex manual for women.<sup>16</sup> “It is critical,” says Patton, “that the experience of the gay community in AIDS organizing be understood: the strategies employed before 1985 or so grew out of gay liberation and feminist theory.”<sup>17</sup> The most significant of these strategies was—again—the development of safe sex guidelines, which, though clearly the achievement of the organized gay community, are now being reinvented by “experts.”

At the 1987 lesbian and gay health conference in Los Angeles, many longtime AIDS activists were surprised by the extent to which safe sex education had become the province of high level professionals. The fact that safe sex organizing began and is highly successful as a grassroots, community effort seemed to be forgotten. . . . Heterosexuals—and even gay people only beginning to confront AIDS—express panic about how to make appropriate and satisfying changes in their sex lives, as if no one had done this before them. It is a mark of the intransigence of homophobia that few look to the urban gay communities for advice, communities which have an infrastructure and a track record of highly successful behavior change.<sup>18</sup>

As Patton insists, gay people invented safe sex. We knew that the alternatives—monogamy and abstinence—were *unsafe*, unsafe in the latter case because people do not abstain from sex, and if you only tell them “just say no,”

14. Lee Chiaromonte, “Lesbian Safety and AIDS: The Very Last Fairy Tale,” *Visibilities*, vol. 1, no. 1 (January–February 1988), p. 5.

15. *Ibid.*, p. 7.

16. Cindy Patton, *Sex and Germs: The Politics of AIDS*, Boston, South End Press, 1985; and Cindy Patton and Janis Kelly, *Making It: A Woman's Guide to Sex in the Age of AIDS*, Ithaca, New York, Firebrand Books, 1987.

17. Cindy Patton, “Resistance and the Erotic: Reclaiming History, Setting Strategy as We Face AIDS,” *Radical America*, vol. 20, no. 6 (Facing AIDS: A Special Issue), p. 68.

18. *Ibid.*, p. 69.



they will have unsafe sex. We were able to invent safe sex because we have always known that sex is not, in an epidemic or not, limited to penetrative sex. Our promiscuity taught us many things, not only about the pleasures of sex, but about the great multiplicity of those pleasures. It is that psychic preparation, that experimentation, that conscious work on our own sexualities that has allowed many of us to change our sexual behaviors—something that brutal “behavioral therapies” tried unsuccessfully for over a century to force us to do—very quickly and very dramatically. It is for this reason that Shilts’s and Kramer’s attitudes about the formulation of gay politics on the basis of our sexuality is so perversely distorted, why they insist that our promiscuity will destroy us when in fact *it is our promiscuity that will save us*.

The elaborateness of gay male sexual culture which may have once contributed to the spread of AIDS has been rapidly transformed into one that inhibits spread of the disease, still promotes sexual liberation (albeit differently defined), and is as marvelously fringe and offensive to middle America as ever.<sup>19</sup>

All those who contend that gay male promiscuity is merely sexual *compulsion* resulting from fear of intimacy are now faced with very strong evidence against their prejudices. For if compulsion were so easily overcome or redirected, it would hardly deserve the name. Gay male promiscuity should be seen instead as a positive model of how sexual pleasures might be pursued by and granted to everyone if those pleasures were not confined within the narrow limits of institutionalized sexuality.

Indeed, it is the lack of promiscuity and its lessons that suggests that many straight people will have a much harder time learning “how to have sex in an epidemic” than we did.<sup>20</sup> This assumption follows from the fact that risk reduction information directed at heterosexuals, even when not clearly antisex or based on false morality, is still predicated upon the prevailing myths about sexuality in our society. First among these, of course, is the myth that monogamous relationships are not only the norm but ultimately everyone’s deepest desire. Thus, the message is often not about safe sex at all, but about how to find *a* safe partner.

As Art Ulene, “family physician” to the *Today Show* put it:

I think it’s time to stop talking about “safe sex.” I believe we should be talking about safe partners instead. A safe partner is one who has never been infected with the AIDS virus [*sic*]. With a safe partner, you don’t have to worry about getting AIDS yourself—no matter what

19. *Ibid.*, p. 72.

20. *How to Have Sex in an Epidemic* is the title of a 40-page pamphlet produced by gay men, including PWAs, as early as 1983. See Patton, *ibid.*, p. 69.

you do sexually, and no matter how much protection you use while you do it.<sup>21</sup>

The agenda here is one of maintaining the us/them dichotomy that was initially performed by the CDC's "risk group" classifications—"Only gay men and IV drug users get AIDS." But now that neat classifications of otherness no longer "protect" the "general population,"<sup>22</sup> how does one go about finding a safe partner? One obvious way of answering this question is to urge HIV antibody testing. If you and your sex partner both test negative, you can still have unbridled fun.<sup>23</sup> But Dr. Ulene has an additional solution:

One way to find safer partners—though a bit impractical for most—is to move to a place where the incidence of AIDS is low. There are two states that have reported only four cases of AIDS since the disease was discovered, while others are crowded with AIDS patients. Although this near-freedom from AIDS cannot be expected to last forever, the relative differences between states like Nebraska and New York are likely to last.<sup>24</sup>

Dr. Ulene then graciously provides a breakdown of AIDS cases by state.

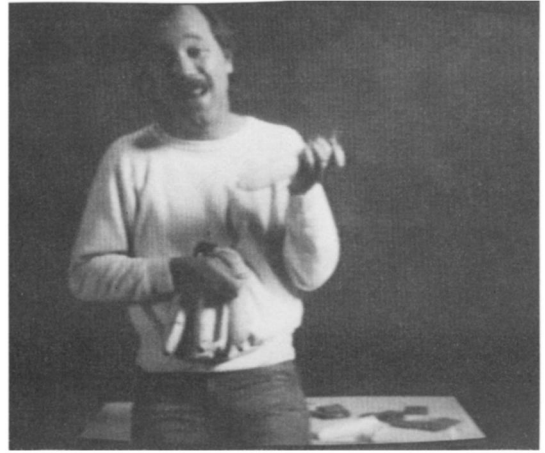
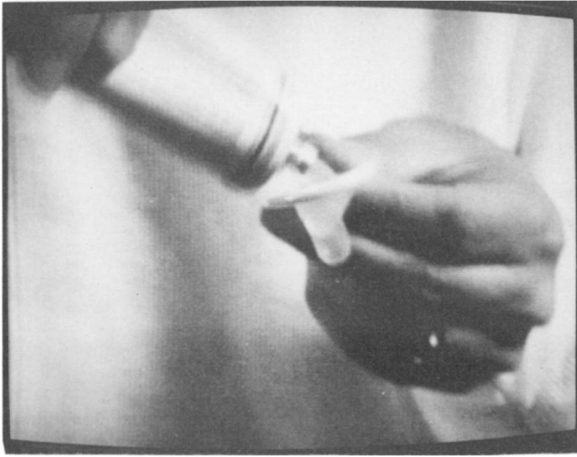
Most safe sex education materials for heterosexuals, however, presume that their audience consists of people who feel themselves to be at some risk, perhaps because they do not limit themselves to a single sex partner, perhaps because they are unable to move to Nebraska. Still, in most cases, these safe sex instructions focus almost exclusively on penetrative sex and always make it a woman's job to

21. Art Ulene, M.D., *Safe Sex in a Dangerous World*, New York, Vintage Books, 1987, p. 31.

22. In fact there continue to be concerted efforts to deny that everyone is at risk of HIV infection. The *New York Times* periodically prints updated epidemiological information editorially presented so as to reassure its readers—clearly presumed to be middle class, white, and heterosexual—that they have little to worry about. Two recent articles that resurrect old myths to keep AIDS away from heterosexuals are Michael A. Fumento, "AIDS: Are Heterosexuals at Risk?" *Commentary*, November 1987; and Robert E. Gould, "Reassuring News About AIDS: A Doctor Tells Why You May Not Be at Risk," *Cosmopolitan*, January 1988. That such articles are based on racist and homophobic assumptions goes without saying. The "fragile anus/rugged vagina" thesis is generally trotted out to explain not only the differences between rates of infection in gays and straights, but also between blacks and whites, Africans and Americans (blacks are said to resort to anal sex as a primitive form of birth control). But Gould's racism takes him a step further. Claiming that only "rough" sex can result in transmission through the vagina, Gould writes, "Many men in Africa take their women in a brutal way, so that some heterosexual activity regarded as normal by them would be closer to rape by our standards and therefore be likely to cause vaginal lacerations through which the AIDS virus [*sic*] could gain entry into the bloodstream."

23. Cindy Patton tells of similar advice given to gay men by a CDC official at the 1985 International AIDS Conference in Atlanta: "He suggested that gay men only have sex with men of the same antibody status, as if gay male culture is little more than a giant dating service. This advice was quickly seen as dehumanizing and not useful because it did not promote safe sex, but renewed advice of this type is seen as reasonable within the heterosexual community of late" ("Resistance and the Erotic," p. 69).

24. Ulene, p. 49.



*AIDSfilms. AIDS: Changing the Rules. 1987.*

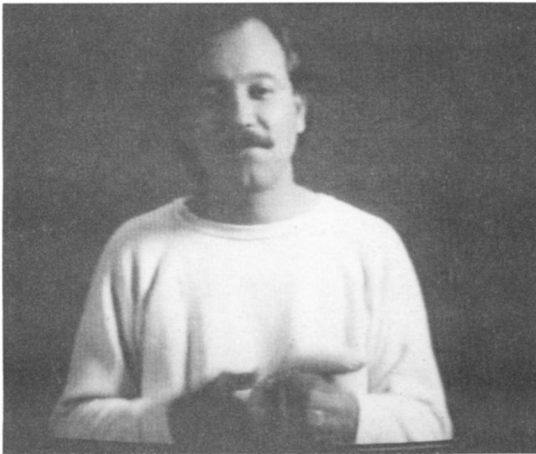
get the condom on the cock. It appears to be a foregone conclusion that there is no use even trying to get straight men to take this responsibility themselves (the title of a recent book is *How to Persuade Your Lover to Use a Condom . . . And Why You Should*). The one exception is a segment of the video aired on PBS entitled *AIDS: Changing the Rules*, in which Rubén Blades talks to men directly, though very coyly, about condoms, but shows them only how to put one on a banana. Evidently condoms have now become too closely associated with gay men for straight men to talk straight about them. In addition, they have become too closely associated with AIDS for the banana companies to approve of *Changing the Rules's* choice of props. The following letter was sent by the president of the International Banana Association to the president of PBS; I cite it to give some idea of how hilarious—if it weren't so deadly—the condom debate can be.

Dear Mr. Christiansen,

In this program, a banana is used as a substitute for a human penis in a demonstration of how condoms should be used.

I must tell you, Mr. Christiansen, as I have told representatives of WETA, that our industry finds such usage of our product to be totally unacceptable. The choice of a banana rather than some other inanimate prop constitutes arbitrary and reckless disregard for the unsavory association that will be drawn by the public and the damage to our industry that will result therefrom.

The banana is an important product and deserves to be treated with respect and consideration. It is the most extensively consumed fruit in the United States, being purchased by over 98 percent of



households. It is important to the economies of many developing Latin American nations. The banana's continued image in the minds of consumers as a healthful and nutritious product is critically important to the industry's continued ability to be held in such high regard by the public and to discharge its responsibilities to its Latin American hosts. . . .

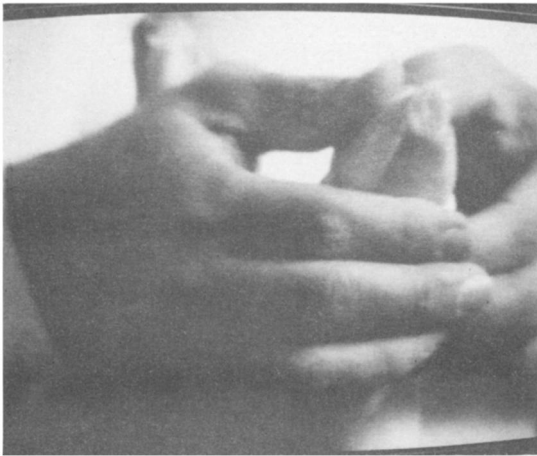
Mr. Christiansen, I have no alternative but to advise you that we intend to hold PBS fully responsible for any and all damages sustained by our industry as a result of the showing of this AIDS program depicting the banana in the associational context planned. Further, we reserve all legal rights to protect the industry's interests from this arbitrary, unnecessary, and insensitive action.

Yours very truly,  
Robert M. Moore

The debate about condoms, and safe sex education generally, is one of the most alarming in the history of the AIDS epidemic thus far, because it will certainly result in many more thousands of deaths that could be avoided. It demonstrates how practices devised at the grass-roots level to meet the needs of people at risk can be demeaned, distorted, and ultimately destroyed when those practices are coopted by state power. Perhaps no portion of this controversy is as revealing as the October 14, 1987, debate over the Helms amendment.<sup>25</sup>

In presenting his amendment to the Senate, Helms made the off-hand remark, "Now we had all this mob over here this weekend, which was itself a

25. Unless otherwise indicated, all quotations of this debate are taken from the *Congressional Record*, October 14, 1987, pp. S14202-S14220.



disheartening spectacle.” He was referring to the largest civil rights demonstration in US history, in which over half a million people, led by PWAs and their friends, marched on Washington for lesbian and gay rights. Early in the morning before the march, the Names Project inaugurated its memorial quilt, whose panels with the names of people who had died of AIDS occupied a space on the Mall equivalent to two football fields. As the three-by-six-foot cloth panels made by friends, family, and admirers of the dead were carefully unfurled, 1,920 names were solemnly read to a crowd of weeping spectators. Though representing only a small percentage of the people who have died in the epidemic, the seemingly endless litany of names, together with the astonishing size of the quilt, brought home the enormity of our loss so dramatically as to leave everyone stunned.

But to Helms and his ilk this was just a “mob” enacting a “disheartening spectacle.” In the following month’s issue of the right-wing *Campus Review*, a front-page article by Gary Bauer, assistant to President Reagan and spokesperson for the Administration’s AIDS policy, was accompanied by a political cartoon entitled “The AIDS Quilt.” It depicts a faggot and a junkie sewing panels bearing the words *sodomy* and *IV Drugs*. Bauer’s article explains:

“Safe sex” campaigns are not giving students the full story about AIDS. Indeed many students are arguably being denied the information that is most likely to assist them in avoiding the AIDS virus [*sic*]. . . . Many of today’s education efforts are what could be called “sexually egalitarian.” That is, they refuse to distinguish or even appear to prefer one type of sexual practice over another. Yet medical research shows that sodomy is probably the most efficient method to transfer the AIDS virus [*sic*] as well as other diseases—for obvious








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## AIDS and the College Student

**Editor's note:** Earlier this month an AIDS awareness class was sponsored by the rhetoric department at the University of Iowa. Rhetoric classes are required of nearly all U.I. students, and some instructors made the AIDS class mandatory. A university official told *Campus Review* that the program was rammed through by pressure from the university's gay community.

Thus we offer this article from a White House official as a balance to the often one-sided presentation that so many students were subjected to.

by Gary Bauer,  
Assistant to the President

On hundreds of college and university campuses this year, students have returned not only to be greeted by the usual panoply of activities and issues, but also by a new crusade — safe sex. Reacting to the growing national



to be aimed at promoting the most obvious and effective measure to slow down the AIDS epidemic — abstinence. Yet, as Surgeon General C. Everett Koop has indicated time and time again, abstinence is the only foolproof way to avoid this disease. Are we to assume that highly educated young Americans are so enslaved by their passions that they are unable to limit their number of partners or sexual activities — even if failing to do so risks death? Actually, much research shows that many students do abstain or establish a mutual, faithful relationship with marriage as the long-term goal. Why the hesitancy to build on these healthy tendencies, particularly when the issue is life or death?

Second, many of today's educational efforts are what could be called "sexually egalitarian." That is, they refuse to distinguish or even appear to prefer one type of sexual practice over another. Yet medical research shows that sodomy is

reasons. Why is this information censored on so many campuses? Does it illustrate the growing power of gay rights activists who not only want to be tolerated, but want the culture at large to affirm and support the legitimacy of the gay life-style?<sup>26</sup>

Three days after the historic march on Washington and the inauguration of the Names Project, Jesse Helms would seek to ensure that such affirmation and support would never occur — at least in the context of AIDS. The senator from North Carolina introduced his amendment to a Labor, Health and Human Services, and Education bill allocating nearly a billion dollars for AIDS research and education in fiscal 1988. Amendment no. 956 began:

**Purpose:** To prohibit the use of any funds provided under this Act to the Centers for Disease Control from being used to provide AIDS education, information, or prevention materials and activities that promote, encourage, or condone homosexual sexual activities or the intravenous use of illegal drugs.

26. Gary Bauer, "AIDS and the College Student," *Campus Review*, November 1987, pp. 1, 12.

*Inauguration of the Names Project Quilt, 1987. (Photo: Jane Rosett.)*



The “need” for the amendment and the terms of the ensuing debate (involving only two other senators) were established by Helms in his opening remarks:

About 2 months ago, I received a copy of some AIDS comic books that are being distributed by the Gay Men’s Health Crisis, Inc., of New York City, an organization which has received \$674,679 in Federal dollars for so-called AIDS education and information. These comic books told the story, in graphic detail, of the sexual encounter of two homosexual men.

The comic books do not encourage and change [*sic*] any of the perverted behavior. In fact, the comic book promotes sodomy and the homosexual lifestyle as an acceptable alternative in American society. . . . I believe that if the American people saw these books, they would be on the verge of revolt.

I obtained one copy of this book and I had photostats made for about 15 or 20 Senators. I sent each of the Senators a copy—if you will forgive the expression—in a brown envelope marked “Personal and Confidential, for Senator’s Eyes Only.” Without exception, the Senators were revolted, and they suggested to me that President Reagan ought to know what is being done under the pretense of AIDS education.

So, about 10 days ago, I went down to the White House and I visited with the President.

I said, “Mr. President, I don’t want to ruin your day, but I feel obliged to hand you this and let you look at what is being distributed under the pretense of AIDS educational material. . . .”

The President opened the book, looked at a couple of pages, and shook his head, and hit his desk with his fist.



Helms goes on to describe, with even greater disdain, the grant application with which GMHC sought federal funds (none of which were, in any case, spent on the production of the safe-sex comics). GMHC's proposal involved what any college-level psychology student would understand as prerequisite to the very difficult task of helping people change their sexual habits. Helms read GMHC's statement of the problem:

As gay men have reaffirmed their gay identity through sexual expression, recommendations to change sexual behavior may be seen as oppressive. For many, safe sex has been equated with boring, unsatisfying sex. Meaningful alternatives are often not realized. These perceived barriers must be considered and alternatives to high-risk practices promoted in the implementation of AIDS risk-reduction education.

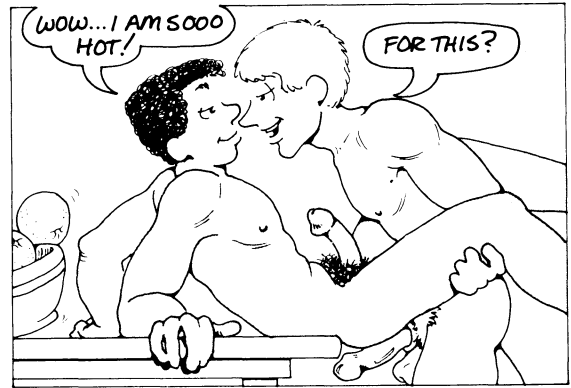
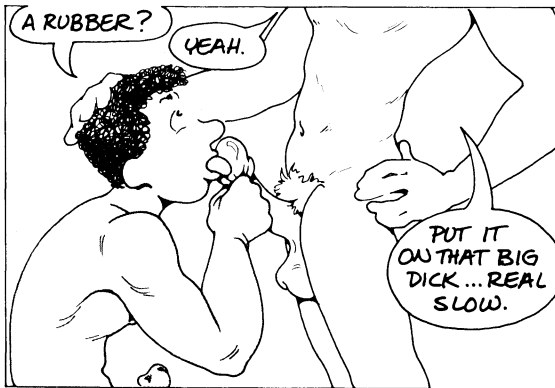
After reading this thoroughly *unextraordinary* statement, Helms fumes:

This Senator is not a goody-goody two-shoes. I have lived a long time. I have seen a lot of things. I have served 4 years in the Navy. I have been around the track. But every Christian, religious, moral ethic within me cries out to do something. It is embarrassing to stand on the Senate floor and talk about the details of this travesty.

Throughout the floor debate, Helms continued in this vein:

— We have got to call a spade a spade and a perverted human being a perverted human being.

— Every AIDS case can be traced back to a homosexual act.



— It [the amendment] will force this country to slam the door on the wayward, warped sexual revolution which has ravaged this Nation for the past quarter of a century.<sup>27</sup>

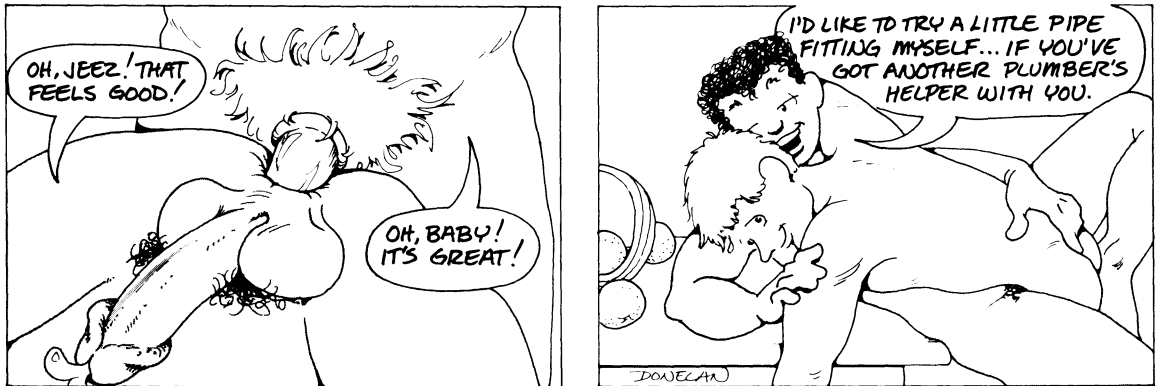
— I think we need to do some AIDS testing on a broad level and unless we get around to that and stop talking about all of this business of civil rights, and so forth, we will not stop the spread of AIDS. We used to quarantine for typhoid fever and scarlet fever, and it did not ruin the civil liberties of anybody to do that.

There were, all told, two responses on the Senate floor to Helms's amendment. The first came from Senator Chiles of Florida, who worried about the amendment's inclusion of IV drug users among those to whom education would effectively be prevented by the legislation — worried because this group includes heterosexuals:

I like to talk about heterosexuals. That is getting into my neighborhood. That is getting into where it can be involved with people that I know and love and care about, and that is where it is getting to children. And again, these children, when you think about a child as an AIDS victim, there is just no reason in the world that should happen. And so we have to try to do what we can to prevent it.

The ritual hand-wringing sentiments about innocent children with AIDS pervade the debate, as they pervade the discussion of AIDS everywhere. This

27. Compare Larry Kramer's character Ned Weeks's statement: "You don't know what it's been like since the sexual revolution hit this country. It's been crazy, gay or straight" (p. 36).



unquestioned sentiment must be seen for what it is: *a vicious apportioning of degrees of guilt and innocence to people with AIDS*. It reflects, in addition, our society's extreme devaluation of life and experience. (The hypocrisy of this distorted set of values does not, however, translate into funding for such necessities for the welfare of children as prenatal care, child care, education, and so forth.)

Because Chiles only liked to talk about heterosexuals, it was left to Senator Weicker of Connecticut to defend safe sex education for gay people. "It is not easy to stand up in the face of language such as this and oppose it," said Weicker, "but I do." Weicker's defense was not made any easier by the fact that he knew what he was talking about: "I know exactly the material that the Senator from North Carolina is referring to. I have seen it. I think it is demeaning in every way." And later, ". . . this is as repugnant to me as it is to anybody else." Because Weicker finds innocuous little drawings of gay male sex as demeaning and repugnant as the North Carolina senator does, he must resort to "science" to oppose Helms's "philosophy":<sup>28</sup> "We better do exactly what we have been told to do by those of science and medicine, which is, No. 1, put our money into research and, No. 2, put our money into education." "The comic book," says Weicker, "has nothing to do with the issue at hand."

28. In the Senate debate, positions such as Helms's are referred to as philosophical. Thus Senator Weicker: "This education process has been monkeyed around with long enough by this administration. This subcommittee over 6 months ago allocated \$20 million requested by the Centers for Disease Control for an educational mailer to be mailed to every household in the United States. . . . That is yet to be done. It is yet to be done not because of anybody in the Centers for Disease Control, or not anybody in Secretary [of Health and Human Services] Bowen's office, but because the philosophers in the White House decided they did not want a mailer to go to every household in the United States. So the education effort is set back" (*Congressional Record*, October 14, 1987, p. S14206).

But of course the comic book has everything to do with the issue at hand—because it is precisely the sort of safe sex education material that has been proven to work, developed by the organization that has produced the greatest amount of safe sex education material of any in the country, including, of course, the federal government.<sup>29</sup>

Given the degree of Senate agreement that gay men's safe sex education material was "garbage," in Helms's word, it seemed possible to compromise enough on the amendment's language to please all three participants in the debate. The amendment was thus reworded to eliminate any reference to IV drug users, thereby assuaging Senator Chiles's fears that someone he knows and cares about—or someone in his neighborhood, or at least someone he doesn't mind talking about—could be affected. Helms very reluctantly agreed to strike the word *condone*, but managed to add *directly or indirectly* after *promote or encourage* and before *homosexual sexual activity*. Thus the amendment now reads:

. . . none of the funds made available under this Act to the Centers for Disease Control shall be used to provide AIDS education, information, or prevention materials and activities that promote or encourage, directly or indirectly, homosexual sexual activities.

After further, very brief debate, during which Weicker continued to oppose the amendment, a roll-call vote was taken. Two senators—Weicker and Moynihan—voted against; *ninety-four senators voted for the Helms amendment*, including all other Senate sponsors of the federal gay and lesbian civil rights bill. Senator Kennedy perhaps voiced the opinion of his fellow liberal senators when he said, "The current version [the reworded amendment] is toothless and it can in good conscience be supported by the Senate. It may not do any good, but it will not do any harm." Under the amendment, as passed, most AIDS organizations providing education and services to gay men, the group most affected and, thus far, at

29. "George Rutherford of the San Francisco Department of Public Health last year told a US Congressional Committee investigating AIDS that the spread of the virus dramatically slowed in 1983, when public health education programmes directed at gay men began. The year before, 21 percent of the unexposed gay population had developed antibodies to HIV, indicating that they had been exposed to the virus over the previous three months. But in 1983, that figure plummeted to 2 percent. In 1986 it was 0.8 percent, and researchers expect that it will continue to fall. . . . The campaigns to promote safe sex among gay men, and educate them about AIDS have been almost totally successful in less than four years. Such rapid changes in behaviour contrast sharply with the poor response over the past 25 years from smokers to warnings about the risks to their health from cigarettes" ("Safe Sex' Stops the Spread of AIDS," *New Science*, January 7, 1988, p. 36).

In a study of the efficacy of various forms of safe sex education materials, commissioned by GMHC and conducted by Dr. Michael Quadland, professor of psychiatry at Mount Sinai School of Medicine, it was determined that explicit, erotic films are more effective than other techniques. Dr. Quadland was quoted as saying, "We know that in trying to get people to change risky behavior, stopping smoking, for example, or wearing seat belts, that fear is effective. But sex is different. People cannot just give sex up" (Gina Kolata, "Erotic Films in AIDS Study Cut Risky Behavior," *New York Times*, November 3, 1987).



highest risk in the epidemic, would no longer qualify for federal funding.<sup>30</sup> Founded and directed by gay men, the Gay Men's Health Crisis is hardly likely to stop "promoting or encouraging, directly or indirectly, homosexual sexual activity." Despite the fact that GMHC is the oldest and largest AIDS service organization in the US; despite the fact that it provides direct services to thousands of people living with AIDS, whether gay men or not; despite the fact that GMHC's safe sex comics are nothing more scandalous than simple, schematically depicted scenarios of gay male safe sex; despite the fact that they have undoubtedly helped save thousands of lives—GMHC is considered unworthy of federal funding.

When we see how compromised any efforts at responding to AIDS will be when conducted by the state, we are forced to recognize that all productive practices concerning AIDS will remain at the grass-roots level. At stake is the cultural specificity and sensitivity of these practices, as well as their ability to take account of psychic resistance to behavioral changes, especially changes involving behaviors as psychically complex and charged as sexuality and drug use.<sup>31</sup> Government officials, school board members, public health officers, Catholic cardinals insist that AIDS education must be sensitive to "community values." But the values they have in mind are those of no existing community affected by AIDS. When "community values" are invoked, it is only for the purpose of *imposing* the purported values of those (thus far) unaffected by AIDS on the people (thus far) most affected. Instead of the specific, concrete languages of those whose behaviors put them at risk for AIDS, "community values" require a "universal" language that no one speaks and many do not understand. "Don't exchange bodily fluids" is nobody's spoken language. "Don't come in his ass" or "pull out before you come" is what *we* say. "If you have mainlined or skinpopped now or in the past you may be at risk of getting AIDS. If you have shared needles, cookers, syringes, eyedroppers, water, or cotton with anyone, you are at risk of getting AIDS."<sup>32</sup> This is not abstract "community values" talking. This is the language of members of the IV drug using community. It is therefore essential that the word *community* be reclaimed by those to whom it belongs, and that abstract

30. After the House of Representatives passed the amendment by a vote of 368–47, a full-scale lobbying effort was undertaken by AIDS organizations and gay activists to defeat it in House-Senate Conference Committee. Ultimately, the amendment was retained as written, although *indirectly* was stricken and the following rider added: "The language in the bill should not be construed to prohibit descriptions of methods to reduce the risk of HIV transmission, to limit eligibility for federal funds of a grantee or potential grantee because of its nonfederally funded activities, nor shall it be construed to limit counseling or referrals to agencies that are not federally funded."

31. Richard Goldstein has written about the necessity to take account of the social and psychic dimensions of IV drug use in trying to bring about behavior changes: "Rescuing the IV-user may involve some of the same techniques that have worked in the gay community. The sharing of needles must be understood in the same context as anal sex—as an ecstatic act that enhances social solidarity" ("AIDS and the Social Contract," *Village Voice*, December 29, 1987, p. 19).

32. Quoted from a pamphlet issued by ADAPT (Association for Drug Abuse Prevention and Treatment), Brooklyn, New York.

usages of such terms be vigorously contested. “Community values” are, in fact, just what we need, but they must be the values of our actual communities, not those of some abstract, universalized community that does not and cannot exist.

One curious aspect of AIDS education campaigns devised by advertising agencies contracted by governments is their failure to take into account any aspect of the psychic but fear. An industry that has used sexual desire to sell everything from cars to detergents suddenly finds itself at a loss for how to sell a condom. This paralysis in the face of sex itself on the part of our most sophisticated producers of propaganda is perhaps partially explained by the strictures placed on the industry by the contracting governments—by their notion of “community values”—but it is also to be explained by advertising’s construction of its audience only as a group of largely undifferentiated consumers.

In *Policing Desire*, Watney writes of the British government’s AIDS propaganda campaign, produced for them by the world’s largest advertising firm, Saatchi and Saatchi:

Advertisements spelled out the word “AIDS” in seasonal gift wrapping paper, together with the accompanying question: “How many people will get it for Christmas?” Another advert conveys the message that “Your next sexual partner could be that very special person”—framed inside a heart like a Valentine—with a supplement beneath which tersely adds, “The one that gives you AIDS.” The official line is clearly anti-sex, and draws on an assumed rhetoric from previous AIDS commentary concerning “promiscuity” as the supposed “cause” of AIDS.<sup>33</sup>

Similar ploys were used for ads paid for by the Metropolitan Life Insurance Company and posted throughout the New York City subway system by the city health department. One is a blow-up of a newspaper personals section with an appealing notice circled (intended to be appealing, that is, to a heterosexual woman) and the statement “I got AIDS through the personals.” The other is a cartoon of a man and woman in bed, each with a thought bubble saying “I hope he [she] doesn’t have AIDS!” And below: “You can’t live on hope.”

“What’s the big secret?” asked the poster that was pasted over the city’s worse-than-useless warnings, “You can protect yourself from AIDS.” And, below, carefully designed and worded safe sex and clean works information. This was a guerrilla action by an AIDS activist group calling itself the Metropolitan Health Association (MHA), whose members also pasted strips printed with the words *government inaction over the personals or hope* to work the changes “I got AIDS from government inaction” or “You can’t live on government inaction.” But saving lives is clearly less important to the city than protecting the

33. Watney, p. 136.

**Get fresh with Culinova.**

WHAT'S THE BIG SECRET?  
YOU CAN PROTECT YOURSELF FROM AIDS.  
**CLEAN WORKS...**

**Pick up the Culinova at the Sixth Ave. & 12th St.**

**Pick up the Culinova.**

**MONEY FOR AIDS, NOT FOR WAR!**

Ten complete meals. 100% natural.  
No preservatives.

...still knows...  
If you're a man 25-50  
game, send photo and  
I'll introduce you to my  
P.P.O. 9445

...wants a game of love  
I'm a tall blonde beauty  
quiet is all types (even  
sional game of mixed-  
P.P.O. 2139

**TE PROFESSIONAL**—  
I make six figures, seem to  
on—at first—then it's for  
son. Interested? 25-30?  
P.P.O. 9343

**MYSTERIOUS, ADVENTUROUS,  
FUN**—This 30-year-old professional is  
much  
**MONEY FOR AIDS,  
NOT FOR WAR!** The  
... can be our amusement park, with  
each ride more exotic and thrilling than  
the last. You may never get another  
chance like this! Send note/phone.  
P.P.O. 5682

**I HEAR ANDREW**...  
is great, because I've never been quite  
sure what I am. If you'd like to help me  
in my research apply for a grant right  
away. Hurry, I may be out next year.  
P.P.O. 5344

**MILE HIGH CLUB**—Want an uplift-  
ing experience that makes you wonder if  
you're coming or going? Join me and my  
Legs and soar to heights and sights  
never reached before. Plane Janes wel-  
come. P.P.O. 5925

**PERSONALS...**  
FIND A CURE

**"I got AIDS  
through the personals."**  
GOVERNMENT INACTION

A great way to meet someone new?  
Well, someone new means someone you  
don't know. And no matter how tall,  
attractive, and successful someone sounds,  
he could be carrying the AIDS virus.  
And it's not just the Personals. Whether  
you meet someone in a bar, on line at a  
movie, or in your health club, they could  
be infected. And there's no cure or vaccine.  
So what should you do? Never leave the  
house? That would be stupid. But it's just as  
stupid to sleep with anyone whose sexual or  
drug use history you don't know.  
Remember, you don't have to have sex.  
But if you do, using a condom is a must,  
**AIDS** because it's the one thing  
that can help protect you  
from getting AIDS.  
**ACTION = SURVIVAL**

NEW YORK CITY HEALTH DEPARTMENT

transit authority's advertising space, so MHA's "reinformation" was quickly removed.<sup>34</sup>

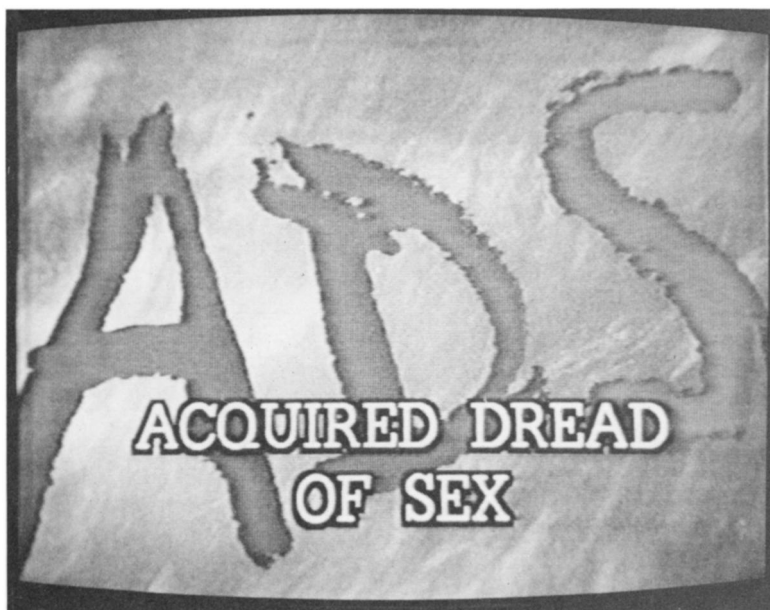
The city health department's scare tactics were next directed at teenagers—and specifically teenagers of color—in a series of public service announcements made for television. Using a strategy of enticement followed by blunt and brutal admonishment, one of these shows scenes of heavy petting in cars and alleys over a sound track of the pop song "Boom Boom": "Let's go back to my room so we can do it all night and you can make me feel right." Suddenly the music cuts out and the scene changes to a shot of a boy wrapped in a blanket, looking frightened, miserable, and ill. A voice-over warns, "If you have sex with someone who has the AIDS virus [*sic*], you can get it, too. So before you do it, ask yourself how bad you really want it. Don't ask for AIDS, don't get it." The final phrase serves as a title for the series—"AIDS: Don't get it." The confusion of antecedents for *it*—both sex and AIDS—is, of course, deliberate. With a clever linguistic maneuver, the health department tells kids that sex and AIDS are the same thing. But the ability of these PSAs to shock their intended audience is based not only on this manipulative language and quick edit from scenes of sexual pleasure to the close-up of a face with KS lesions on it—the media's standard "face of AIDS." The real shock comes because images of sexy teenagers and sounds of a disco beat are usually followed on TV by Pepsi Cola and a voice telling you to get it. One can only wonder about the degree of psychic damage that might result from the PSAs' substitution. But AIDS will not be prevented by psychic damage to teenagers caused by ads on TV. It will only be stopped by respecting and celebrating their pleasure in sex and by telling them exactly what they need and want to know in order to maintain that pleasure.

The ADS epidemic  
Is sweeping the nation  
Acquired dread of sex

Fear and panic  
In the whole population  
Acquired dread of sex

This is not a Death in Venice  
It's a cheap, unholy menace  
Please ignore the moral message  
This is not a Death in Venice

34. I borrow the term *reinformation* from Michael Isenmenger and Diane Neumaier, who coined it to describe cultural practices whose goal is to counter the disinformation to which we are all constantly subject.





This is the refrain of John Greyson's music-video parody of *Death in Venice*. The plague in Greyson's version of the tale is AIDS, acquired dread of sex—something you can get from, among other things, watching TV. Tadzio is a pleasure-loving blonde who discovers that condoms are “his very favorite thing to wear,” and Aschenbach is a middle-class bigot who, observing the sexy shenanigans of Tadzio and his boyfriend, succumbs to acquired dread of sex. Made for a thirty-six-monitor video wall in the Square One shopping mall in Mississauga, a suburb of Toronto, *The AIDS Epidemic*, like the PSAs just described, is directed at adolescents and appropriates a format they're used to, but in this case the message is both pro-sex and made for the kids most seriously at risk—sexually active gay boys. The playfulness of Greyson's tape should not obscure this immensely important fact: not a single piece of government-sponsored education about AIDS for young people, in Canada or the US, has been targeted at a gay audience, even though governments never tire of emphasizing the statistics showing that the overwhelming numbers of reported cases of AIDS occur in gay and bisexual men.

The impulse to counteract the sex-negative messages of the advertising industry's PSAs also informs British filmmaker Isaac Julien's *This Is Not an AIDS Advertisement*.<sup>35</sup> There is no hint of a didactic message here, but rather an attempt to give voice to the complexities of gay subjectivity and experience at a critical historical moment. In Julien's case, the specific experience is that of a black gay man living in the increasingly racist and homophobic atmosphere of Thatcher's Britain.<sup>36</sup> Using footage shot in Venice and London, *This Is Not an AIDS Advertisement* is divided into two parts, the first elegiac, lyrical; the second, building upon and repeating images from the first, paced to a Bronski Beat rock song. Images of gay male sexual desire are coupled with the song's refrain, “This is not an AIDS advertisement. Feel no guilt in your desire.”

Greyson's and Julien's videos signal a new phase in gay men's responses to the epidemic. Having learned to support and grieve for our lovers and friends; having joined the fight against fear, hatred, repression, and inaction; having adjusted our sex lives so as to protect ourselves and one another—we are now reclaiming our subjectivities, our communities, our culture . . . and our promiscuous love of sex.

35. Available through Third World Newsreel, New York City.

36. In late 1987, a Helms-style anti-gay clause was inserted in Britain's Local Government Bill. Clause 28 says, “A local authority shall not (a) promote homosexuality or publish material for the promotion of homosexuality; (b) promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship by the publication of such material or otherwise; and (c) give financial assistance to any person for either of the purposes referred to in paragraphs (a) and (b) above.” Unlike the Helms Amendment, however, the British bill, though a more sweeping prohibition of pro-gay materials, specifically forbids the use of the bill “to prohibit the doing of anything for the purpose of treating or preventing the spread of disease.”



*Isaac Julien. This Is Not an AIDS Advertisement.*  
1987.

