

UNIVERSITY OF CALIFORNIA

Santa Barbara

Reacquired: I, Thou and the American AIDS Play

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy
in Theater Studies

by

Eric Matthew Jorgensen

Committee in charge:

Professor William Davies King, Chair

Professor Leo Cabranes-Grant

Professor David Gere

June 2019

The dissertation of Eric Matthew Jorgensen is approved.

Leo Cabranes-Grant

David Gere

William Davies King, Committee Chair

June 2019

Reacquired: I, Thou and the American AIDS Play

Copyright © 2019

by

Eric Matthew Jorgensen

Acknowledgments

How do you measure a year in the life? In minutes, of course. But since a dissertation takes longer than that to complete, maybe it's better to count those who you've come to count on. This project is more than my dissertation, it is the work that brought focus, clarity and responsibility to a life with HIV. Almost no one has discouraged me in this pursuit.

Thank you to the playwrights and theater artists who graciously gave me interviews, unpublished scripts, e-mails, letters, handshakes, hugs, autographs, and words of encouragement: Frances Ya-Chu Cowhig, Cheryl L. West, Imani Harrington, Tony Kushner, John Glover, Karen Hartman, Larry Kramer, Judith Light, Terrence McNally, Kathleen Chalfant, Elliot Ramon Potts, and Joe Mantello.

My words of praise for the librarians and archivists at the Beinecke Rare Book & Manuscript Library at Yale University for guidance through the many boxes of the Larry Kramer Papers, and those at the New York Public Library for the Performing Arts, Theater on Film and Tape Archive.

To my colleagues at Médecins Sans Frontières/Doctors Without Borders USA: I am forever proud to be associated with the work, the mission, and most especially all of you.

To those who formed a circle of support around me when I most needed it, I have no idea where I would be without you: Daniel Phoenix Singh, Christine Zielinski, Fr. Robert Abbatiello, Jennifer Lessard, Patrick Giglio, Steve Solinsky, Shaka McGlotten, Debbie Li, Julie Whitaker, Kim Hudson, Yaz Barakat, Declan Hayden, Elizabeth Barone, Mary Vonckx, Peter Tinaglia, Melanie Wehrmacher, Santiago Solis, John Dewar, Montgomery Maxton, Rehanna London, Regina Mancha, Andrew Bryan, Brian Kutcht, Lynne Bartell, Jeff Robinson, Rick Walburn and Romney Piamonte. To those people who entered my life somewhere in the middle of this project, I likewise have no idea where I would be without you: Grace Gaytan, Jen Bolton, Kate Phillips, Patricia Bragg, Hala Baki, Donald Scherschligt, Joyelle Ball, and Dr. Jody Enders. Mary Tench, you have been my rock! Mom and Dad, you have been everything.

Eternal gratitude to all my teachers, most especially: Judy Bell-Hein, Marcia Paul, Mary Grisham, Diane Lutz, William S.E. Coleman, Clive Elliott, Michael Kahn, Ed Gero, David Jaffe, Catherine Weidner, and Dr. Mike Barton. And more gratitude to all my students, especially those who were a part of my seminar on American Drama and the Performance of HIV/AIDS. Thank you to those who nudged me along when I first had the idea for this project: Tavia Nyong'o, José Esteban Muñoz, Deborah Kapchan, Richard Schechner, and Tess Jones. And to the UCSB Department of Theater and Dance faculty (current and former), especially: Suk-Young Kim, Christina McMahon, Ninotchka Bennahum, and Risa Brainin.

To David Gere: your work is a model to me; your welcoming spirit is everything I hope to offer my students.

To Leo Cabranes-Grant: I have never been so thankful to be so challenged.

And to William Davies King: From the beginning, you gave me the space to explore this project in the way I knew I had to. You have never forgotten what brought you to the theater in the first place. You teach and mentor from the heart. You are everything I hope to be as an educator.

Vita of Eric Matthew Jorgensen

June 2019

EDUCATION

Ph.D., Theater Studies

University of California, Santa Barbara – 2019

Dissertation: *Reacquired: I, Thou and the American AIDS Play*

Committee: Dr. William Davies King (chair)

Dr. Leo Cabranes-Grant

Dr. David Gere

Master of Arts, Performance Studies

New York University, Tisch School of the Arts – 2011

Thesis: *Echoes of the Quilt: The NAMES Project and the Music of Memory*

Master of Fine Arts, Classical Acting

The Shakespeare Theatre's Academy for Classical Acting

The George Washington University – 2004

Bachelor of Fine Arts, Musical Theatre

Drake University – 1999

Magna Cum Laude

Minor in Music: Voice & Viola

Concentration in Fine Arts History

National Theatre Institute

Eugene O'Neill Theatre Center – 1999

Professional Certificate in Not-For-Profit Accounting and Governmental Reporting

New York University – School of Continuing and Professional Studies – 2011

ACADEMIC APPOINTMENT

University of Wisconsin – La Crosse

Department of Theatre Arts, Associate Lecturer, 2019-20

TEACHING EXPERIENCE

Teaching Associate (Instructor of Record), *UCSB*

- THTR-1: Play Analysis, Winter 2019
- THTR-192: American Drama and the Performance of HIV/AIDS, Spring 2018
- THTR-180G: Race, Gender and Performance, Winter 2017
- THTR-5: Introduction to Acting, Summer 2016

Teaching Assistant, UCSB

- THTR-5: Introduction to Acting
- ENGL-18/WRIT-18: Public Speaking, Dr. Jody Enders
- THTR-7: Performance of the Human Body, Dr. Suk-Young Kim
- THTR-2A: Performance in Global Context - Africa, Dr. Christina McMahon
- THTR-1: Play Analysis, Dr. William Davies King
- DANCE-36: History of Modern Dance, Dr. Ninotchka Bennahum

Teaching Assistant/Artistic Director, Drake University

- The Playwright's Acting Company, Dr. William S.E. Coleman

Youth Acting and Performance

- Playhouse on the Square Summer Youth Theatre Conservatory
- Playhouse on the Square Theatre School: Acting for Teens
- Private coaching in speech and debate (grades 9-12)

PROFESSIONAL EXPERIENCE

Médecins Sans Frontières/Doctors Without Borders USA *New York City, NY*
Revenue and Field Finance Officer *2005 – 2013*

- Responsible for the overall financial integrity of an annual revenue budget of \$260 Million (2012). Income responsibilities include: reconciliations, banking, investments, split-interest agreements and systems.
- Supervision of junior accounting staff members including cash accounting assistant and interns
- Lead pre-departure classes for first mission US-based field workers. Trainings involve: financial transparency, accounting principles, NGO fiscal ethics and support activities in the field.
- Worked closely with MSF Operating Sections based in Paris and Amsterdam. Field assignments include:
 - Kenya – Audit of MSF-France operations in Nairobi including MSF-Logistique Supply Unit. Financial coordination of the Blue House HIV/MDR-TB project in the Mathare district of Nairobi.
 - Sri Lanka – Audit of MSF-France mission coordination in Colombo and site inspection visit to surgical programs in Point Pedro.
 - Georgia/Abkhazia – Administrative coordination of TB/Neglected Populations medical programs in Sukhumi region in the disputed national territory of Abkhazia.
 - Nigeria – Training of Nigerian national staff on MSF procedures at the coordination level in Abuja and at Teme Hospital in Port Harcourt. Helped to establish field operations for emergency obstetrics and maternal health in Northern Province of Jigawa.
 - Uzbekistan – Comprehensive audit of MSF-Holland coordination in Tashkent and MDR-TB projects in Nukus.
 - Jordan – Financial and administration audit of mission coordination and maxillofacial surgical field project. Helped establish field operations in Zaatari refugee camp for Syrian nationals.
 - South Sudan – audits and financial coordination of MSF-France hospital projects in Juba and Aweil.

Guest Lectures

- “*Master Harold and the Boys* and the Apartheid Theatre of Athol Fugard”
UCSB, THTR-1: Play Analysis, November 2015

PRESENTATIONS, CONFERENCE PARTICIPATION AND SYMPOSIA

- 2019 The Laramie Legacy: A Conversation with Judy Shepard, Santa Barbara, CA
Coordinated event in tandem with production of *The Laramie Project*.
Evening including academic panel titled “Twenty Years Later: Action and Remembrance”
- 2018 American Literature Association, San Francisco, CA (ATDS panel)
Panel: Redeeming Absence in Twentieth-Century American Drama
Paper: “My Dinner without Andre: The Absence of AIDS in Terrence McNally’s *Mothers and Sons*.”
- 2018 Association for Theatre in Higher Education, Boston, MA
New Play Development Workshop
- 2018 UCSB Department of Theater and Dance Graduate Conference
Paper: “Imitations of Eternity: Martin Buber’s Existentialism and the World(s) of the Play.”
- 2018 UCSB Graduate Division Lunch and Learn Series
Talk: “It’s Not You, It’s Us: Martin Buber and the World(s) of the Play.”

PROFESSIONAL SERVICE

- UCSB Department of Theater and Dance Lead TA, 2018-19
- UCSB Gaucho Health Insurance Advisory committee, 2013-18
- UCOP Student Health Insurance Forum – UCSB student representative to the UC system-wide committee, 2015-18
- Graduate student representative to the faculty committee, UCSB Department of Theater and Dance
- Steering committee for UCSB Public Speaking Initiative, 2016-19
- Faculty search committee for hiring of the tenure-tracked Daniel B. Goldberg Artist in Residence position within the Drake University Theatre Department
- Dean’s Advisory Council – School of Fine Arts Representative to the group of student advisors to the Dean of the College of Arts and Sciences at Drake University
- Committee to draft district-wide policy on sexual harassment for the Beaver Dam Unified School District (WI)
- Committee to adopt and structure a reasonable system of student extra-curricular user fees for the Beaver Dam Unified School District
- MSF-USA expanded management team for annual planning and three-year strategic orientations

PUBLICATION HISTORY

Editorial Assistant to Dr. William Davies King on the e-book release of the first critical edition of Eugene O'Neill's *Long Day's Journey Into Night*. (Yale University Press, 2016).

Editorial Assistant for the Eugene O'Neill Review 2015-16.

Advanced copy reviewer of *The Simplified Guide to Not-for-Profit Accounting, Formation and Reporting* by Laurence Scot, C.P.A. (ISBN 978-0470575444) published in 2010 by John Wiley & Sons, Inc. (NJ) – printed front cover endorsement.

PROFESSIONAL MEMBERSHIPS

Actors' Equity Association

Association for Theatre in Higher Education

American Theatre and Drama Society

Phi Mu Alpha Sinfonia

Theatre Communications Group

Doctors Without Borders / Médecins Sans Frontières USA Association

ACHIEVEMENTS, HONORS, AWARDS

UCSB Doctoral Scholars Fellowship

UCSB Affiliates Claudia D. Weitlanner Fellowship in Art, 2018

UCSB Division of Humanities and Fine Arts Dean's Prize Teaching Fellowship, 2017

UCSB Grad Slam, Runner-up, 2017

Commencement Student Speaker, UCSB Graduate Division, 2018

The National Society of Collegiate Scholars – Distinguished Member

Drake University Presidential Scholarship

Hazel Betts Looney Scholarship Award – Drake University Music Department

Drake Alumni Theatre Association - James J. Fiderlick Theater Award

Drake University President's List (5 Semesters), Dean's List (8 Semesters)

Drake University Departmental Honors

Joseph Jefferson Citation for Chicago Theatre – Outstanding Ensemble

Chicago After-Dark Award – Outstanding Ensemble (Corpus Christi)

ABSTRACT

Reacquired: I, Thou and the American AIDS Play

by

Eric Matthew Jorgensen

This dissertation explores how the corpus of dramatic and performance material written about and in response to HIV/AIDS provides a singular way of knowing the pandemic. When collected, thirty years of American AIDS plays are an historiographic representation of the cultural evolution of the disease. And the theater, as a live medium, is the location where a living relationship with the pandemic is actively forged. My method utilizes the contemplative philosophy of Martin Buber to understand how the critical relationships involved the theater lead to a deeper and more potent response to HIV/AIDS. I first build a comprehensive history of mainstream American theater alongside epidemiological, medical and public policy timelines. Second, I investigate the perpetual performativity of Larry Kramer's *The Normal Heart* and the reasons why it remains the go-to play to reinvigorate AIDS cultural awareness. I then look deeply at how the newest American AIDS plays both incorporate and reverse trends toward cultural invisibility. Finally, I explore the pedagogical implications of teaching this collection of drama today. The presence of HIV/AIDS in the American play is akin to an act of disclosure; once uttered or seen it never can be taken back or unseen, altering the way the audience perceives the virus. The theater becomes a place of activism. I explore the AIDS plays for their understanding of the global response, their representations of human compassion, and as part of an acquired history for those of us who live with HIV – a living connection to all lives touched by AIDS.

Table of Contents

INTRODUCTION	1
CHAPTER 1 – INFECTIOUS INTERSECTIONS: BUILDING THE CORPUS	44
CHAPTER 2 – ACQUIRING THE NORMAL: THE KRAMER PLAYS	152
CHAPTER 3 – ANOTHER DECADE OF DELIRIUM: NEW AMERICAN AIDS PLAYS	196
CHAPTER 4 – SPINNING FORWARD AND LIVING PAST HOPE: TEACHING THE CORPUS	238
BIBLIOGRAPHY	279

*The oldest hath borne most; we that are young
Shall never see so much, nor live so long.*
Edgar in *King Lear*

*For precisely these glances will eventually, after many
trials, come to rest upon a red wallpaper arabesque and
not leave it until the soul of red has opened up to them.*
Martin Buber



The world only spins forward.
Prior in *Angels in America: Perestroika*

I found my way to the theater because of the applause. That is not the reason I stayed, but it remains a heavenly perk. This gracious communication is earned, not gifted, and it is the reminder that the theater must always be a shared experience. But like so many actors, I am not infrequently a bizarre theatergoer. I find myself in the play, or I squint, twist and morph until I do. I have an actor's need to discover where my life and the world of the play intersect. And driven by craft, my first question upon seeing a play is, 'which role would I play?' Admittedly, this is selfish. For instance, despite professing unbridled affection for the Bard, I have, on occasion, needed a reminder that *King Lear* involves an old man and his daughters. To me, *Lear* is the play about the misunderstood and unfairly persecuted Edgar who suppresses his identity and survives in the guise of the marginalized while discovering duty and purpose. His journey is awarded the final word.¹ So it was in the summer of my seventeenth year when packing a crate of scripts that would clutter the shelf in my college dorm that I first paged through Terrence McNally's *Love! Valour! Compassion!* The play was still enjoying its Broadway run at the time. Mostly

¹ Those who prefer the quarto text may wish to ignore this sentence.

unaware that I was simultaneously packing a closet, I was content thinking that my high school drama teacher had gifted the book to me because it was the play of the day. Not yet with a keen actorly sense of awareness of what I was doing, I looked to find myself. Where was I in this play? The eight men escaping the chaos of the city to weekend (a verb that still mystifies) in the perfect rusticity of the country. *About to leave my small town for the big city (well, a city), this appeal went by me.* Eight gay men. *Move on.* One of them living with and one of them dying from AIDS. *What?*

In fairness to the Wisconsin public education system, I was aware of AIDS. It was something fatal. Rock Hudson. Medicine was prolonging lives, but unable to save them. Magic Johnson. HIV was preventable. Elizabeth Taylor everywhere. Julia Sugarbaker slamming the door on the snooty woman after lambasting her with, “If God was giving out sexually transmitted diseases to people as a punishment for sinning, then you would be at the free clinic all the time.”² Could happen to anyone, but it mostly finds its way to gay men. Global statistics only made it seem further away. A friend and I sleuthed that when another friend’s father died it was due to AIDS, but in proper Midwestern fashion, nothing was ever said beyond a co-signed sympathy card. Besides, I had seen *Philadelphia*.

The next year, my closet began its disassembly, and McNally’s play on my shelf was joined by the cast recording of a new theatrical phenomenon. A cd original cast album is an artifact of the period. *Rent* is the musical theater sound of my generation. Its angst and

² Linda Bloodworth-Thomason, “Killing All the Right People,” *Designing Women* (CBS, 1987).

edge spoke loudly to those on the cusp between X and Millennial,³ a group for whom “being an us for once, instead of a them,” rallied a need for disidentification. Uneclipsed until *Hamilton*, the critical and commercial success of *Rent* certifies the musical as important enough to appear in annals of American theater, but *Rent* is also noteworthy because it is the most commercially successful AIDS play of them all. In proper musical theater fashion, it unashamedly stirred emotions, evoked in us a bohemian righteous indignation and opened a world vision that, with thousands dying around us, we might just be the generation to find the solution, and if not, then we should be entitled to a “one song glory.”

A two-day break from rehearsal for a summer production was all that a carload of us needed to speed to the first Midwestern stop on the first national tour of *Rent*.⁴ I would be remiss to not say that my life changed in that theater on that night. As Paul Woodruff states, “Theater is the art of finding human action worth watching, and it mostly does this by finding human characters worth caring about.”⁵ It wasn’t simply the world depicted on stage that interested me, but oh did I care about those human characters. *Rent* was transformative in that the relationship between performance and audience transmuted to an empowering communitas. “No day but today” would be the anthem, at least until some other tune took over.

³ Anna Garvey has dubbed this microgeneration “The Oregon Trail Generation” (Anna Garvey, “The Oregon Trail Generation: Life Before and After Mainstream Tech” *Social Media Week*, April 2015). I suggest “The Muppet Generation.”

⁴ The ‘Angel’ Tour. July 1997 at the Ordway Center for the Performing Arts in St. Paul, MN.

⁵ Paul Woodruff, *The Necessity of Theater: The Art of Watching and Being Watched* (New York, NY: Oxford University Press, 2008), 22.

Neither *Love! Valour! Compassion!* nor *Rent* would capture the zeitgeist for long. The depiction of AIDS, despite mentions of AZT and new treatment protocols, meant near certain, if delayed, deaths for the characters. Both plays opened concurrently with the medical premiere of protease inhibitors, which, when used in combination with existing antiretrovirals would usher in the HAART era.⁶ This was the watershed moment when AIDS mortality rates sharply declined. The scene in each play when characters brood over the fact that they have already surpassed their expiration dates was confused by this new medical reality:

<i>LVC</i>	James:	I should have died six months ago.
	Buzz:	Try eighteen.
<i>Rent</i>	Gordon:	Because reason says I should have died three years ago.

Lacking a textual recognition of the breakthrough, both *Love! Valour! Compassion!* and *Rent* are positioned as pre-HAART AIDS plays, even though both would have successful runs while the research was disseminated and treatment guidelines changed. *Rent's* twelve-year Broadway run would, in fact, withstand several watershed moments in HIV treatment.

When another friend's father died, this time not dying a secret death, it was with a unique sadness that he may have just missed the magic bullet – the complexity of medicine not being perfectly understood by college sophomores.

With my first degree in tow, and my acting career taking me to regional markets and placing me on tours, audition callbacks would repeatedly answer my *Love! Valour!*

⁶ Highly active (or aggressive) antiretroviral therapy.

Compassion! question of “who would I be?”⁷ But it was a different Terrence McNally play that helped shape my path. The playwright himself would attend and be an integral part of the Chicago premiere production of his *Corpus Christi* in which I appeared. The play, while not overtly about AIDS, has unmistakable moments when the specter of the disease looms. Depicting Christ and his disciples as gay, *Corpus Christi* was controversial in its first production, but three years later in Chicago, we were the toast of the town.⁸ In fact, it was the success of this production that led to my first encounter with the AIDS Memorial Quilt. As is customary for an exhibition of the NAMES Project, while the public walks among the panels, the names of the tens of thousands of people in whose memory quilt panels have been made are read aloud. I was invited to read names because of my role in the production. I stood above thousands of quilt panels, and for a half hour turn, my voice was literally performing remains.

Years passed, and then for a moment my life stopped. And then it started again. A diagnosis is a piece of information, but life is made up of countless pieces of information. The world does, indeed, only spin forward. The full exquisite sequence of events makes for a different sort of autopathography – one too personal for an intro to this project. But two life events, nearly back to back, played an unexpected part in the restart, adjusting to living with HIV and understanding the continuum of which I would now always be a part.

My work with Médecins Sans Frontières/Doctors Without Borders (MSF) brought me, for a gap-fill mission, to the Mathare slum district of Nairobi, Kenya. I worked in the

⁷ Apparently at the time I was a Bobby; today I would likely be typed an Arthur.

⁸ May – Nov 2001 at the Bailiwick Repertory in Chicago, IL.

MSF Blue House Clinic, an HIV and MDR-TB program. It was there I watched as hundreds of individuals living with HIV were dispensed their monthly supplies of ART. I was treatment naïve at the time, but within a year I would begin taking my own daily combination of medications. Many of the patients at Blue House were prescribed the exact same regimen.

Weary with jetlag from that same trip, I was reluctant to accept a comp ticket to a theater event when a friend who worked in the production's press office had an extra. The New York City theater community is smaller than many realize. I was reluctant, but not very. It wasn't a fully mounted production, but rather a starry staged reading – a benefit for the Actors Fund celebrating the 25th anniversary of Larry Kramer's play, *The Normal Heart*.⁹ Lovers, students, scholars, and practitioners of the theater share a knowledge of its potential to transport and transcend. That night, history was brought to life, memory invoked, performance and audience shared time and space. That was the night that I found myself in the play.

The corpus of drama and performance material written about and in response to HIV/AIDS provides a unique way of knowing. The plays cover issues of public health, public policy and globalism. Audiences experience mourning and survival. When collected, thirty years of the American AIDS play is an historiographic representation of the evolution of the pandemic. And the plays are, in and of themselves, acts of activism. Since the theater is a live medium, a relationship between performance and audience can never be inert. Theater aspires to be transformational. We step into mutual action when we step into the

⁹ October 2010 at the Walter Kerr Theatre in New York City.

theater, and with the AIDS play that action is bearing witness to something that is often forgotten or presumed to be somewhere far away. While the medical reality has changed, and there may seldom be a visual presence of HIV/AIDS in everyday life, global statistics make clear that the pandemic is far from over. The living presence on stage is a potent connection to AIDS both then and now. The paradox of theater in a post-AIDS setting is that it serves simultaneously to distance us from the pandemic while including us in the continuation of its stories.

This dissertation begins with the premise that the corpus of American AIDS plays is perpetually performative. It continues to do something. While the action performed by this corpus may change as time passes, we, as either performers or audience, have an evolving relationship with the performance itself. When collected, this body of work becomes a literature that in turn becomes the cultural documentation that follows, mirrors or anticipates other global and social change in response to AIDS. And art, particularly theater, because it is dependent upon a relationship between the performer and the audience, likewise changes with the evolution of this relationship. I seek to identify the nature of the relationship we have to this particular literature. How has it changed over the last three decades? As the understanding of the disease has evolved, how is this understanding reflected in the collection of American AIDS plays? What is the function of the performance of these works today? And furthermore, how does the changing nature of our relationship to this corpus explain the traces left by any performance?

The parameters of this dissertation are HIV/AIDS and the American play. The former term is the easier to define. HIV is the human immunodeficiency virus. Acquired immunodeficiency syndrome is a condition caused by HIV, and it is the most severe phase of HIV infection. AIDS, or rather what would eventually be called AIDS, entered cultural consciousness in July 1981 when *The New York Times* published an article on recent findings by the Centers for Disease Control.¹⁰ This was not the beginning, and the response was far from immediate, but this marks a starting point for both the medical and cultural HIV/AIDS timelines.

For simplicity, the American play refers to those written by playwrights from the United States and performances that took place in the U.S.

Perhaps the more problematic of the parametric terms is the play, or, rather, what layers surrounding a particular dramatic work I consider to be the “world of the play.” Most plays are not meant to be read. They are intended to be performed and seen. Script and play are not synonymous. I suggest that the “world of the play” is a system of five concentric layers, all of which are critical in the understanding and analysis of any play:

- 1) The world of the text
- 2) The world of the playwright
- 3) The world of the audience
- 4) The world of the production
- 5) The world of mediation

The text sets a play in a particular time and place. Just as *Julius Caesar* takes place around Rome circa 44 BCE, *The Normal Heart* is set in New York City between 1981 and 1984.

¹⁰ Lawrence K. Altman, “Rare Cancer Seen in 41 Homosexuals,” *The New York Times* (July 3, 1981), 20.

These worlds of the text provide clues for meaning and ideas regarding the represented action within a play, but, again, the text is not the play.

The time, place and experiences of the playwright are also at work in the world of the play. *Julius Caesar* also takes place in Shakespeare's England. The second act of the musical *Falsettos* is set in 1981, but James Lapine and William Finn wrote the piece in 1990. The distance of that nine year difference is vast when considering the evolution of HIV/AIDS understanding.

The task of mounting a production of a play incorporates its own set of worlds. The multiplicative crafts of acting, directing and design will mold the worlds of the text and playwright into something that can never be duplicated with another group of collaborators. This may be conceived as happenstance or deliberate. A production choice to set *Julius Caesar* in the U.S. House of Representatives in 2017 is a singular vision of the play. Imani Harrington's *Love & Danger* is set in a dystopian world of AIDS persecution and secondary marginalization, but how that dystopia may be brought to life involves artistic vision and a singular world of the production.

Theater is meant to be performed and seen, but furthermore, that performance is meant to be live and present. When performances are delivered by other means, while not performatively invalid, they are something else. Digital and ubiquitous media are not, strictly speaking, theater. But often, this world of mediation becomes a necessary contribution in play analysis. That same congressional *Julius Caesar* might be archived and studied at a later date. *Angels in America* was adapted for film in 2003 after a 1993 play set in 1985. True to the play's script, the final words of the filmed version of the play are

delivered in direct address to the audience. Not a lesser experience, perhaps, but a breaking of the fourth wall is markedly different when both performer and audience are not sharing the same space.

The audience is critical to the life of the play. As Woodruff states, “The purpose of theater, stated simply, is watching.”¹¹ Every performance of every production will be a singular event. Each audience arrives at the theater with their own experiences. A new production of *Julius Caesar* will also always take place in the time and place in which the audience is present. When William M. Hoffman’s 1985 play *As Is* was revived in 2010, a different audience, with a completely different cultural understanding of HIV/AIDS, made *As Is* a very different play. This world of the audience and the ephemeral relationship that it brings to the play is what makes theater sublime. Respecting the five worlds that operate around a common center, this dissertation considers the American AIDS play as both an object of experience and the basis for a living relationship.

It was as a meditator that I first encountered Martin Buber’s *I and Thou*. Its begriffsstutzig (deep) existentialism is a natural companion for the contemplative thinker, so long as the novice is aware that unlocking philosophy is, like meditation itself, a lifelong practice in the incomplete. As its second part confronts self and the contradictory conditional relationships between feeling and soul, the stake it holds in theatrical language is the essential component of both performance and meditation: presence. The third part of *I and Thou* is the theologian’s purview, his explanation for the *mysterium tremendum*.

¹¹ Woodruff, *The Necessity of Theater*, 37.

While Buber leaves few theological perspectives untouched, the contemplative is left to connect meta-meditational practice with his idea of the return (*so'ham*). The theater is a sacred space of sorts, so perhaps the return that Buber describes in the third part of *I and Thou* also speaks to performance. But it is, rather, the first part of Buber's metaphysical treatise that fascinates the performance scholar and informs my exploration of drama and HIV/AIDS.

Buber sets forth two modes of being, fundamentally situating existence in one of two word pairs. I-It and I-You. The I-It relationship is the inert. It is how one is positioned with objects that are unaffected by one's presence. I-You, rather, is true communication. It is how one is positioned with beings that are mutually sentient and capable of affecting one another. He explains, "The world as experience belongs to the basic word I-It. The basic word I-You establishes the world of relation."¹² The verb 'to experience,' in other performance contexts, might seem optimum. An audience member experiences a performance. Indeed, it is a sharper and more descriptive word choice than 'attends' or 'watches.' But for Buber, experience is equated with passivity, certainly on the part of the It, but possibly as well on the part of the I.

Those who experience do not participate in the world. For the experience is "in them" and not between them and the world. The world does not participate in experience. It allows itself to be experienced, but it is not concerned, for it contributes nothing, and nothing happens to it.¹³

¹² Martin Buber, *I and Thou*. Translated by Walter Kaufmann (New York, NY: Simon & Schuster, 1970), 56.

¹³ Buber/Kaufmann, 56.

Both word pairs I-It and I-You begin with an encounter, a sort of empty stage where the appropriate categorization is yet undetermined. This is the moment of sheer potentiality when the onus falls to the I to determine how the encountered might affect some sort of conditional change. The I may enact a distancing through the encounter, or it may discover an inclusion:

. . . once the sentence "I see the tree" has been pronounced in such a way that it no longer relates a relation between a human I and a tree You but the perception of the tree object by the human consciousness, it has erected the crucial barrier between subject and object; the basic word I-It, the word of separation, has been spoken.¹⁴

For Buber, the declaration of objectification is an act of distancing that both reifies control over the perceived object and disallows one to be affected by the existence of the object. This is true for Buber's tree, for inanimate objects one encounters, and for living beings with whom one enacts that same sort of relationship-defining declaration. This is, however, not immutable. Buber finds ways in which human means are able to alter the declared I-It into something else. Passivity and distance can be changed through acts of creation, contemplation and art:

But it can also happen, if will and grace are joined, that as I contemplate the tree I am drawn into a relation, and the tree ceases to be an It. The power of exclusiveness has seized me.¹⁵

At first blush, Buber seems to indicate that under certain ideal circumstances, the objectified It may inch closer to becoming part of an I-You, but the place where the joining of will and grace may occur remains unexplained in *I and Thou*. What is clear is that the

¹⁴ Buber/Kaufmann, 74.

¹⁵ Buber/Kaufmann, 58.

declaration which defines an I-It, and inserts an objective or aesthetic distance between the two word parts is dependent upon a type of universality. As if to say that the It in the I-It is henceforth always an It for any other You to encounter. What the contemplation of the tree first changes is the availability of the object. The It is no longer something to be declared, rather it is something with which I and I alone have an exclusive arrangement. This is also the ponderable distinction between access to art and art value. Something is created and put 'out there' in the world, it is made available to a public, or consumers, or a particular audience. It is there to have said, "I saw the exhibit" or "I saw that play." For an audience, the declaration is an act that distances and is a crucial barrier built by Buber's definition of experience. Passive participation is an unwillingness to be affected. Passivity often masquerades as a form of mastery or even snobbery, but objective distance is defeatist when considering the "why?" of art.

It is one on one, then, that an object of interest erases the distance introduced by the initial declaration. Experience is gradually replaced by a relationship founded in exclusivity:

Whoever stands in relation participates in an actuality; that is, in a being that is neither merely a part of him nor merely outside him. All actuality is an activity in which I participate without being able to appropriate it. Where there is no participation, there is no actuality. The more directly the You is touched, the more perfect is the participation.¹⁶

Consider the world of the play as the place where Buber's will and grace may reside. It is simultaneously the location of transformation and the object itself. A play is created to be

¹⁶ Buber/Kaufmann, 113.

more than seen. It is meant for each member of the audience to individually declare its substantive worth. Distance may be damaging to a play, and passivity an impenetrable barrier. It is therefore a series of dual relationships, many versions of the I-You, involved in the world of the play that eliminate this distance. Playwright-script; actor-role; audience-performance: these are word pairs formed through deep levels of craft and process that make participation not just a possibility but a necessity. The theater is the place where an I-It transforms into an I-You.

Consider first the playwright's craft. The process by which a script is written is labor-intensive. First drafts are seldom recognizable in their later incarnations. Compromise, deadlines and opportunity play larger roles in whether or not a play is seen than that moment of inception when the kernel of the play is first realized. But there remains a mystique around the development of a script, that it is, above all, a work of creation. Somehow an idea is shaped into a text:

This is the eternal origin of art that a human being confronts a form that wants to become a work through him. Not a figment of his soul but something that appears to the soul and demands the soul's creative power. What is required is a deed that a man does with his whole being: if he commits it and speaks with his being the basic word to the form that appears, then the creative power is released and the work comes into being.¹⁷

It is valuable to consider that Buber places commitment as the antecedent to the release of creative power. This effort on the part of the playwright is akin to the contemplation of the tree that allows the separation between I and It to be transformed into a relationship. Playwrights do not passively experience their text; theirs is a relationship. Playwriting is a

¹⁷ Buber/Kaufmann, 60.

craft, yes, but also a nurturing relationship, a sort of husbandry. Modest playwrights may indeed say “I wrote the play,” but the distance indicated by that statement is predicated on some measure of time. “I am writing a play,” requires involvement and concurrent presence in the process. As the I-It of the idea gradually transforms into an I-You with the merging of the worlds of the text and the playwright, the play and its author mutually constitute one another:

The form that confronts me I cannot experience nor describe; I can only actualize it. And yet I see it, radiant in the splendor of the confrontation, far more clearly than all clarity of the experienced world. Not as a thing among the “internal” things, not as a figment of the “imagination,” but as what is present. Tested for its objectivity, the form is not “there” at all; but what can equal its presence? And it is an actual relation: it acts on me as I act on it.¹⁸

The reciprocity of the play-playwright relationship is felt by the playwright both by conscripted time and the ownership found in authorship. The play that is written will always be that playwright’s work, and the playwright will always be the one who wrote that particular play. Buber illuminates this merging when he describes not only the commitment involved in creativity, but also that the artist “speaks with his being” to the form that is required for that specific work. For a playwright, commitment to form is not only the action of creativity, but it is also the communication between the playwright and the script. Buber is cagey in his description of how the artist realizes the appropriate form for a particular work. If playwriting is a discovery of form, it invigorates the necessity for communication as the defining characteristic of the I-You relationship. The playwright communicates through form the relationship with the script, but that communication is not the play itself. Buber

¹⁸ Buber/Kaufmann, 62.

claims to be incapable of describing form. Any attempt to explain process is at best a poor substitute for the presence of communication, and at worst a betrayal of the relationship that exists beyond words between the playwright and the script.

The elimination of the passive distance is especially salient when considered as the product of the world of the playwright. What needs bring forth the idea for a play? What events experienced by the playwright force a need for a creative communication to tear down the barrier of that passive experience? The creative act is anything but passive, and in making art or writing a play, that passivity is transformed into form. Plays are simultaneously the product of a need to burst through inaction, as well as the mutually constituted partner of an I-You relationship with the playwright.

The second theatrical arrangement that likewise dissolves the barrier of separation is revealed in the building of a character on stage. There are as many techniques of acting as there are actors, and among them all circle the dual internal and eternal interrogations into the craft of acting, whether it is a creative or an interpretive art. It is, perhaps finally, through Buber that the answer to the question ceases to matter. Regardless of how one might go about crafting a role, the relationship between actor and character is dependent upon personal engagement and acts of mutual generosity, with each able to profoundly affect the inner workings of the other. There is neither space for nor value in 'experience' within this relationship. Certainly the choices actors make determine the lives of characters, and this is another aspect of how theater is first and foremost a living art. The same character will embark upon vastly different journeys depending upon which actor takes the helm. The variables of time and place constantly prove that a play may be

reinvented. But so too will one actor revisit their choices for a particular character with every single performance. It is only through vigilant commitment to the living moment that an actor will make a character believable. Buber does not specifically address the craft of acting, but from my perspective, it is unlikely that he is speaking about anything else:

You have a present only insofar as you have it; and you can make it into an object for you and experience and use it – you must do that again and again – and then you have no present any more. Between you and it there is a reciprocity of giving: you say You to it and give yourself to it; it says You to you and gives itself to you. You cannot come to an understanding about it with others; you are lonely with it; but it teaches you to encounter others and to stand your ground in such encounters; and through the grace of its advents and the melancholy of its departures it leads you to that You in which the lines of relation, through parallel, intersect. It does not help you to survive; it only helps you to have intimations of eternity.¹⁹

The paradox of Buber's linear geometry perfectly sums up the meeting of actor and character. Two lines, though parallel, intersect. Acting is lofty and base, and above all profoundly inexplicable. But the relationship between actor and character must never be passive. The actor brings curiosity and vulnerability to the character. The character answers with infinite possibility. As the relationship plays out during the performance, only one of the pair leaves the theater after the show. Richard Schechner would call this the cool-down, the sixth and penultimate phase of a performance. In this Schechnerian cool-down phase, the actor feels the indelible traces of having played a character. Buber, again, seems to know well the balance of sacrifice and risk in this particular relationship:

The sacrifice: infinite possibility is surrendered on the altar of the form; all that but a moment ago floated playfully through one's perspective has to be exterminated; none of it may penetrate into the work; the exclusiveness of such a confrontation demands this.

¹⁹ Buber/Kaufmann, 84.

The risk: the basic word can only be spoken with one's whole being; whoever commits himself may not hold back part of himself; and the work does not permit me, as a tree or man might, to seek relaxation in the It-world; it is imperious: if I do not serve it properly, it breaks or it breaks me.²⁰

In preparation, it is the actor's job to discover and understand the needs of the character.

In performance, it is the actor's job to suspend their own needs in favor of that understanding. With some techniques, it becomes difficult to shake off that merging of body with another's needs. With most, the actor is changed for having felt the intimacy of that relationship. Irrespective of the aftermath of technique, an actor transforms the words of a script into a living presence on stage. The theater again proves to be the location where something inert becomes active.

Arguably the most important of the theatrical relationships is the one that exists between the audience and the performance. If not, why have a play at all? A playwright will anticipate an audience's response. An actor must always respect the presence of the audience in performance. Commercial success of a production is dependent upon an audience not only showing up but also encouraging future audiences to do the same. Shows close when no one comes to see them. All of these instances are generative in their own ways and practical, but they conceptualize the audience as an anonymous but powerful collective player in the world of the play. In a side-by-side analysis of the world of the audience and *I and Thou*, it seems that first the audience must be recast not as a group but rather as a collection of individuals, each with the responsibility to forge an individual

²⁰ Buber/Kaufmann, 61.

relationship with the performance. However effective a performance might be, the shared experience of the audience will evaporate the moment the group no longer exists. This is a beautiful part of the theatrical experience itself, but it makes it difficult to justify theater as an agent of change. I might go so far as to suggest that “experience” is the collective result, but not necessarily in the passive or unaffected sense put forth by Buber, for the collective energy of an audience has the power to elevate or destroy a performance. I at least halfheartedly acknowledge that in western theater the collective audience and the performance are required to maintain their separate spaces, separation being Buber’s requirement for the I-It relationship. But a performance isn’t really a thing at all, it is a shared time and space with watchers and watched, so “It” is a disturbingly inadequate word choice again. As Buber incites the need for a contemplation to breach a separation, the individual participant-observer, not the collective audience, is the appropriate entity to build the living relationship with the performance. The result of the individual experience is the potential for a dialogue.

It is in the relationship with the audience that the various represented worlds of the play make way for a simple here and now:

The present is not fugitive and transient, but continually present and enduring. The object is not duration, but cessation, suspension, a breaking off and cutting clear and hardening, absence of relation and of present being. True beings are lived in the present, the life of objects is in the past.²¹

²¹ Martin Buber, *I and Thou*. Ronald Gregor Smith, Translator (New York, NY: Charles Scribner’s Sons, 2010 [Published in German in 1923]), 13.

The multidimensionality of theater means that when and wherever the action takes place on stage, the moment of performance is when the play is absorbed into a temporal reality. The individual members of an audience will bring into the auditorium the ups and downs of their own days, their own preconceptions and their own hopes. These are the elements, on an individual basis, that the performance is capable of changing. What happens in the theater during the performance to those individuals is dependent upon an engagement and a willingness to receive the performance on visceral and intellectual levels. Without that willingness, the will that combines with grace, the performance ends when it is over. But with it, the memory of the event, the words of the text, the life of the characters, all may go on:

Theater frames people and their actions in order to make them more watchable. Practice in framing human action as watchable helps us cultivate humaneness.²²

Indeed the cultivation of which Woodruff speaks suggests that how one responds to what they witness in the theater is preparation for how they will respond outside of the theater. Theater is practice in empathy.

I have been intentionally non-specific in laying out how I consider Buber's philosophy and the model I set forth as the world of the play to be especially rich as a means of understanding the corpus of American AIDS drama. While I pair these together here for purposes of this dissertation, the critical excitement I have found in their friction leads me to believe that the philosophy and the model are worthy of a co-contemplation as a means of fostering a deeper appreciation for any play. But as Buber himself states, "One

²² Woodruff, *The Necessity of Theater*, 21.

should not try to dilute the meaning of the relation: relation is reciprocity.”²³ The only way to emerge out of devitalized passivity and into a workable relationship is to begin to forge that relationship in a singular contemplation. HIV attacks individuals. The relationship with the world of the play must be an individual one, otherwise it remains passive. And just as the personal dimension of HIV/AIDS can be lost in statistics and policy, so does a theatrical relationship often find itself overshadowed by ticket sales and reviews. I therefore propose that the theater, because of its personal and present necessity, is the location in which a true relationship with HIV/AIDS can be realized. “Experience,” just as Buber suggests, suddenly seems a poorly chosen word here. Actors don’t experience AIDS because that is the character’s reality. Audiences don’t experience the pandemic because they attend a performance. But the play does offer a path by which both actors and audience members might form a personal relationship with HIV/AIDS as it exists within all worlds of the play.

The three theatrical relationships are co-communicative, simultaneously responding to a need and announcing a need. In the AIDS play, their reciprocal natures can be stated as both responding to a need to know HIV/AIDS better as well as uncovering a lack of that same knowing. A character that is affected by AIDS must be approached openly and honestly by the actor who portrays that character. The actor will seek to embody the believable truth of that AIDS reality. The engaged audience member will leave the theater with a deeper knowledge of HIV/AIDS reality. Larry Kramer once wrote:

So many of us enduring this awful plague of AIDS have either avoided writing anything about it, or have been unable to do so. This particular plague has prompted surprisingly little in the way of decent art created by those who are actually ill with the disease or those

²³ Buber/Kaufmann, 58.

somehow touched by it, which should be just about everyone and anyone anywhere.²⁴

Kramer is imagining art as the communal space in which to assail AIDS, but sees the battleground mostly empty. He suggests here that a playwright affected by AIDS has an obligation to write about it. He goes on to state that he does not know why this isn't being done, but he rationalizes that AIDS might be more awful to bear in both life and art. But Kramer's cynicism reveals a gleam of hopeful militancy, that if it were utilized, the theater and art created around AIDS would represent an overcoming of that inability to bear its reality. The theater of AIDS (or in Kramer's case, the lack thereof) is made out of a necessity to articulate a human confrontation with the virus.

I will return to the individual necessity of the I-You relationships of the theater often throughout this dissertation. In part, I do this to lift the theatrical experience off the page and to rightly identify the players who utilize the theater as the location in which a relationship with HIV/AIDS is formed. This is also to clearly state that the theater is a form of living art. Yes, performance requires presence, but that presence is ephemeral. It is redefined for each performance. Theater is something that significantly changes every single night depending on the audience, the mood of the actors, and what might be happening in the news. As Tony Kushner remarked:

Theatre is difficult, but it's so human and so much about mortality and the body and impermanence and the endless mutability of life, and we have to do everything we can as a species to hang on to our

²⁴ This appeared in Kramer's forward to the first published edition of Scott McPherson's play *Marvin's Room*. The world of the text does not justify *Marvin's Room* an AIDS play. The world of the playwright most certainly does. (Scott McPherson, *Marvin's Room* (New York, NY: Plume., 1992).

awareness of the human things. Because what we are being sold constantly is the fiction of immortality and immutability. And I think theatre is the human community's way, or one of the most important ways, of understanding ourselves.²⁵

In discovering those understandings of ourselves, Kushner is naturally referring to the way individuals position themselves within relationships. Stating that his play is an AIDS play is akin to the very fiction of immortality he mentions. This is identical to the word of separation that Buber identifies as the quality that maintains a static I-It relationship. Such a configuration is deadly in the theater. The corpus of AIDS drama may well be relegated as documents of history, but to what end? Breathing momentarily life into a shadow of memory will hardly revitalize anything. In fact this might be damaging to melancholic wounds that have never healed. The theater is in the here and now, or it is nowhere. And through that momentary encounter in the theater, HIV/AIDS is revitalized conceptually as something that must be confronted. The re-recognition of the inherent barriers of the HIV/AIDS pandemic is the other side of that reciprocity. Buber speaks of the direct relationships within art that clarify our individual and collected confrontations:

The essential deed of art determines the process whereby the form becomes a work. That which confronts me is fulfilled through the encounter through which it enters into the world of things in order to remain incessantly effective, incessantly IT – but also infinitely able to become again You, enchanting and inspiring. It becomes “incarnate”: out of the flood of spaceless and timeless presence it rises to the shore of continued existence.²⁶

²⁵ Tony Kushner, quoted in “The Ascent of Angels in America: Signature Theatre Company celebrates Tony Kushner’s *Gay Fantasia* on National Themes.” This printed material was prepared to accompany the 2010 Off-Broadway revival at Signature, the first major New York City revival of both parts of *Angels in America* since its premiere.

²⁶ Buber/Kaufmann, 66.

Theatrical ephemerality and the timeless presence of which Buber speaks may seem inimical. But whichever nomenclature is used, timeless or momentary, as HIV/AIDS is not 'in' the past, so too the theater does not abandon it as such. On stage HIV/AIDS can only be in the present. When AIDS is made incarnate on stage, the relationships that shape the theatrical experience redefine the human relationship with HIV/AIDS. I acknowledge the limitations of this premise, both lexical and practical. There is no sufficient method of determining whether the barrier of passivity is breached with regard to any particular work. This speaks to both the nature of art and the need for any I-You relationship to exist rather than to be explained. Likewise, acts of theatrical creation do not merely appear with the help of will and grace. The three separate I-You relationships I identify as critical to theater are usually positioned as such because of opportunity. I therefore accept the fortuitous quality inherent in all the parts of this corpus of American HIV/AIDS drama as the ineffable glue that binds the three I-You relationships as well as the five worlds of the play together. It takes a village and several miracles for any play to be produced. I have assembled a large corpus of drama bound together by the presence of HIV/AIDS. That these plays exist at all is fortuitous. They seem to speak to one another, and this enables us to deepen our knowledge of the pandemic.

I believe that an application of Buber's *I and Thou* provides a rich insight into the relationships of the theatrical experience. But I look to two different aesthetic musings by Susan Sontag to begin to understand the potential variants and transitory possibilities of those relationships in the American AIDS play. Sontag operates completely in concert with

Buber in stating that the word “experience” predicates a lacking and inert response to that which is experienced. In her 2003 monograph, *Regarding the Pain of Others*, Sontag examines the overstated ability of photographs and images of war, disaster and epidemic to evoke useful memories. And like Buber, she warns that these images are “experienced” only insofar as they create a stock understanding of what the disaster should have looked like:

But a catastrophe that is experienced will often seem eerily like its representation.²⁷

This concept of representation is nearly the same as the intellectual barrier that Buber proposes, as “experience” relegates a relationship to the I-It. To emerge into the I-You with the inherent quality that allows one to be affected, Sontag suggests that the representation must be extreme, “suggesting that the artist’s gaze be, literally, pitiless. The image should appall, and in that *terribilità* lies a challenging kind of beauty.”²⁸ For this beauty, the theater is again the location where a representation of appalling intensity might evoke a type a pity.

Sontag, however, warns that these representations, while potentially provocative of a visceral response, often masquerade as types of collective memory, and as such are recognized now as constituent parts of what a society chooses to think about:

It calls these ideas “memories,” and that is, over the long run, a fiction. Strictly speaking, there is no such thing as collective memory – part of the same family of spurious notions as collective guilt. But there is collective instruction.²⁹

²⁷ Susan Sontag, *Regarding the Pain of Others* (New York, NY: Picador, 2003), 21.

²⁸ Sontag, *Regarding the Pain of Others*, 75.

²⁹ Sontag, *Regarding the Pain of Others*, 85.

I suggest here that theater, a live medium, surpasses the static medium of photography in that it can never be accused of creating a single vision of an historical truth, but passive experience leads to a similar conundrum that the action represented on stage is always in danger of reducing an infinitely nuanced reality to particular script and staging choice. Sontag is quick to point out that the responsibility of engagement is an acknowledgment that collective experience is both fictional and passive. It is only through an individual lens that the transformative power of the theater exists.

All memory is individual, unreproducible – it dies with each person. What is called collective memory is not a remembering but a stipulating: that this is important, and this is the story about how it happened, with the pictures that lock the story in our minds.³⁰

The AIDS play is alternatively a record of the history of the pandemic and a repository for individual stories. But in all forms, these plays beg an audience to do . . . something. This action must begin by acknowledging one's proximity to the material. It continues by letting one's self be affected by the shared moment and then leaving the theater changed for having been there. I suggest that Sontag offers the appropriate perspective on who is capable of enduring that relationship sequence:

But there is shame as well as shock in looking at the close-up of a real horror. Perhaps the only people with the right to look at images of suffering of this extreme order are those who could do something to alleviate it. ... The rest of us are voyeurs, whether or not we mean to be.³¹

Few people will transform their pity into AIDS activism after seeing a play, but profound changes happen in subtle ways. A window into this is opened by examining the world of the

³⁰ Sontag, *Regarding the Pain of Others*, 86.

³¹ Sontag, *Regarding the Pain of Others*, 42.

production. In many of the plays that comprise this corpus, actors are required to embody characters who are living with or dying from AIDS. The relationship between actor and role adds complexity to the life of a character, so much that a character in a play can never merely be an AIDS patient. For a performance to be convincing, an actor must know every shred of a character's life story. Each moment approaches a truth only when a connection between that moment and a lived history is clear. A good actor will bring to life not merely the scene, but the very existence that lead to that scene. This all begins with a name. "Who am I?" An actor avoids the generic at all costs, and it is the simplest but most important adjustment in rehearsal when the character begins to be referred to in the first rather than the third person. This specificity, this embodiment of a real person (however ordinary), makes the theater not only the location for this transformation, but also the craft. The actor's work, in turn, is what is encountered by the audience member. It is what enacts the one on one intersection between the audience and the action. Sontag illuminates this necessity:

A portrait that declines to name its subject becomes complicit, if inadvertently, in the cult of celebrity that has fueled an insatiable appetite for the opposite sort of photograph: to grant only the famous their names demotes the rest to representative instances of their occupations, their ethnicities, their plights.³²

In *Regarding the Pain of Others*, Sontag writes of photographs of AIDS in order to justify her thesis on the confining nature of images with regard to memory. It is the prescient purview of her earlier essay, *AIDS and Its Metaphors*, that assists in unpacking the literary understanding of the pandemic's evolution. The AIDS play, being both visual and

³² Sontag, *Regarding the Pain of Others*, 79.

literary, finds use for both. The essay, written in 1988 is a continuation of sorts of the 1977 work, *Illness as Metaphor*, which compares the literary and historical use of metaphor as it relates to disease – particularly cancer and tuberculosis. A decade later, HIV/AIDS was now well established in cultural consciousness as a disease bringing its own set of metaphors. HIV was the invader, in militaristic terms. AIDS was retribution, within the rhetoric of certain religious and political sects. As Sontag felt a need to update her earlier musings with what by most accounts was projected to be global devastation, the importance of the essay is seen in how, with neither false optimism nor alarmism, she predicted the topical reticence of AIDS:

But it is highly desirable for a specific dreaded illness to come to seem ordinary. Even the disease most fraught with meaning can become just an illness. It is bound to happen with AIDS, when the illness is much better understood and, above all, treatable. For the time being, much in the way of individual experience and social policy depends on the struggle for rhetorical ownership of the illness: how it is possessed, assimilated in argument and cliché.³³

I will take issue with the notion that HIV/AIDS has vanished from drama as it has been reclassified as treatable, but part of my concession there will be acknowledging that the representations begin to shoulder an air of ordinariness. In that, Sontag was perhaps predicting 2018 from her temporal reality in 1988.

As literature, AIDS drama is a rich collection exemplifying the very metaphors on which Sontag writes her essay. Her vision of the HIV/AIDS future without a particular need for literary metaphor is predicated on the full exploitation of those metaphors until that

³³ Susan Sontag, *Illness as Metaphor and AIDS and Its Metaphors* (New York, NY: Farrar, Straus and Giroux, 1990 [after 1977 and 1988]), 181.

time. In this, the world of the text and the words that are spoken by the characters become pieces of the process whereby the cultural incorporation of HIV/AIDS readies itself for the eventual:

With this illness, one that elicits so much guilt and shame, the effort to detach it from these meanings, these metaphors, seem particularly liberating, even consoling. But the metaphors cannot be distanced just by abstaining from them. They have to be exposed, criticized, belabored, used up.³⁴

As the AIDS play serves now as a way of re-remembering the past and those who have died, consider that every play, at least one that takes storytelling seriously, is dependent upon a thought, or rather a thinking through, on the part of the audience. To understand how the play arrived at its conclusion, the audience needs to follow the steps that led there. This process in following plot and character development becomes the ethical relationship to both AIDS and to those directly affected by it. It is best to understand the memory involved in the AIDS play by paying no particular mind to the presence of memory:

Perhaps too much value is assigned to memory, not enough to thinking. Remembering is an ethical act, has ethical value in and of itself. Memory is, achingly, the only relation we can have with the dead. So the belief that remembering is an ethical act is deep in our natures as humans, who know we are going to die, and who mourn those who in the normal course of things die before us.³⁵

Sontag is wise to point out that remembering is ethical. In the spirit of theater, I emphasize that remembering is also action. The liveness of theater is once again the location where that action cements the living relationships of audience-performance and individual-HIV/AIDS.

³⁴ Sontag, *AIDS and Its Metaphors*, 182.

³⁵ Sontag, *AIDS and Its Metaphors*, 115.

There are three additional theories coming from two different theorists that have occupied substantial space on my thoughtpad during the gestation of this project. Involving the work of José Esteban Muñoz may suggest that I intend to examine the dramatic corpus for its intersections with queer studies. This would be entirely possible, and many of these plays express themselves with this scholarly vocabulary well. AIDS was first identified in gay men, and among the first public health declarations responding to the “outbreak” were strategies to quarantine the communities in which the first deaths occurred. The communal loss associated with these communities and the pandemic are immeasurable, and many of the dramatic works humanize a collective loss. Many of the playwrights are gay, and many of the seminal queer studies texts that concern AIDS were written contemporaneously. Sexual orientation aside, the presence of HIV/AIDS in dramatic literature is itself a type of “queering.” Muñoz wrote about all of these things. But I am most interested in two of his definitions.

In *Disidentifications: Queers of Color and the Performance of Politics*, Muñoz shapes his case studies around the Pêcheuxian Paradigm that hegemonic relationships manifest as identification, counter-identification or disidentification. The performance of the last, being described as a cultural strategy of survival that neither supports nor opposes dominant ideology. Disidentification reveals a productive “in-between” space, and Muñoz points out that this is where mourning and activism might co-exist. But with respect to AIDS as a topic of dramatic literature, I look to the theory of disidentification to help explain how the representation of the virus within the plays is a form of ownership. The plays and their

characters are locations where something that is understood as either microscopic or global is embodied and given a face:

Disidentification is a mode of performance whereby a toxic identity is remade and infiltrated by subjects who have been hailed by such identity categories but have not been able to own such a label. Disidentification is therefore about the management of an identity that has been “spoiled” in the majoritarian public sphere.³⁶

Whereas those who live with HIV/AIDS are likely to experience a form of stigmatization due to various social understandings, in a play, that stigmatization is confronted and eloquently managed with the aid of the playwright.

Muñoz eventually describes how the performance of disidentification can be seen to reinterpret various hegemonically written histories by providing a way of reinserting one’s self in that history. As instances of that reinsertion, I view the collection of AIDS dramas as a way of combating any necessity for disidentification. The presence of individuals with HIV/AIDS on stage in plays written while the pandemic rages on is just that . . . present. And when viewed as acts of activism, these plays are not coyly slipping those with AIDS into the historical narrative, they catapult them there in real time.

I also find a particularly resonant thread in Muñoz’s second book, *Cruising Utopia: The Then and There of Queer Futurity*. Here Muñoz seeks an elusive definition for “queerness” and a direction as to where that queerness might be heading. He is careful to address how a concept of utopia needs to be reoriented, not as a location of hopeful arrival,

³⁶José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis, MN: University of Minnesota Press, 1999), 185.

but rather as the continual social effort to reform. For Muñoz, only in this will a “queerness” become clear at all:

Utopia is not prescriptive; it renders potential blueprints of a world not quite here, a horizon of possibility, not a fixed schema. It is productive to think about utopia as flux, a temporal disorganization, as a moment when the here and the now is transcended by a then and a there that could be and indeed should be.³⁷

With the inclusion of HIV/AIDS a type of “queering” of dramatic literature, I echo Muñoz’s eventual question, “how does one stage utopia?” This becomes particularly important when considering the later additions to the corpus of AIDS drama. With cultural knowledge of HIV reflecting medical development, the newer plays deal with questions that seek to negotiate AIDS away from the “spoiled identity” label toward something more fitting a newer understanding. Perhaps hopeful, perhaps manageable, perhaps invisible, but in any case, still on the horizon.

An important work on the twentieth century U.S. history of cultural politics and aesthetic ideologies is Michael Denning’s *The Cultural Front: The Laboring of American Culture in the Twentieth Century*. It examines the labor movements of the 1930s and 40s and how they were realized in the art, literature and theater of the time. But whereas the Great Depression, Prohibition, World War II, and Cold War politics are the given circumstances of the cultural work he includes, the core of his exhaustive study extends beyond CIO-inspired artists:

For the cultural front was not simply a product of individual commitment: it was the result of the encounter between a powerful

³⁷ José Esteban Muñoz, *Cruising Utopia: The Then and There of Queer Futurity* (New York, NY: New York University Press, 2009), 97.

democratic social movement – the Popular Front – and the modern cultural apparatuses of mass entertainment and education.³⁸

Eventually, Denning clarifies his thesis that the cultural works of a period, in that they may be reexamined in new historical lights, become a substitute or a stand-in for living through the period itself. This notion attempts to theorize the relation of culture to politics:

Cultural politics is also the politics of the cultural field itself, the history of the institutions and apparatuses in which artists and intellectuals work. For the kinds of political stances artists and intellectuals take depend upon their understanding of the ground on which they work.³⁹

The earliest contributors to the corpus of HIV/AIDS drama may well not have known that they were voices in a movement. When does a movement truly begin? But by the time ACT-UP was formed in 1987 and elevated guerilla performance to activist aplomb, the extant AIDS theatrical interventions began to be included with the artistic and performative response of the ‘street fighters’ and activist armies. The 1980s began a new cultural front, embodying a politics of many forms and every possible aesthetic ideology. The plays, musicals, novels, poetry, art, music, dance, memorials and protests written and performed by the artists and activists within and without the cultural apparatus used a repertoire of existing forms and styles, genres and conventions to make their needs known. Through ACT-UP, new forms of performance and protests would leave indelible public impressions, and they would even find their ways into the aesthetics of mainstream theater. The critical controversies and debates surrounding both form and content of HIV/AIDS performance,

³⁸ Michael Denning, *The Cultural Front: The Laboring of American Culture in the Twentieth Century* (Verso, 1997), xviii.

³⁹ Denning, *The Cultural Front*, xix.

established through seeing and judging, built their own canons of value. This corpus of American AIDS drama, united retroactively as part of a movement, becomes its own canon. The plays especially, because at least in their written forms, they are always available, are powerful participants in the AIDS cultural front – both as means of activism and as an understanding of a specific historical movement.

Denning's theory helps to shine a historical light on the corpus of drama I have collected here, and it supports the vision that the plays are products of their time that survive to tell of that time. Muñoz's disidentification illuminates the corpus from a here-and-now perspective, suggesting that the plays may have halted a vanishing of the marginalized. His repositioned utopia, in turn, might be said to position the corpus in the yet-to-come, suggesting that the HIV/AIDS loss, grief and guilt found in the plays are all performative corrections helping to move toward something else. This triad of past, present, and future will scuffle throughout this dissertation as I seek to prove that while the plays are historiographic representations of the evolution of the pandemic, they are also vital components in understanding the current state of HIV/AIDS and how AIDS cultural understanding might need a boost.

Critical Lineage

Practically since the beginning of the pandemic, performance and cultural theorists have engaged with and processed the art and activism that emerged in direct response to the crisis. As with the dramatic corpus that I am sorting through in this dissertation, the scholarly works may well find themselves tagged in a sort of periodization: early works

dealing with the politics of diminishing communities and the fear of worse things to come; works from the late 1980s that encapsulate the activist movements and criticize alternate views of their efficacy; mid-1990s criticism dealing with the medical turn-of-the-tide in real time; and later works that process the time that has passed since the height of the plague with reflections on memory, loss, and responsibility. I have been looking through this material in one way or another for several years, and with every turn I uncover additional voices that have at one point needed to contribute to AIDS cultural analysis. The theater, the art, the theory, the pandemic itself – these are without end.

I view this dissertation as a continuation of three distinct works of performance studies that, for me, are the seminal texts analyzing performance and HIV/AIDS. David Román's 1998 book, *Acts of Intervention: Performance, Gay Culture and AIDS*, is the most often cited text on the topic, and it remains the most thorough work involving contemporary theory and the cultural impact of AIDS. The scope of Román's book is substantially wider than American theater, although he does include major dramatic works like Kushner's *Angels in America* and McNally's *The Lisbon Traviata*. He admits that the book is an abandoned attempt to write the history of AIDS performance, but with that caveat, the way he manipulates his strings to tie together mainstream performance, street activism and the avant-garde with performance theory is my model. The final pages of Román's book concern the events surrounding the 1996 opening of the musical *Rent*, but at the time *Acts of Intervention* was published, *Rent* had not yet become the most commercially successful AIDS play of them all. *Acts of Intervention* is now twenty years old. Its crisp analysis is an open door through which the last two decades of dramatic works may

rightly pass. David Gere's 2004 book, *How to Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS*, focuses on the contributions to the greater corpus of AIDS performance interventions made by dance and dancers. Its pages reveal an invaluable sensitivity to expressions of loss, AIDS and the human body, and a necessary reforming of community. Particularly relevant to my study of mainstream American drama is the way Gere deals with the art stamp on benefit performances and their commodification of HIV/AIDS. Douglas Crimp's fervent positionality, both in the 1988 collection of essays that he edited and contributed to, *AIDS: Cultural Analysis/Cultural Activism*, and his 2002 collection of his own essays, *Melancholia and Moralism*, makes Crimp, in many ways, the grandfather of all AIDS performance criticism. Besides being one of the first to address the topic from the standpoints of both performance and performativity, Crimp inserts himself on every page. This first-person positionality is imperative in AIDS cultural theorization. For me, Crimp's self-utilization demonstrates that in addressing performance and the pandemic, the heart of the argument is and must always be felt personally.

Chapter Breakdown

- 1) *Infectious Intersections: Building the Corpus*** – My objective in the first chapter is to situate the chronology of the dramatic corpus alongside the timelines that inform the evolution of the HIV/AIDS pandemic. This comprehensive combined chronology looks to the thematic trends of AIDS depiction within the timeline to identify the generations or waves of American AIDS plays. I have attempted to include all published American AIDS plays referencing their premiere dates and topical representations of HIV/AIDS. To identify where the dramatic depiction of AIDS shifts from one generation to another, I pair the dramatic timeline with

several sources to account for medical research and development, epidemiology, American public policy, and global mortality and morbidity statistics. This reveals how shifts in the theatrical depiction of the disease correspond with or are in direct response to moments of deepening scientific understanding, new treatment options and major changes to patients' expected prognoses. As the cultural and medical understandings of the disease have changed, so too has the presence of AIDS in the American play. This demonstrates that AIDS activism on the American stage has a direct engagement with public debate, thereby proving its efficacy. In the spirit of Michael Denning's 'cultural front' the chronology of the American AIDS play and how it intersects other timelines becomes a substitute for understanding more than thirty years of the spread of and fight against the HIV/AIDS pandemic.

2) *Acquiring the Normal: The Kramer Plays* – In this chapter, I will explore the autobiographical AIDS plays of Larry Kramer: *The Normal Heart* and *The Destiny of Me*. For more than thirty years, *The Normal Heart* has served as the go-to play for understanding the early days of the pandemic. It is a play that has repeatedly served to bridge the need for both a document of AIDS history and a call to action. It is written with both an activist spirit and an activist form. And when observed as a piece of autobiographical writing, the play exhibits a unique quality of personalizing an expansive health emergency without losing the magnitude of the confusing first years of the epidemic. Its companion play, *The Destiny of Me*, similar in character but different in tone, takes the personal dimension deeper while compounding it with the representation of activism itself. Through these two plays, I seek to prove that the theater is uniquely equipped to serve the triple purpose of personalizing, historicizing, and mobilizing around the pandemic.

3) *Another Decade of Delirium: New American AIDS Plays* – This section will focus on what I consider to be the third generation of American AIDS plays. This wave

of HIV/AIDS theater began with the 2004 film adaptation of Tony Kushner's *Angels in America* and ended with the broadcast of the film adaptation of Larry Kramer's *The Normal Heart*. Between those events, new medical, social, and global realities altered the way the disease is depicted on stage and included in drama. The newest American AIDS plays present a theater of inclusion, whereby AIDS is no longer the topic of the play, but rather HIV/AIDS is included in order to illuminate other universal issues. This theater of inclusion is also indicative of a theater of complacency. The invisibility and livability of HIV/AIDS led directly to the topical reticence of AIDS in the American play. I suggest that what has been left out of these plays is potentially more vital than what has been included. I will look at Anna Deavere Smith's *Let Me Down Easy*, which uses AIDS as an example in an interview theater solo performance ostensibly about the intersection between loss and American health care policy; the play *Loaded* by Elliott Ramon Potts which depicts the sero-disclosure discussions of two men at the beginning of a relationship; Danai Gurira and Nikkole Salter's brave play, *In the Continuum*, which presses a reminder of the uneven intersections of HIV/AIDS global reality; and Terrence McNally's *Mothers and Sons*, the 2014 play that continued the character relationship between a man and the mother of his dead partner that first appeared in McNally's 1988 short play and 1990 teleplay *Andre's Mother*.

- 4) *Spinning Forward and Living Past Hope: Teaching the Corpus*** – The final chapter will consider the pedagogical implications involved in teaching the corpus of American AIDS plays in a class with students today. This involves navigating between studying the plays both individually and as a collection. I suggest that HIV/AIDS in a dramatic narrative is performatively akin to the act of disclosing one's HIV status. Both involve personal actions that once done cannot be undone. Both personal disclosure and making AIDS the topic of a play raise the question of why there was a need for either action to be performed in the first

place. I argue that there are three ways in which teaching the corpus requires particular methodologies. The plays become a substitute for the AIDS historical narrative. In forging the relationship between drama and history, studying the plays involves a de-abstraction of AIDS by concentrating on the direct and personal character stories found in the plays and in their writing. The plays serve as a form of memorial for those who died and as a location to explore the residual memory for those who live. Treating the plays this way, students must consider how a single play speaks differently to different types of audience. The American plays represent the state of the pandemic as it is known in the United States, rarely do they widen the scope to see the global situation. Nevertheless, the presence or lack of presence of the AIDS global reality necessitates a discussion for how the evolution of AIDS cultural understanding within the American frame resonates with the global response. Finally, the plays must be studied in the spirit of a play as a living piece of art. Revivals and adaptations mean that the same script is reinvented as a new play when the world of the audience changes. Students must reconcile the temporal considerations of the plays, acknowledging that they involve at least both the intended original audience's knowledge of HIV/AIDS and their own.

Scope and Notable Omissions

In the introduction to his book *Acts of Intervention: Performance, Gay Culture and AIDS*, David Román explains that when he embarked on his project he initially set out to attempt a comprehensive history of AIDS performance. Ultimately, though, he found that it was an impossible task for two reasons. First, by researching primary source archives, it was automatically reifying a narrative that certain pieces were more important than others, furthering a delegitimizing of performances that left no archive:

. . . such a project does a great disservice to the cultural work of local and community-based performers, who may resist or abandon any hope for canonicity. Because so many performances around or about AIDS have left little or no documentation, the critical task of constructing an AIDS theatre historiography comes up against immediate limitations.⁴⁰

1985 is a watershed year for American AIDS theater. This was when *The Normal Heart* opened Off-Broadway and *As Is* opened on Broadway. Semantically, “watershed” fits the year in terms of mainstream theater, but this should not be read as a beginning. As Román states, this “does a grievous disservice to such artists, playwrights, and theatre collectives as Robert Chesley, Jeff Hagedorn, Rebecca Ranson, and San Francisco’s A.I.D.S. Show collaborators, among others, whose AIDS performances were produced as early as 1983.”

Secondly, Román’s book was published in 1998, with portions appearing in academic journals as early as 1992. His research was taking place in the midst of some of the most significant interventions of AIDS arts activism. An attempt to write the history of the AIDS movement on the performance front at the time would doubtlessly have been forced to leave out significant entries that were on the horizon. Completing this dissertation in 2019 led me to think that perhaps the American AIDS play had seen its day. I was wrong. My definition of what constitutes an AIDS play required adjustment, especially when dealing with entries from the last decade, but the works continue to be written, and existing works continue to be performed introducing new audiences to the world of the play.

I admit that initially I thought this dissertation might accomplish something comprehensive, at least within the parameters I set forth. I intended to use published

⁴⁰David Román, *Acts of Intervention: Performance, Gay Culture and AIDS* (Indianapolis, IN: Indiana University Press, 1998), xiv.

American plays as the basis for my chronology. As long as I acknowledged that there were unpublished works that with a generous definition might account for an earlier beginning to the American AIDS play, I wouldn't be invalidating my work. The caution that Román observed for such a project eventually appeared sage advice:

A theatre history around plays and performances which address AIDS therefore should avoid the impulse to offer an official history of AIDS theatre history. In fact, I would argue that an AIDS theatre historian should construct a model of analysis that cautions against the officializing rhetorical tendencies and totalizing narratives of theatre history in general. Such a project would be consistent with other projects on AIDS that describe the encounter with discourse about HIV and AIDS as overwhelming and perhaps unknowable in its totality.⁴¹

I do not suggest that even in my first chapter, where I examine the corpus for its breadth rather than its depth, that my project is an attempt at something definitive or comprehensive. In fact, what has delighted me throughout this process is that, even within the confines of published plays, I have consistently discovered new entries on my timeline. I treat my chronology of published American AIDS plays and my narratives in the later chapters of this dissertation as a living document. It is complete only insofar as it is up to date with the plays I have thus far discovered. In that sense, I agree with Román that a definitive history is impossible, but I do have confidence that my work stands as a start to a chronology of American AIDS plays. This leaves the door wide open for further discoveries and plays that have yet to be published or written. By limiting the scope of this dissertation to published American plays, I acknowledge that I have omitted significant works of AIDS performance that are not currently available in printed editions. Furthermore, the plays

⁴¹ Román, *Acts of Intervention: Performance, Gay Culture and AIDS*, xx.

included in the chronology are exhaustive only so far as they are the ones that have come to my attention. I am certain that additional worthy inclusions, even within the parameters I set forth, are still to be discovered. Thirty-five years of American AIDS drama is lacking a complete list. I am attempting to start one here.

I recognize that I am in a position to write about this corpus from a unique vantage. This cannot be changed. I have also struggled with how much of my own positionality belongs in this project. Does a personal lens cloud the objectivity of scholarship? Absolutely. Does that make it improper? Only if you believe in absolutes. Theater is always a place of possibility, and that seems incompatible with absolute. When I first began to think about this area of research, I made it marginally clear that I did not intend for this to be a project about me or how I have personally experienced a connection to these plays. I said as much in every early meeting I had. Richard Schechner told me straight out, “It’s going to be, whether you want it to or not. And it should.” I met with John Glover to discuss his work in both the original stage production and subsequent film adaptation of *Love! Valour! Compassion!* and the 1985 television film *An Early Frost* – both performances of AIDS for which, respectively, he received a Tony Award and was nominated for an Emmy. A bottle of wine turned a twenty-minute interview into an afternoon, and we began discussing how scholarship and practice aren’t really as separate as we are led to believe. I mentioned my reservation. John said something that I have happily considered often. “If you were playing a role, you would let your life in. It seems to me this is no different.” *I and Thou*. I have come to know my relationship with HIV through the theater.

The theater is a home to me. I have worked in international medical aid. I am HIV positive. These are the combined factors that have brought me to this project.

The Theater of HIV/AIDS is a part of an acquired history – not only for me, but for millions who have been affected by this virus. My hopeful prognosis is in no small part the legacy of those who died. Their shadows remain in this extraordinary collection of theater. Scholars and artists have a mutual responsibility to not let this be forgotten. I envision a day when all study of HIV/AIDS will be an interpretation of history – a time when the disease has been eradicated and the chronicles of the struggle to end the stranglehold of the virus will be best read through the collection of AIDS theatre, performance, activism and art. This is unlikely to happen within my lifetime. For now, the order of business is to reconnect with a body of work that is ostensibly about the past but is really so very much about the present. The investigation of the thematic performativity of HIV/AIDS must press on. This is our obligation: I, Thou and the American AIDS Play.

*History is a mysterious approach to closeness.
Martin Buber*

*And then came now. Different times. Now we enjoy politics and
argue sex. Now they know who we are. We're counted in their
surveys. We're numbered in their watchfulness. And all because of a
disease. A virus. A virus that you don't get because you're gay, just
because you're human. We were gay. Now we're human.
Ghee in Safe Sex*

Chapter 1

Infectious Intersections: Building the Corpus

A play is ready when it opens. That is the adage, not that it opens when it is ready. I begin this chapter with a blanket disclaimer about any attempt to periodize dramatic history. Deft approximations are about as close as it can get. No two plays travel the same road to opening night. Some plays spend years in development before they are produced. Others are written and produced simultaneously, narrowing a potential time gap between the world of the playwright and the world of the production's audience. Having stated that, I can say that this chapter is an attempt at such an approximation.

The main feature of this chapter is an assembled chronology of the corpus of American HIV/AIDS drama. I build this here with an awareness that the dramatic representation of the pandemic evolves with the accumulation of cultural knowledge. As epidemiological evidence grows, public policy changes, and medical breakthroughs occur, the ways that HIV/AIDS filters into public consciousness changes: this is evident in the plays. I have organized the plays in a timeline based on when they were first produced. But the plays' openings are not solitary events. They are culminations of the various worlds of the play and a reflection of the events that informed cultural knowledge. It is simplistic,

however, to assume that public consciousness of HIV/AIDS has spent thirty-seven years growing deeper and wider. On some level, the advent of the HAART era began a process of forgetting – an unremembering of the suffering of millions of people across the globe. But unremembering must not be assumed to be the same as ignoring. Among the theater’s most important contributions to cultural consciousness of HIV/AIDS is that it has always provided a human dimension to the pandemic in a place of live and embodied representation. Tracking that representation along the dramatic timeline leads to a unique method of determining how we arrived at today’s cultural understanding of HIV/AIDS. A dramatic chronology is neither a gradual ignoring nor a losing touch with decades of epidemiological history. Rather, when considered collectively, the AIDS plays shape an historical narrative of how HIV/AIDS has affected and continues to affect people – the human dimension.

I divide the timeline into four sections: 1981-1990, 1991-2002, 2003-2014, and 2015-2019. These divisions are not arbitrary. There are commonalities among the plays within each section. The plays from each period grapple with the same medical knowledge and the same slate of official public policies. And there are major turns in the epidemiology that affect both cultural knowledge and dramatic storytelling. There are shifts in the depiction of the disease between and within the periods. I refer to the four timeline segments as the first, second, third, and fourth generations of American AIDS plays. The terminology is partially in recognition of the work of Therese Jones, who edited the second major anthology of AIDS plays, referring to the works she included as “second-generation AIDS plays.” She justified the demarcation because of differences in dramatic modes

between plays from the 1980s and the ones from the early 1990s. Jones cites comedy and absurdity as particularly prevalent among the plays in her anthology. I share her appreciation for dramatic mode, and I recognize shifts in the ways playwrights have chosen to write about HIV/AIDS throughout the entire timeline. I am also interested in how HIV or AIDS itself is used within the stories. Does the disease feature prominently, or does it become secondary to other dramatic elements? Sometimes HIV is a minor part of a play, but I have chosen to include the play in the chronology. Often the inclusion is illuminative of the cultural unremembering as HIV medical realities have changed. I suggest that the various ways in which HIV/AIDS is utilized in the plays become a significant way of measuring cultural consciousness regarding the entire pandemic. There is a second reason why I choose “generation” as the label for my periodization. Theater artists are members of a community, a sort of family. The works of established members of that family influence the work of emerging artists. Sometimes this torch-passing is explicit, usually it is not. I believe, although it is difficult to prove, that early plays about HIV/AIDS had a deep influence on later plays about HIV/AIDS. There is a hidden genealogy in the chronology that organizes the corpus.

The brief narratives that follow the generational segments of the timeline should be read as broad strokes of the total story. They are my musings on the meaning of the corpus. I include observations on how the plays within each generation speak to one another. I look comparatively at the non-theatrical timeline to find the moments where shifts and changes in cultural knowledge are realized in the theatrical chronology. And I look for the reasons why the dramatic representation of AIDS may have changed. I hope

this will be useful in illuminating the expansiveness of the corpus, something that I view as cumulative. This is breadth, not depth. The chronology spans thirty-nine years and includes dozens of plays. But each play is impactful in its own way and deserves to be approached with critical generosity. Every theatrical encounter is unique. There is no guarantee that the sum is greater than its parts, but the sum does mean something. And this exercise in documenting a history doesn't lend itself to nuance. My chronology includes plays that are good, bad, major, minor, brilliant, shocking, miserable, and powerful. Some plays appear on the chronology more than once, signifying a longevity of certain works. Other plays have been understandably forgotten. I make no attempt in this chapter to differentiate. Some of these plays move me more than others. This is not an exercise in evaluating the worth of the individual plays that combine to form the corpus. Counterintuitively, in this chapter I suspend my critical lens, and I attempt to organize the corpus of American HIV/AIDS dramatic literature.

Notes on the combined chronology

- Organization: The left side of the table includes the theatrical events that constitute the corpus of American AIDS plays. This primarily, but not always, refers to the opening date of the premiere production of each play. I have included with the introduction of each new play a brief entry about the play, its relevance to the corpus, and a description about how an understanding of HIV/AIDS informed its story or its writing. The right side of the table is an attempt at a combined timeline of epidemiological, political, medical, and cultural events that shape the known history of HIV/AIDS.

- Sources: The information on this timeline has been drawn from numerous sources, including but not limited to: amfAR, HIV.gov, Avert, Henry J. Kaiser Family Foundation, the National Minority AIDS Council, GMHC, the U.S. Centers for Disease Control and Prevention, UNAIDS, WHO, Médecins Sans Frontières, Samuel French, Inc., Internet Broadway Database, and Dramatists Play Service.
- Accuracy: Every attempt at cross-referencing has been made to ensure that the information contained in the chronology is accurate. Where discrepancies were found, I used the information from what I believed to be the more trustworthy source. Inaccuracies, however, are no one's fault but my own.
- Intended use: I hope that the theatrical timeline and the HIV/AIDS historical timeline prove mutually illuminative – both are ways of understanding the world of the play. At points they seem to intersect, rather than run parallel. At other times, they seem maddeningly out of sync.

1981

- June 5: The U.S. Centers for Disease Control and Prevention (CDC) publish in *Morbidity and Mortality Weekly Report* (MMWR) a description of cases of Pneumocystis carinii pneumonia (PCP) in five young, previously healthy, gay men in Los Angeles. All the men exhibit symptoms of other unusual infections as well, indicating that their immune systems are not working; two have already died by the time the report is published. This edition of MMWR marks the first official reporting of what will become known as the AIDS pandemic.
- June 5-6: The Associated Press, *The Los Angeles Times*, and the *San Francisco Chronicle* report on the MMWR. Within days, CDC receives numerous reports of similar cases of PCP and other opportunistic infections among gay men – including reports of a cluster of cases of a rare cancer, Kaposi's Sarcoma (KS), among a group of gay men in New York and California.
- June 8: CDC establishes the Task Force on Kaposi's Sarcoma and Opportunistic Infections.
- July 3: *The New York Times* publishes article titled, "Rare Cancer Seen in 41 Homosexuals." "Gay Cancer" is the term to describe the condition.
- September 21: The nation's first Kaposi's Sarcoma clinic opens at the University of California, San Francisco Medical Center.

- December 10: Bobbi Campbell, a San Francisco nurse, becomes the first patient with KS to go public. Self-dubbed the “KS Poster Boy,” Campbell writes a column for the *San Francisco Sentinel* on living with “gay cancer.”
- Researchers begin calling the condition Gay-Related Immune Deficiency (GRID).

By the end of 1981



 **270 reported cases of severe immune deficiency among gay men in the United States.**




 **121 of those individuals have died.**

<p>1982</p> <ul style="list-style-type: none"> • April 12: Tony Award-winning actor Lenny Baker dies of AIDS-related illness at age 37. 	<ul style="list-style-type: none"> • January 4: Gay Men’s Health Crisis (GMHC) is founded in New York City. Among the founders are Larry Kramer, Paul Popham and Rodger McFarlane. The events surrounding the organization’s founding will feature prominently in Kramer’s play <i>The Normal Heart</i>. • April 13: Congressman Henry Waxman of California convenes the first congressional hearings on GRID at the Los Angeles Gay and Lesbian Community Services Center in Hollywood, CA. CDC task force head estimates that tens of thousands of people may be affected by the disease. • May 9: The KS Research and Education Foundation is formed in San Francisco. The organization will eventually become the San Francisco AIDS Foundation. • In Uganda, doctors report cases of a new, fatal, wasting disease known locally as ‘slim.’ • September 24: CDC uses the term “AIDS” (Acquired Immune Deficiency Syndrome) for the first time.

	<ul style="list-style-type: none"> ● September 24: Congressmen Henry Waxman and Phillip Burton (both Democrats from California) introduce legislation to allocate \$5 million to the CDC for AIDS surveillance and \$10 million to the National Institutes of Health (NIH) for AIDS research. ● December 10: <i>MMWR</i> reports 22 cases of unexplained immunodeficiency and opportunistic infections in infants.
<h1>1983</h1>	<ul style="list-style-type: none"> ● January 1: Ward 86, the world's first dedicated outpatient AIDS clinic, opens at San Francisco General Hospital. ● January 7: CDC reports cases of AIDS in female sexual partners of males with AIDS. ● February: CDC establishes the National AIDS Hotline. ● March 4: <i>MMWR</i> notes that most cases of AIDS have been reported among homosexual men, people who inject drugs, Haitians and hemophiliacs. The report suggests an infectious agent transmitted sexually or through exposure to blood. ● May 20: Dr. Françoise Barré-Sinoussi of the Pasteur Institute in France reports the discovery of a retrovirus he calls Lymphadenopathy Associated Virus (LAV) that could be the cause of AIDS.

<ul style="list-style-type: none">● June: People living with AIDS (PLWAs) take over the plenary stage at the National AIDS Forum in Denver and issue a statement on the right of PLWAs to be at the table when policy is made, to be treated with dignity, and to be called “people with AIDS,” not “AIDS victims.” The statement becomes known as The Denver Principles and it serves as the charter for the founding of the National Association of People with AIDS.● July 25: Ward 5B, the first dedicated AIDS ward in the U.S. opens at San Francisco General Hospital. It is fully occupied within days. The ward offers compassionate, holistic care for AIDS patients, and all staff in the ward—from nurses to janitors—have volunteered to work there. This becomes known as the “San Francisco model of care” for HIV/AIDS patients.● August 8: Bobbi Campbell appears with his partner on the cover of <i>Newsweek</i>. The article, “Gay America: Sex, Politics, and the Impact of AIDS.” It is the first time two gay men are pictured embracing one another on the cover of a U.S. mainstream national magazine.● September 9: <i>MMWR</i> identifies all major routes of HIV transmission and rules out transmission by casual contact, food, water, air, or environmental surfaces.	
--	--

	<ul style="list-style-type: none"> November 22: The World Health Organization (WHO) holds its first meeting to assess the global AIDS situation and begins international surveillance. <p><u>By the end of 1983</u></p> <ul style="list-style-type: none">  3,064 reported cases of AIDS in the United States.  1,292 of those individuals have died.
<h1 style="text-align: center;">1984</h1> <p>May 24: <i>Night Sweat</i> by Robert Chesley opens at the Meridian Gay Theatre in New York City. Directed by Nicholas Deutsch. Featuring: Guy Bishop, Eddie Price and Geoffrey Stoner.</p> <ul style="list-style-type: none"> An early experiment of an American AIDS play. The story is a vision of a nightmare suffered by a young man who may or may not have contracted AIDS. Set in a high-tech gay club called the Coup de Grace, where, for a price, an AIDS “victim” (term used in Dan Sullivan’s review of the 1985 Los Angeles production) can arrange to have his life terminated with an orgasmic “scene” of his choice. Chesley’s play is especially notable as a very early dramatic 	<ul style="list-style-type: none"> April 23: Health and Human Services Secretary Margaret Heckler announces that Dr. Robert Gallo of the National Cancer Institute has found the cause of AIDS, a retrovirus they have labeled HTLV-III. Heckler also announces the development of a diagnostic blood test to identify HTLV-III and expresses hope that a vaccine against AIDS will be produced within two years. June 25: French philosopher Michel Foucault dies of AIDS-related illness at age 57.

<p>intervention, and because it had been staged in basement spaces in both NYC and LA before mid-1985.</p> <p>September: <i>The AIDS Show: Artists involved with Death and Survival</i> opens at Theatre Rhinoceros in San Francisco. Directed by Leland Moss.</p> <ul style="list-style-type: none"> o A collaborative piece of theater by a small gay and lesbian theater company staged in a basement. The play was mostly a series of monologues telling the personal stories of members of the theater company and the San Francisco gay community. In 1985, a sequel was staged titled, <i>Unfinished Business: The New AIDS Show</i>. Co-directed by Moss and playwright Doug Holsclaw. 	<ul style="list-style-type: none"> • August 15: Bobbi Campbell dies of AIDS-related illness at age 32. • October: San Francisco public health officials order bathhouses closed due to high-risk sexual activity <p><u>By the end of 1984</u></p> <ul style="list-style-type: none">  7,699 reported cases of AIDS in the United States.  3,665 of those individuals have died.  762 reported AIDS cases in Europe.
<h1 style="text-align: center;">1985</h1>	<ul style="list-style-type: none"> • January 11: CDC revises the AIDS case definition to note that AIDS is caused by a newly identified virus. • March 2: FDA licenses the first commercial blood test to detect HIV. Blood banks begin screening the U.S. blood supply.

<p>April 21: <i>The Normal Heart</i> by Larry Kramer opens Off-Broadway at the Public Theater. Produced by Joseph Papp. Directed by Michael Lindsay-Hogg. Featuring: Brad Davis, D.W. Moffett and Concetta Tomei.</p> <ul style="list-style-type: none"> ○ The first major play about AIDS. The play is an autobiographical account of the first years of the epidemic in New York City. Spanning July 1981 to May 1984, it includes the birth of the AIDS activist movement, Kramer’s involvement with and subsequent dismissal from the Gay Men’s Health Crisis, the political fight against an unresponsive city government, and the struggle by a particular doctor to make both gay men and the medical establishment take seriously the early signs of a devastating future. The play is a roman à clef. Kramer’s double, Ned Weeks, is an outspoken and tactless Cassandra who desperately tries to pull together a community that seems remarkably uninterested in the unidentified disease that is killing more people with each scene. In the midst of the fight, Ned finds his heart in Felix, the man who will die of AIDS in Ned’s arms in the final scene. <p>May 1: <i>As Is</i> by William M. Hoffman opens on Broadway. Directed by Marshall W. Mason. Featuring: Jonathan Hogan, Jonathan Hadary and Claris Erickson.</p> <ul style="list-style-type: none"> ○ First presented on March 10 at the Circle Repertory Company, <i>As Is</i> contends as the first major American 	<ul style="list-style-type: none"> ● April 15–17: US Department of Health and Human Services and the WHO host the first International AIDS Conference in Atlanta, Georgia. ● August 27: 14-year-old Ryan White of Indiana, who contracted AIDS through contaminated blood products used to treat his hemophilia, is refused entry to his middle
---	---

play about AIDS. As the long-term relationship between Saul and Rich dissolves, the two men are brought back together when Rich is diagnosed with AIDS. It is a play that strives to realize the need for compassion in the face of the disease. *As /s* was nominated for the 1985 Tony Award for Best Play and received the Drama Desk Award for Outstanding New Play.

school. His family's protracted legal battles to protect Ryan's right to attend school call national attention to the issue of AIDS, and Ryan chooses to speak out publicly on the need for AIDS education.

- August 31: The Pentagon announces it will begin testing all new military recruits for HIV infection and will reject those who test positive for the virus.
- September 17: President Ronald Reagan mentions AIDS publicly for the first time, calling AIDS "a top priority" and defending his administration against criticisms that funding for AIDS research is inadequate.
- October 2: The U.S. Congress allocates nearly \$190 million for AIDS research—an increase of \$70 million over the President's budget request.
- October 2: Actor Rock Hudson dies of AIDS-related illness at age 59. He is the first major U.S. public figure to acknowledge that he has AIDS. Hudson leaves \$250,000 to begin the American Foundation for AIDS Research (amfAR). Actress Elizabeth Taylor serves as the organization's founding National Chairman.

- November 11: *An Early Frost* is broadcast on NBC. The film is the first significant film (made-for-television or feature) to deal with the topic of AIDS. Written by Ron Cowen and Daniel Yellen. Directed by John Erman. Featuring: Aidan Quinn, Sylvia Sidney and John Glover.

By the end of 1985



At least one HIV case has been reported from each region of the world.

1986

January 17: *A Quiet End* by Robin Swados premieres at the International City Theatre in Long Beach, CA. Directed by Jules Aaron. Featuring: Fred Bishop, Bruce Wieland and David Herman. It will open Off-Broadway at Theatre Off Park on May 29, 1990. Directed by Tony Giordano.

- o Three men in varying states of HIV disease share a Manhattan apartment as they cope with loneliness, isolation, and impending death. Stephen Holden's review in *The New York Times* states, "Unlike other recent plays dealing with the impact of AIDS on homosexual life in New York, it eschews the history and politics of the epidemic to explore at some depth the inner lives of desperately ill men."

July 18: *Jerker, or The Helping Hand: A Pornographic Elegy with Redeeming Social Value and a Hymn to the Queer Men of San Francisco in Twenty Telephone Calls, Many of Them Dirty* by Robert Chesley opens at the Celebration Theatre in

- May: The International Committee on the Taxonomy of Viruses declares that the virus that causes AIDS will officially be known as Human Immunodeficiency Virus (HIV).

West Hollywood. Directed by Michael Kearns. Featuring: David Stebbins and Joe Fraser.

- The play, usually called *Jerker* (despite the very long full title), is a series of calls on a phone sex line between two men, Bert and J.R. While the two men never meet in person, their conversations and relationship evolve from the erotic, to friendly, to deeply caring. Chesley wrote that he hoped the play would “remove the stigma against sex that AIDS has created.”

● July 27: Television film adaptation of *As Is* is broadcast on Showtime. William M. Hoffman writes the screenplay based on his play. Directed by Michael Lindsay-Hogg. Featuring: Jonathan Hadary, Robert Carradine and Colleen Dewhurst.

- October 22: C. Everett Koop issues the U.S. Surgeon General’s Report on AIDS. The report makes it clear that HIV cannot be spread casually and calls for: a nationwide education campaign (including early sex education in schools); increased use of condoms; and voluntary HIV testing.
- October 24: CDC reports that AIDS cases are disproportionately affecting African-Americans and Latinos.

1987

January 8: *Safe Sex* by Harvey Fierstein opens Off-Broadway at the La Mama ETC. The Production will open on Broadway on March 19. Directed by Eric Concklin. Featuring: Harvey Fierstein, John Wesley Shipp and Anne De Salvo.

- The play is a trio of one-acts. As suggested by the title, much of the material concerns a revision of sexual practices between gay men in the age of AIDS. The third act is a reunion of a man and a woman, one the partner of and one the ex-wife of a man who died of AIDS. Commenting on the play in relation to AIDS plays, Fierstein stated the following in the *New York Times*: "In *The Normal Heart* and *As Is* gay people sat and watched gay people with AIDS. But here the audience watches gay people without AIDS. This is not a play about disease, it's a play about life." It is a play about gay men negotiating happiness in a world with AIDS.

- February: Cleve Jones creates the first panel of the AIDS Memorial Quilt officially starting the NAMES Project.
- February 4: Liberace dies of AIDS-related illness at age 67.
- March: Larry Kramer founds the AIDS Coalition to Unleash Power (ACT-UP) in New York City.
- March 1: FDA approves the first antiretroviral drug, Zidovudine (AZT). The U.S. Congress approves \$30 million in emergency funding to states for AZT.
- March 19: FDA issues regulations that expand access to promising new medications that have not yet been approved or licensed by the agency. This accelerates drug approval by more than 2 years.
- March 31: President Ronald Reagan and French Prime Minister Jacques Chirac end an international scientific dispute when they announce that researchers from the two countries will share credit for discovery of the AIDS virus.

<p>May 27: <i>Jack</i> by David Greenspan is first staged at New York's HOME for Contemporary Theatre and Art.</p> <ul style="list-style-type: none"> ○ The one-act is a rare example of AIDS expressionism in drama. It is a counterpoint of abstract and dream. Three women's voices overlap while trying to make sense of Jack's death. Eventually they make way for Jack to share his one pertinent memory, which turns out to be completely ordinary. <ul style="list-style-type: none"> ● May 28: Actor, director, playwright and founder of the Ridiculous Theatrical Company, Charles Ludlam dies of AIDS-related illness at age 44. ● June 4: Art against AIDS officially begins in New York City. June 9: <i>Beirut</i> by Alan Bowne opens Off-Broadway at Westside Arts Theater. Directed by Jimmy Bohr. Featuring: Michael David Morrison, Laura San Giacomo and Terry Rabine. 	<ul style="list-style-type: none"> ● April 19: Princess Diana makes international headlines when she is photographed shaking the hand of an HIV-positive patient in a London hospital. ● May 15: The U.S. Public Health Service adds HIV as a "dangerous contagious disease" to its immigration exclusion list and mandates testing for all visa applicants. The HIV ban will not be lifted until January 4, 2010. ● May 31: President Reagan makes his first public speech about AIDS and establishes a Presidential Commission on HIV. ● August 18: FDA sanctions the first human testing of a candidate vaccine against HIV.
---	---

o The play is set in a dystopian “near future.” A young man, Torch, has been tattooed and quarantined in a dank stifling room on the Lower East side after testing positive for a nameless virus. His girlfriend, Blue, who has not been infected, risks being shot or arrested, by crossing the quarantine line to be with him. The first major AIDS play to not feature gay male characters.

July 2: Choreographer Michael Bennett dies of AIDS-related illness at age 44.

Oct 23: *Laughing Wild* by Christopher Durang opens Off-Broadway at Playwrights Horizons. Directed by Ron Lagomarsino. Featuring: Durang and E. Katherine Kerr.


o The play is a long-form monologue comedy that, at several moments, deals with AIDS through multiple comic lenses. Of note, the man attempts to rationalize the pervasive fundamentalist opinion through Old-Testament logic with an imagined conversation between God and the angel Gabriel deciding which hated groups should be struck by the disease. Gabriel: But why hemophiliacs? God: Oh, no reason. I’m all powerful, but I’m too tired today to figure out how to connect the disease to the bloodstream and not affect hemophiliacs. Besides, the suffering will be good for them.

● October 11: The NAMES Project AIDS Memorial Quilt goes on display for the first time on the National Mall in Washington, DC. At this time, the quilt consists of 1,920 panels, and the exhibit draws half a million visitors.

● October 14: In a 94-2 vote, the U.S. Senate adopts the Helms Amendment requiring federally financed educational materials about AIDS to stress sexual abstinence and forbids any material that “promotes” homosexuality or drug use.

● November: *And the Band Played On: Politics, People and the AIDS Epidemic* by journalist Randy Shilts is published.

● November 13: The American Medical Association declares that doctors have an ethical obligation to care for people with AIDS, as well as for those who have been infected with the virus but show no symptoms.

<ul style="list-style-type: none"> November: The council of Actors' Equity Association founds Equity Fights AIDS. Initially, money raised through the efforts of Equity theatre companies across the country was earmarked for The Actors Fund's HIV/AIDS Initiative. 	<p>By the end of 1987</p> <p> 71,751 global cases of AIDS have been reported to the WHO.</p>
<h1 style="text-align: center;">1988</h1> <ul style="list-style-type: none"> February: Broadway Cares is founded by members of The Producers' Group. Money raised is awarded to AIDS service organizations nationwide, including Equity Fights AIDS. April 16: <i>Zero Positive</i> by Harry Kondoleon opens Off-Broadway at the Public Theatre. Directed by Kenneth Elliott and Mark Linn-Baker. Featuring: David Hyde Pierce, Frances Conroy and Tony Shalhoub. <ul style="list-style-type: none"> Based in realism, the play ventures toward the absurd when two HIV-positive individuals (one a gay man, one a straight woman) decide to stage a newly found Greek(ish) tragedy ending in their own suicide. In his <i>New York Times</i> review, Frank Rich states, "if the time has come for a second wave of AIDS plays, the striking though exasperatingly inconsistent new comedy, <i>Zero Positive</i>, may lead 	<ul style="list-style-type: none"> March 30: Dancer/choreographer Arnie Zane, co-founder of the Bill T. Jones/Arnie Zane Dance Company, dies of AIDS-related illness at age 39. April: The first needle-exchange program in North America is established in Tacoma, Washington. San Francisco then establishes what becomes the largest needle-exchange program in the nation.

the way. Where an earlier AIDS play might have offered documentary portraits of its individual seropositive cases, *Zero Positive* forsakes the clinical to take the spiritual temperature of a society torn between blank despair and positive valor as it struggles to emerge from a viral eclipse.”

May 1: *Prelude to a Kiss* by Craig Lucas opens on Broadway following an Off-Broadway try-out. Directed by Norman René. Featuring: Mary-Louise Parker, Timothy Hutton and Barnard Hughes.

- The story is a magical body switch where, after a young couple is married, an old man kisses the bride and the two switch bodies. There is no overt reference to AIDS in the play, but with themes of “never squandering” the “miracle of another human being” and press around the film *Longtime Companion* by the same writer, director and star, criticism has deemed *Prelude to a Kiss* an allusion to finding love in the age of AIDS.

May 18: *Andre’s Mother* by Terrence McNally premieres as a part of Urban Blight at the Manhattan Theatre Club. Directed by Richard Maltby, Jr. Featuring: John Rubinstein, Faith Prince and E. Katherine Kerr.

- The 8-minute play is set in Central Park following the memorial for Andre who has died of AIDS. Andre’s partner, Cal, confronts Andre’s mother for not being there when her son needed her.

- May 26: U.S. Surgeon General, C. Everett Koop, launches the U.S.’s first coordinated HIV/AIDS education campaign by mailing 107 million copies of a booklet, *Understanding AIDS*, to all American households. It is the largest public health mailing in history.

June 8: *A Poster of the Cosmos* by Lanford Wilson premieres Off-Broadway as part of Ensemble Studio Theatre's annual one-act marathon.

- The play is a monologue in which a young man, Tom, is being interrogated after having created a disturbance at the hospital where his friend and lover has just died from AIDS. Recalling a host of "little" details, Tom creates a telling portrait of two human beings who must come to understand themselves as individuals before they can comprehend their relationship to each other—much less their position relative to society at large. The surprise ending is Tom's reason behind the disturbance: out of a fear of isolation, he attempts to infect himself with HIV from his partner's blood.

Oct 4: *Just Say No* by Larry Kramer opens Off-Broadway at the WPA Theatre. Directed by David Esbjornson. Featuring: Kathleen Chalfant, Tonya Pinkins and Richard Topol.

- The play is a political farce about hypocrisy. Set in a thinly-veiled fictional country with an illness sounding very much like AIDS being ignored by closeted public figures, the play is an indictment of the Reagan administration for a disconnect between private and personal concerns. Kramer particularly targets his fictional stand-ins: Nancy Reagan, Ron Reagan, Jr., and Ed Koch.

<ul style="list-style-type: none"> ● October 11: <i>Longtime Companion</i>, the first wide-release film to deal with AIDS is released. Screenplay by Craig Lucas. Directed by Norman René. Featuring: Mark Lamos, Bruce Davison, Patrick Cassidy and Mary-Louise Parker. November 27: <i>Eastern Standard</i> by Richard Greenberg opens on Broadway following a transfer from the Manhattan Theater Club. Directed by Michael Engler. Featuring: Dylan Baker, Patricia Clarkson and Peter Frechette. <ul style="list-style-type: none"> ○ AIDS is one element of this relationship comedy about the extremes of extravagance and blight in the 1980s. The limits of social consciousness are tested when the lives of four young urban professionals are (slightly) disrupted as they decide to care for a homeless woman. One character, recently diagnosed, rejects both the affection and pity from his friends. AIDS is seen as an accepted burden of life in the city and a justification for metropolitan isolation. December 12: <i>The Heidi Chronicles</i> by Wendy Wasserstein opens Off-Broadway at Playwrights Horizons. Directed by Paul S. Daniels. Featuring: Joan Allen, Boyd Gaines and Ellen Parker. The play will transfer to Broadway in March 1989. The play receives the 1988 Pulitzer Prize for Drama and the 1989 Tony Award for Best Play. <ul style="list-style-type: none"> ○ The play chronicles Heidi's journey through the feminist movement from 1965-1989, but central is 	<ul style="list-style-type: none"> ● October 11: ACT-UP protests at FDA headquarters over the slow pace of the federal drug-approval process. Eight days later, FDA announces new regulations to speed up drug approvals. ● November 28: Elizabeth Glaser, an HIV-positive mother of two HIV-positive children, forms the Pediatric AIDS Foundation (later renamed the Elizabeth Glaser Pediatric AIDS Foundation) to advocate for research into the care and treatment needs of children living with HIV/AIDS. ● December 1: First observation of World AIDS Day. ● December 17: Sylvester, who was called "the queen of disco," dies of AIDS-related illness at age 41.
---	---

<p>Heidi's friendship with gay pediatrician Peter. This sees the feminist movement intertwine with the LGBT movement. The specter of AIDS is peripheral, but is particularly apparent when Peter takes a job in a pediatric AIDS ward.</p>	<ul style="list-style-type: none"> December 20: Max Robinson, the first African-American television network news anchor, dies of AIDS-related illness at age 49.
<h1 style="color: red; text-align: center;">1989</h1> <p>Feb 19: <i>The Way We Live Now</i>, adapted for the stage from Susan Sontag's short story of the same name, premieres as a part of the Mark Taper Forum's festival of thirteen new plays. Conceived and directed by Edward Parone.</p> <ul style="list-style-type: none"> The play is a poem of perspective. Told by five actors, the story is the first, second, third, fourth and fifth hand account of the gathering of a group of friends around a man who is dying of AIDS (although the word AIDS is never mentioned). Non-realistic, the play was conceived as a "non-actorly" reading. <ul style="list-style-type: none"> April 21: Playwright James Kirkwood, Jr., co-bookwriter of <i>A Chorus Line</i> and recipient of the Pulitzer Prize for Drama, dies of AIDS-related illness at age 64. May 18: <i>Elegies for Angels, Punks and Raging Queens</i> by Bill Russell and Janet Hood opens Off-Broadway at the Ohio 	<ul style="list-style-type: none"> March 9: Photographer Robert Mapplethorpe dies of AIDS-related illness at age 42.

Theater. Directed by Bill Russell. Featuring: Linda Langford, Miriam Stovall and John Salvatore.

- When the musical was workshopped, it had the title *The Quilt*. It is a series of interwoven songs and verse and prose monologues inspired by the authors' encounter with the NAMES Project AIDS Memorial Quilt. Each monologue tells the story of the impact of AIDS on an individual – both affected and infected. Many are told in past tense by someone who has died. The effect is like the quilt encounter – a kaleidoscope of memories and glimpses into the lives of people from many different backgrounds, united only because of HIV/AIDS. *Elegies* ideally involves a large cast, and it has typically been utilized for staged benefits. Many of the songs, particularly the title number, have become staples of cabaret repertoire.

- Larry Kramer publishes *Reports from the Holocaust: The Story of an AIDS Activist*. The book is a collection of his activist writing including op-eds and speeches.

Oct 31: *The Lisbon Traviata* by Terrence McNally opens Off-Broadway at the Promenade Theatre. Directed by John Tillinger. Featuring: Anthony Heald, Nathan Lane and Dan Butler.

- There is no overt reference to AIDS in the play at all. The play shows the need to preserve gay identity – here, by relishing an obsession for opera divas.

- June 23: Dr. Anthony Fauci, head of NIH's National Institute of Allergy and Infectious Diseases, endorses a "parallel track" approach to clinical trials, which will give a larger number of HIV-positive people access to experimental treatments.

- July: Dázon Dixon Diallo founds SisterLove, Inc., the first organization in the U.S. southeastern states to focus on women living with, or at risk for, contracting HIV.

David Román states, “AIDS informs the reality of its protagonists as a shadow that threatens to intercede at any moment; it is the woeful component underlying the play’s tragic capabilities.” As a play about gay men that premiered in 1989, even when it is not about AIDS, criticism implies the specter of the epidemic.


November 8: *Adam and the Experts* by Victor Bumbalo opens Off-Off Broadway at the Apple Corps Theater. Directed by Nicholas Deutsch. Featuring: John Finch, Benjamin Evett and Althea Lewis.

- The play is a comedy of coping. Adam, in an effort to avoid having to mourn yet another friend, this time his best friend, brings Eddie who is dying of AIDS to a series of “experts” – doctors, a priest, a guru, and parents. He finds them all unable to help or too self-involved. Meanwhile, Adam gives up sex and is shadowed by a mysterious character called “the man,” representing what he has rejected, leading him to find a new tenderness as Eddie dies. The play alternates between realism and hyper-stylization to uncover AIDS as the cause of exhaustion, fatalism and an embattled determination that has become an inescapable part of gay life.

- December 17: Playwright Alan Bowne dies of AIDS-related illness at age 44.

- December 1: African-American choreographer and activist Alvin Ailey dies at age 58 of an AIDS-related illness.

By the end of 1989

	 <p>CDC reports that the number of U.S. AIDS cases has reached 100,000</p>
<h1 style="color: red; text-align: center;">1990</h1> <p>February 19: <i>Marvin's Room</i> by Scott McPherson premieres at the Goodman Theatre Studio in Chicago. Directed by David Pedarca. Featuring: Laura Esterman, Tim Monsion and Lee Guthrie. The play will open Off-Broadway at Playwrights Horizons in December 1991.</p> <ul style="list-style-type: none"> ○ There is no mention of AIDS or reference to HIV in the play. <i>Marvin's Room</i> is a serio-comic story of two sisters who reconcile when one of them is diagnosed with cancer. McPherson, the playwright, was dying of AIDS while he wrote the play, and so <i>Marvin's Room</i> becomes an example of a play with no sign of AIDS in the world of the text, but its influence is indelible in the world of the playwright. <p>● March 7: Television film adaptation of <i>Andre's Mother</i> is broadcast on PBS as a part of the <i>American Playhouse</i></p>	<ul style="list-style-type: none"> ● January 26: The U.S. Public Health Service issues a statement on managing occupational exposure to HIV, including considerations regarding post-exposure use of AZT. ● February 16: Pop artist and AIDS activist Keith Haring dies of AIDS-related illness at age 31. ● March 15: The Chicago Symphony Orchestra performs the debut of John Corigliano's <i>Symphony #1</i>. The orchestral

<p>series. Terrence McNally writes the teleplay based on his short play, winning an Emmy Award for outstanding writing. Directed by Deborah Reinisch. Featuring: Richard Thomas, Sada Thompson and Sylvia Sidney.</p> <ul style="list-style-type: none"> ● May: <i>Millennium Approaches</i>, what will become the first part of Tony Kushner's <i>Angels in America</i>, receives its first workshop at Center Theatre Group/Mark Taper Forum. Directed by Oskar Eustis. ● June 28: <i>Falsettoland</i> opens at Playwrights Horizons. The one-act musical by James Lapine and William Finn will eventually serve as the second act of their musical <i>Falsettos</i>. ● Sarah Shulman's novel <i>People in Trouble</i> is published. The story features a love-triangle of one man and two women set against AIDS activism and performance art. Shulman contends that this was source material for the musical <i>Rent</i>. ● An anthology of plays titled <i>The Way We Live Now: American Plays & the AIDS Crisis</i> is published by the Theatre Communications Group. It is the first collection of AIDS plays. 	<p>work is based on the composer's encounter with the NAMES Project AIDS Memorial Quilt.</p> <ul style="list-style-type: none"> ● April 8: Ryan White, the Indiana teen who became an international spokesperson against HIV/AIDS stigma and discrimination, dies of AIDS-related illness at the age of 18. ● May 21: ACT-UP protests at the National Institutes of Health. The group demands more HIV treatments and the expansion of clinical trials to include more women and people of color. ● June 20–24: The 6th International AIDS Conference meets in San Francisco. To protest U.S. immigration policy that bars people with HIV from entering the country, domestic and international nongovernmental groups boycott the conference. Due to the policy, this will be the last time the annual conference is held in the U.S. until 2012. ● July 26: The U.S. Congress enacts the Americans with Disabilities Act (ADA). The Act prohibits discrimination against individuals with disabilities, including people living with HIV/AIDS. ● July 27: CDC reports the possible transmission of HIV to a patient through a dental procedure performed by an HIV-positive dentist. This episode provokes much public
---	--

<ul style="list-style-type: none"> ● Karen Finley’s collection of poetry and monologues, <i>Shock Treatment</i>, is published. The collection includes several of the performance-activist’s works that confront AIDS. Six years later, Finley would serve as the inspiration for the performance-artist character Maureen in the musical <i>Rent</i>. ● Dec 5: Playwright Robert Chesley dies of AIDS-related illness at age 47. 	<p>debate about the safety of common dental and medical procedures.</p> <ul style="list-style-type: none"> ● August 18: The U.S. Congress enacts the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, which provides \$220.5 million in federal funds for HIV community-based care and treatment services in its first year. HRSA is given responsibility for managing the program, which is the nation’s largest HIV-specific federal grant program. ● October 26: FDA approves use of AZT for pediatric AIDS. ● November 28: The U.S. Congress enacts legislation that includes the AIDS Housing Opportunity Act, which creates the Housing Opportunities for People with AIDS (HOPWA). Administered by the U.S. Department of Housing and Urban Development (HUD), HOPWA grants provide housing assistance to people living with AIDS. ● December 17: In response to the critical, unmet need for HIV prevention and care among Latinos, a group of community leaders forms the Latino Commission on AIDS.
---	--

In order to understand how the corpus of American AIDS drama reflects the evolution of HIV/AIDS cultural knowledge, it is important to first witness how the plays introduced an AIDS narrative into that cultural understanding. The first generation of AIDS plays, roughly spanning 1984 – 1990, may be seen as contributors to an accepted narrative about the disease that eventually needed to be deconstructed in favor of more inclusive epidemiological evidence. AIDS entered cultural consciousness in 1981 as a disease that affected gay men in large American cities. With this as the starting point, American playwrights began to tell the story of AIDS.

In considering how the theater contributed to a cultural understanding of HIV/AIDS, it is critical to understand the world of the playwright. Robert Chesley, Larry Kramer, William M. Hoffman, Harvey Fierstein, Alan Bowne, David Greenspan, Christopher Durang, Harry Kondoleon, Craig Lucas, Terrence McNally, Lanford Wilson, Victor Bumbalo, and Scott McPherson – these are most of the authors of the first generation of American AIDS plays – every one of them a white gay man writing in the 1980s. Of those thirteen playwrights, four of them (Chelsey, Bowne, Kondoleon and McPherson) would die of AIDS-related illnesses within a few years of the opening of their authored plays listed on the chronology. It is said ‘you write what you know.’ These men were in the thick of the crisis. Many of them wrote that losing friend after friend prompted their playwriting. These are not plays written for commercial success. That some of them did manage to turn a profit is astonishing given protests that appeared around their productions indicating public backlash. When *Jerker* was adapted for the radio, the FCC ruled it violent and obscene. This led to more stringent FCC indecency guidelines. In 1989, when *The Normal Heart* was presented by a university in

Missouri, violent public opposition to the production rose to the point where the home of the production's sole financial sponsor was set on fire. These men wrote humanity into a plague that was decimating their own communities. The published edition of nearly every one of these plays is dedicated to someone who died of AIDS. The first American AIDS plays were written by gay men because they were among the first who felt the magnitude of the pandemic. Gay men were the ones to demand that the government pay attention. Gay men were the ones who cared for their friends as they died. The history of HIV/AIDS activism begins as an extension of the fight for LGBT equality. It is unsurprising but essential to notice that the crafting of the American AIDS plays into the cultural understanding of HIV/AIDS began with gay men telling their own stories. The plays are dramatic interventions attempting to make sense of the unspeakable reality of the epidemic. In writing them, these gay men turned the American theater into a place to confront the disease, to mourn their friends, and to persuade a wary public to take notice.

Besides being written by gay men, the first-generation American AIDS plays are, by and large, about gay men. There is a significant tension between this early mode of representation and the activist and public health necessity to convince the general public that AIDS was not just a gay disease. But the social roles of public health officials, activists, and theater artists should not be conflated. In a way, the three operate in separate parts of a present moment. The responsibility of public health is to disseminate knowledge gained from the immediate past to prevent something from occurring in the future. Activists speak loudly about what is happening in real time in order to awaken a public consciousness in that same real time. Theater artists, playwrights especially, craft their own lived

experience, a personal past, into a living present. Many of the early plays offer a depiction of someone suffering from AIDS-related illness or the immediate aftermath of a character's death from AIDS. The world of the playwright manifests in the relationship between the playwright and the play. As a reflection of the losses the playwrights themselves were experiencing within their own circles, the deaths experienced by the characters in the early plays are predominantly found in communities of gay men. Kramer's *The Normal Heart*, McNally's *Andre's Mother*, Hoffman's *As Is*, both Chesley's *Jerker* and *Night Sweat*, Swados's *A Quiet End*, Fierstein's *Safe Sex*, Greenspan's *Jack* and Bumbalo's *Adam and the Experts*, all shape their contributions to the AIDS narrative around gay men who have died or are dying of AIDS.

The Normal Heart is unique in that it portrays the moment before enough evidence was available to definitively state that HIV is transmitted through sex. When Emma suspects the disease is sexually-transmitted, her answer is to instruct gay men to stop having sex. Ned Weeks, the thinly veiled double for Larry Kramer himself, responds by saying, "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?" Ned is commenting on how the sexual liberation of the 1970s was viewed as progress toward an elusive gay equality. Sexual freedom meant gay rights. Some voices found AIDS the trigger for moralizing about homosexuality. But for gay men, the appearance of HIV/AIDS necessitated a new negotiation of sexual practices. This renegotiation is a common storyline in first-generation AIDS plays. In *Jerker*, Robert Chesley realizes this by removing the human body from the sexual encounter with two men finding intimacy over

the telephone. The second part of Harvey Fierstein's *Safe Sex* is an abstract conversation about what is and is not acceptable in a sexual encounter. The piece was originally staged on a giant teeter-totter which would shift as the two men determined the value of the acts they were "allowed" to perform with each other. Adam swears off sex entirely in Victor Bumbalo's *Adam and the Experts*, but he is haunted by the omnipresent embodiment of desire. The common thread of sexual renegotiation is significant in early AIDS plays in that it accounts not only for deaths caused by AIDS but also for how it discovers the way to live as sexual beings in a world that now includes HIV/AIDS.

Some early American AIDS plays were significant factors in altering a public perception that conflated the idea of gay men with images of homosexual activity. For better or worse, one can point to the depictions of gay men in the early plays as a desexualizing of those gay men. Gay men were recast out of the promiscuity mentioned by Ned Weeks and into the role of compassionate caregiver. The character of Ned publicly tries to get members of the gay population to recognize the danger in which they were placing themselves; privately, he fosters a loving relationship that began as a sexual encounter. When Felix exhibits signs of the illness, Ned realizes his role as the caregiver. In *As Is*, after Rich leaves Saul to pursue a relationship with a younger man, he returns to Saul, who he knows is capable of the sort of warmth he needs after he is diagnosed with AIDS. Saul is the alternative to a life of sexual freedom; he is stability and compassion. In Lanford Wilson's *A Poster of the Cosmos*, Tom is interrogated by the police when they disbelieve that the disturbance he caused in the hospital was the result of losing his life partner. The incorporation of HIV/AIDS into gay drama made for a major departure from the highly-

sexual and self-loathing characterization presented in earlier American plays about gay men, such as Mart Crowley's *The Boys in the Band* (1968) or Terrence McNally's *The Ritz* (1975).

In the rare moments when the depiction of HIV or AIDS patients in early American AIDS plays is not of gay men, it is always in close proximity to gay men. In Harry Kondoleon's *Zero Positive*, when Samantha, a "compulsive lover of married men," arrives to inform Himmer, her friend and a gay man, that she has tested positive for HIV, he replies that he too carries the virus. In another case of desexualization, Himmer resigns himself to a life of celibacy while secretly planning a theatrical suicide. The poems, songs and monologues of the musical, *Elegies for Angels Punks and Raging Queens*, are voiced by all sorts of people who died because of AIDS. But while many of the stories come from women, straight men, and children, most are inspired by the lives of gay men. The musical was inspired by an encounter with the NAMES Project: AIDS Memorial Quilt, a work of folk art that does not discriminate by sexual orientation, but most of the panels do remember gay men. Even when woven into other storyline fabrics, early American AIDS plays tend to be about the experiences of gay men. Only when the plays veer away from a literal representation of HIV/AIDS, does the correlative representation of gay men and AIDS not dominate the story. Craig Lucas's *A Prelude to a Kiss* was deemed an allusion to AIDS when it opened, but the central figures are a newly married young heterosexual couple. The man who is stamped 'contagious' in Alan Bowne's *Beirut* is heterosexual, but the play's dystopian world concerns a disease that "sounds a lot like" AIDS, but is not explicitly so. And Scott McPherson's *Marvin's Room* makes no attempt to sound like an AIDS play, but the depicted

family reunion due to a sister's cancer diagnosis, written by a man who himself was dying of AIDS, turned it into an AIDS play retroactively.

Audiences of first-generation AIDS plays became accustomed to certain AIDS character archetypes. Often this is the young, white, gay man who escaped his small town to find himself in the big city. An HIV diagnosis, or dying from AIDS, means a reconciliation of the life he created in his metropolitan chosen home with the life he was born into in a small Midwestern or Southern hometown. The family he chose is usually at odds with the family he left behind. This is evident in Andre in McNally's *Andre's Mother*, Jack in Greenspan's *Jack*, Adam in Bumbalo's *Adam and the Experts*, and J.R. in Chesley's *Jerker*. However, with the exception of Chesley's play, the exact metropolitan location where the archetypal AIDS character finds himself is New York City. Even when it is unspoken, most first-generation American AIDS plays are set in New York City. This is expected, but it creates gaps in the historiographic representation found in the corpus. The heart of the American theater is New York City. That is not to say that other parts of the country aren't equally vital in the life of the American theater, but there is a perceived moment of arrival when a play makes its New York debut. When playwrights were writing the first AIDS plays, they were writing from their own experience with the disease. Most of the playwrights were pursuing their careers in New York City. New York saw one of the highest rates of infection. It is fitting, then, that most AIDS plays use the city as the center of action. However, this is the bent of theater (and possibly most art industries besides film). HIV emerged quickly in most U.S. metropolitan locations. It wasn't long before every state reported cases. San Francisco was much quicker to respond to the growing crisis than New

York, both through institutional funding and in developing the model of compassionate care that would last until HIV was deemed a manageable condition. As the plays are New York-centered, they unintentionally misled audiences into viewing the virus as New York-based.

Little evidence of global HIV/AIDS consciousness is made apparent in the early AIDS plays. At this point, American plays sought to depict American lives. Certainly there are moments of American political activism found in the early plays. *The Normal Heart* is simultaneously a depiction of activism and a piece of AIDS activism itself. There are references to the prevalence of HIV/AIDS in groups other than gay men, but these are largely in passing. By the time Wendy Wasserstein's *The Heidi Chronicles* included pediatric AIDS in the theatrical conversation, more than 70,000 Americans had died of AIDS-related illness. By 1990, the national conversation began to understand that AIDS as a "gay-disease" was wholly inaccurate. But before the corpus could match that new understanding, it responded with depictions of the epidemic as it was most devastatingly felt, among communities of gay men. What is especially interesting is what is left out of the first generation of the corpus. While international intrigue became caught up in the still-controversial question of which nation, the U.S. or France, would receive credit for identifying the virus that causes AIDS, theater artists apparently could not have cared less. The first-generation American AIDS plays concerned themselves with the human dimensions: grief, death, compassion, joy, sexual identity, and a fight for dignity.

1991

January: *Before It Hits Home* by Cheryl West premieres at Arena Stage in Washington, DC. Directed by Tazewell Thompson. Featuring: Michael Jayce, Cynthia Martells and Wally Taylor. The play will open Off-Broadway in 1992.

- An African-American family in a small town is torn apart when Wendal, a bisexual jazz musician, returns home to die. His arrival means his disclosure, his coming out and the reveal of his double life (a pregnant fiancée and a male lover, neither know of the other's existence). The play is significant as the first to have been written by an African-American woman. Secondly, it is about a denial of HIV within a racial demographic disproportionately affected. Frank Rich's *New York Times* review did not care for the writing, stating that it was "Disposable eyewitness journalism, destined to be forgotten the moment AIDS has been eradicated." But with regard to this being the first significant AIDS play about the black community, he relented, "For the moment, this particular slice of the AIDS story is one that the theater may be in a position to tell best, and that it may yet tell better."

<p>● March 29: <i>Of Rage and Remembrance</i>, a cantata with music by John Corigliano and text by William M. Hoffman is first performed by the Seattle Men's Chorus. The collaboration between the composer and the playwright is based on the Third Movement of Corigliano's <i>Symphony No. 1</i>. It was co-commissioned by the Seattle Men's Chorus, the New York City Gay Men's Chorus, and the San Francisco Gay Men's Chorus.</p> <p>April: <i>Satan and Simon Desoto</i> by Ted Sod premieres at Seattle Group Theatre. Directed by Daniel Sullivan.</p> <ul style="list-style-type: none"> ○ An adaptation of <i>Faust</i>. Simon strikes a deal with the devil in order to reverse his HIV-positive serostatus. In exchange, he must abandon all his friends and his homosexuality and do so publicly through a stand-up comedy act. By becoming HIV-negative, he must turn his back on the members of his community who are still dying. A darkly comic take on the exchange value of life versus what makes life worth living. HIV/AIDS is imagined as the price of living a full life. <p>May 6: <i>The Old Boy</i> by A.R. Gurney opens Off-Broadway at Playwrights Horizons. Directed by John Rubinstein. Featuring: Matt McGrath, Lizbeth MacKay and Stephen Collins.</p> <ul style="list-style-type: none"> ○ A successful politician, Sam, is asked to speak at his alma mater's dedication of a new building named after his old school friend, Perry, who died of AIDS. The play is a confrontation with the past and is 	<ul style="list-style-type: none"> ● April: The Visual AIDS Artists Caucus launches the Red Ribbon Project to create a visual symbol to demonstrate compassion for people living with AIDS and their caregivers. The red ribbon becomes the international symbol of AIDS awareness.
---	--

largely told through a recollection of events that indicate that Sam destroyed Perry's chance at happiness. When Perry came out as gay, Sam rejected his friendship with him until Perry agreed to live a straight life. AIDS is the cause of death that brings the characters together to confront their demons and deal with the play's central conflict. The virus is incidental, but it is seen as a result of insidious and institutionalized homophobia.

- May 21: Nicholas Dante, co-bookwriter of *A Chorus Line* and recipient of the Pulitzer Prize for Drama, dies of AIDS-related illness at age 49.

- June 5: Broadway actor/singer Larry Kert dies of AIDS-related illness at age 60.

- Sept 8: Actor Brad Davis, who originated the role of Ned Weeks in the original production of *The Normal Heart*, dies of AIDS-related illness at age 41.

- July 21: CDC recommends restrictions on the practice of HIV-positive healthcare workers. Congress goes on to enact a law requiring states to adopt the CDC restrictions or to develop and adopt their own.

- August 14: The U.S. Congress passes the Terry Bein Community-Based Clinical Trials Program Act to establish a network of community-based clinical trials for HIV treatment.

- November 7: American basketball star Earvin "Magic" Johnson announces that he is HIV-positive.

<p>December 19: <i>Raft of the Medusa</i> by Joe Pintauro opens Off-Broadway at the Minetta Lane Theatre. Directed by Sal Trapani. Featuring: Dan Futterman, Patrick Quinn and Annie Corley.</p> <ul style="list-style-type: none"> o The play takes place in an AIDS support group with a diverse make up. As the discussion veers to how the disease has both united and divided the members of the group, it is discovered that one member doesn't have HIV at all but is a reporter planning a story. The invasion is deeply felt and intensifies when one member, a homeless woman, jabs the reporter with a needle – saying that she infected him. HIV/AIDS is explored as a social force, a defining trait, a unifying element and a weapon. 	<ul style="list-style-type: none"> ● November 24: Freddie Mercury, lead singer/songwriter of the rock band Queen, dies of AIDS-related illness at age 45.
<p>February: <i>The Baltimore Waltz</i> by Paula Vogel opens Off-Broadway at the Circle Repertory Company. Directed by Anne Bogart. Featuring: Cherry Jones, Richard Thompson and Joe Mantello. The play receives the 1992 Obie award for Best New American Play.</p> <ul style="list-style-type: none"> o Vogel wrote the play in 1989 following the death of her brother, Carl Vogel, due to AIDS-related illness in 1988. Vogel writes that her brother invited her to 	<ul style="list-style-type: none"> ● February 4: The International Olympic Committee rules that athletes with HIV are eligible to compete in the games without restrictions.

1992

join him on an excursion to Europe when he discovered that he was ill. She did not go. She describes the play as “a journey with Carl to a Europe that only exists in the imagination.” It is a fantasy of coping with personal loss and an absurdist escape from AIDS. Vogel literally writes herself into the disease as a way of mourning. HIV/AIDS is never directly mentioned but is paralleled with Anna struck with a farcical disease (ATD – Acquired Toilet Disease), with a high-risk factor for elementary school teachers. The fantasy is broken by Carl’s death, and the tragic revelation that the entire play was Anna’s fantasy to keep alive her brother’s spirit when she could not save his life.

- Broadway composer/lyricist Jerry Herman is ‘outed’ as HIV-Positive by columnist Cindy Adams in the *New York Post*.

March: *My Queer Body* by Tim Miller premieres.

- Many of Miller’s solo performances concern queer life, HIV-positivity and AIDS. This is arguably his seminal work involving the topic of AIDS and how it forces a new objectification of the human body. It is poetically significant in that it was the work awarded an individual artist grant by the National Endowment for the Arts, only to have it rescinded amid congressional pressure to adhere to a decency-clause. Miller and three other performers, known as

● April 8: Arthur Ashe, the former United States Open and Wimbledon tennis champion and an African-American pioneer in sports and social issues, announces that he has AIDS. Ashe, who underwent heart-bypass surgeries in 1979 and 1983, believes he contracted HIV via blood transfusions.

<p>the NEA-Four, successfully sued the federal government for violation of the First Amendment.</p> <p>April 29: <i>Falsettos</i> with music and lyrics by William Finn and book by William Finn and James Lapine opens on Broadway. Directed by James Lapine. Featuring: Michael Rupert, Stephen Bogardus and Chip Zien.</p> <ul style="list-style-type: none"> ○ The musical is a combination of two one-act musicals: <i>March of The Falsettos</i> (1981) and <i>Falsettoland</i> (1990). The two are the second and third parts of a three-part story beginning with Finn's <i>In Trousers</i> (1979). It is the story of Marvin raising his son, his relationship with his ex-wife Trina, and his new relationship with a man named Whizzer. The second act is set in 1981. Dr. Charlotte is concerned that "Something Bad is Happening" among gay men in the city who arrive at the hospital sick with a mysterious illness. Whizzer collapses and resolves to face his terminal disease with dignity ("You Gotta Die Sometime"). <ul style="list-style-type: none"> ● May 12: Actor Robert Reed dies of AIDS-related illness at age 59. ● May: Equity Fights AIDS and Broadway Cares merge to become Broadway Cares/Equity Fights AIDS. The Board of Trustees of this newly established not-for-profit fundraising organization assumed the missions of the previously separate organizations. 	<ul style="list-style-type: none"> ● May 11: The U.S. District Court in Manhattan declares that the Helms Amendment (1987) which requires federally financed educational materials about AIDS to stress sexual abstinence and forbids any material that "promotes" homosexuality or drug use, is unconstitutionally vague. ● May 27: FDA licenses a rapid HIV diagnostic test kit which gives results from a blood test in 10 minutes.
---	--

May 16: *The Baddest of Boys* by Doug Holsclaw opens at Theatre Rhinoceros in San Francisco. Directed by Sabin Epstein. Featuring: Ken Steinmetz, Phil Vo and Melissa Baer.

- The play is a nightmarish farce set in a café. Above the restaurant, Perry, the owner, is fighting a gruesome opportunistic infection that has transformed him into a giant head. The eccentric staff scurry around keeping the business going, catering to the needs of a doctor prone to highly experimental treatments (bungee cords, blow torches), and taking care of Perry. Heroism is realized in the most unexpected character as Perry succumbs. *The San Francisco Chronicle* referred to the play as the “first second-generation AIDS play.”

May: *Roy Cohn/Jack Smith* opens Off-Broadway at the Performing Garage. Directed by Gregory Mehrton. Written by Gary Indiana. Featuring Ron Vawter.

- In the mostly-solo performance, Vawter portrays both Roy Cohn, the ultra-conservative lawyer who hid his homosexuality and Jack Smith, the experimental filmmaker who lived flamboyantly. Both men died of AIDS. Vawter was living with AIDS at the time of the performance, and its metatheatricality was incorporated in the performance.

<p>June: <i>The Night Larry Kramer Kissed Me</i> a solo-performance by David Drake opens Off-Broadway at the Perry Street Theater. Drake will receive the Obie Award for Outstanding Solo Performance for the Play.</p> <ul style="list-style-type: none"> ○ The play is an autobiographical journey of a young gay man. One scene (and the title) concerns how seeing the play <i>The Normal Heart</i> convinces the performer to join the ACT-UP movement. <ul style="list-style-type: none"> ● June 18: Singer/Songwriter Peter Allen dies of AIDS-related illness at age 48. Allen and his music will be the subject of the Broadway musical <i>The Boy from Oz</i>. ● September 12: Actor and Tony Award nominee Anthony Perkins dies of AIDS-related illness at age 60. <p>October 20: <i>The Destiny of Me</i> by Larry Kramer opens Off-Broadway at the Lucille Lortel Theater. Directed by Marshall W. Mason. Featuring: Jonathan Hadary, John Cameron Mitchell and Piper Laurie. The play receives the Obie Award for Best Play and is a finalist for the Pulitzer Prize for Drama.</p> <ul style="list-style-type: none"> ○ The play is a companion to Kramer's <i>The Normal Heart</i>. The same protagonist, Ned Weeks, now a leader of AIDS activists and with advanced AIDS himself, checks into a NIH trial seeking the next HIV treatment breakthrough. Following the death of his partner, Ned has no strength or energy left to be a leader in the fight. It is a memory play, as Ned 	<ul style="list-style-type: none"> ● July 19–24: The 8th International AIDS Conference is held in Amsterdam. The event was originally scheduled for Boston, but the venue is moved due to U.S. immigration restrictions on people living with HIV/AIDS.
--	--

confronts shadows of his parents through flashback as he prepares to die.

October: *Queen of Angels: a tragical comedy or comical tragedy full of intrigue & plenty of dancing. angry scenes! deceptions! songs! and arousals of love! demons that fly across the stage with a chorus of naked queers!* by James Carroll Pickett opens at Highways Performance Space in Santa Monica. Featuring: Michael Kearns, Rex Lee and Davidson Lloyd.

- A carnivalesque retelling of the *Epic of Gilgamesh*. Like Gilgamesh, Max is sentenced to live when all he loved has died. In a hospital ward, Max descends into end-stage AIDS dementia and a world of fantastical creatures and carnival fare. Angry at a world that allows the people he cares about to die, and mournful for the joyful time pre-AIDS, he is guided to the underworld to confront the evil Queen who cruelly mocks all attempts to construct gay identity and to validate people with AIDS.

- November 7: Playwright Scott McPherson dies of AIDS-related illness at age 33.

November 8: *Angels in America Part One: Millennium Approaches and Part Two: Perestroika* by Tony Kushner open at the Mark Taper Forum in Los Angeles. Directed by Oskar Eustis and Tony Taccone. Featuring: Stephen Spinella, Joe Mantello, Kathleen Chalfant and Ron Leibman. The

plays will open on Broadway in May and November of 1993 and play in repertory. The Broadway productions are directed by George C. Wolfe. Both plays receive the Tony Award for Best Play, and *Millennium Approaches* receives the Pulitzer Prize for Drama.

- The two-part, six-act, seven-hour play is an epic, metaphorical, symbolic examination of AIDS, homosexuality, religion, and Reagan-era politics in the 1980s. The play intertwines several storylines and character lives including fictional and historical characters. McCarthy-era lawyer Roy Cohn dies of AIDS while denying his homosexuality. Prior Walter becomes 'the prophet' and confronts the angels in heaven for abandoning humanity amidst the suffering.

December 31: *Jeffrey* by Paul Rudnick opens Off-Broadway at the WPA Theatre. Directed by Christopher Ashley. Featuring: John Michael Higgins, Edward Hibbert, Richard Poe and Harriet Harris. The play receives the 1993 Obie Award, Outer Critics Circle Award and the John Gassner Award for Outstanding New American Play.

- The play is an AIDS comedy. Jeffrey has sworn off sex to escape both AIDS and a culture of physical gratification. In his quest to find love by any way other than physical intimacy, he falls in love with an HIV-positive man. Told through both farce and realistic comedy, the story is a quest for deeper intimacy in spite of (and finally because of) HIV/AIDS.

- December 1: CDC launches the Business Responds to AIDS program to help corporations and small businesses meet the challenges of HIV/AIDS in the workplace.

By the end of 1992



AIDS becomes the number one cause of death for U.S. men ages 25 to 44.

1993

January 21: *Myron, A Fairytale in Black and White* by Michael Kearns opens at Highways Performance Space in Santa Monica. Directed by Colin Martin. Featuring: Amos Cowson, Jason Brooks and Charles Champion.

- The play is an updated version of *Cyrano de Bergerac*. Myron, an African-American gay man with AIDS and a diseased “monster arm” provides the words for his cousin to woo his young social worker, while secretly harboring feelings of his own. Interracial, intergenerational, serodiscordant affection grows dissolving the barriers that ‘other’ the man living with HIV/AIDS.

March 20: *AIDS! The Musical!* with music by Robert Berg and book by Wendell Jones and David Stanley opens at the Skylight Theatre in Los Angeles. Directed by Antony Balceña. Featuring: Oscar Arce, David Holladay and Julie Stout.

- With a deliberately incendiary title, the authors attempt a piece that is both humorous and provocative. The musical is the journey of Thomas, a political innocent who travels the length and breadth of gay society after he learns that he is HIV-positive. He moves from serving as caregiver to his dying partner, to the free-seeking Radical Faeries, to a

- January: President Clinton establishes the White House Office of National AIDS Policy (ONAP).

- January 6: Ballet dancer Rudolf Nureyev dies of AIDS-related illness at age 54.

- February 6: Arthur Ashe dies of AIDS-related illness at age 49.

Louise Hay support group attempting to will away AIDS, and finally to ACT-UP. The musical is rich with metatheatricality, especially when Lurleen, the transsexual storyteller answers the question “why there aren’t any straight people in your show?” “Because we don’t have to.” The musical addresses the underrepresentation of homosexuals and the media’s need to make women and children the face of the disease.

- April 18: A Broadway staged-reading of Larry Kramer’s *The Normal Heart* is performed as a benefit for Broadway Cares/Equity Fights AIDS. Directed by Jerry Zaks. Featuring: Eric Bogosian, Stockard Channing, and D.W. Moffett. Barbra Streisand introduces the reading. Streisand’s Barwood Films held the film rights to *The Normal Heart* at the time.

April 23: *Patient A* by Lee Blessing opens Off-Broadway at Signature Theatre Company. Directed by Jeanne Blake. Featuring: Robin Morse, Jon DeVries, and Richard Bekins.

- The play was commissioned by the family of Kimberly Bergalis, whose case marked the first known instance of HIV transmission from a health-care worker to a patient. Blessing writes himself into the play attempting to sort through the investigation and dual-marginalization experienced by Kimberly first as a woman with AIDS and second by the gay community for her demands that all health-care

July: *What are Tuesdays Like?* By Victor Bumbalo premieres at Carnegie Mellon University. Directed by Marc Masterson. Featuring: Anthony McKay, Court Whisman and Greg Stuhr.

- The play takes place in an out-patient clinic waiting room for AIDS patients. Every Tuesday, strangers come together at their most unprotected moment and begin to recraft their own need for friendship and interconnectedness. Each of the nineteen scenes is another Tuesday, tracing the characters' lives for several months. Some begin to cope, some die – each one takes a step on his or her journey with HIV/AIDS. The play is significant in its blend of tone – both serious and comic, and for the fact that the patients are not a single demographic. They are gay, straight, men and women.

October: *Pterodactyls* by Nicky Silver opens Off-Broadway at the Vineyard Theatre. Directed by David Warren.

- Featuring: Hope Davis, Kent Lanier and T. Scott Cunningham.
- An absurdist dark comedy that veers into family farce. Todd, an artist, returns home after a binge of “suicidal promiscuity” in time for his sister’s wedding. He announces that he has AIDS. The family spirals into grotesque anti-coping: alcohol, suicide, spontaneous deafness, amnesia and fluid sexuality. There is a fascination within the title attempting to determine who the dinosaur of contemporary society is: the ones who are dying, or the suburban families unwilling to confront, cope or accept.

- August: The Women’s Interagency HIV Study and HIV Epidemiology Study begin. Both are major U.S. federally funded research studies on women and HIV/AIDS.

November 9: *For Reasons that Remain Unclear* by Mart Crowley premieres at the Olney Theatre in Olney, MD. Directed by John Going. Featuring: Philip Anglim, Ken Ruta and Fred Iacova.


- “There are no accidents” when successful actor Patrick has a chance meeting with clergyman Conrad. The two men discover that they knew each other decades earlier, when a young priest molested a boy – the experience from which Patrick’s distrust and self-hatred stems. The church’s neglect of AIDS is referred to when exposing Conrad’s hypocrisy. Like Crowley’s landmark gay play *The Boys in the Band*, *Reasons* equates homosexuality (and AIDS) to an ingrained self-loathing. The play is significant in its connection to the pre-AIDS archetypes.


● November 23: *Angels in America: Perestroika* opens on Broadway.

● December 22: The film *Philadelphia* is released. Inspired by actual events, the film tells the story of an attorney who sues his former employers for discrimination after he is fired when he exhibits physical signs of AIDS. Tom Hanks receives the Academy Award for his performance. Directed by Jonathan Demme. Written by Ron Nyswaner. Featuring: Tom Hanks, Denzel Washington and Jason Robards.

- December 18: CDC expands the case definition of AIDS, declaring those with CD4 counts below 200 to have AIDS. In that same report, CDC adds three new conditions – pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer—to the list of clinical indicators of AIDS. These new conditions mean that more women and people who inject drugs will be diagnosed with AIDS.

By the end of 1993

<p> WHO reports an estimated 2.5 million AIDS cases globally.</p>	<p>1994</p> <p>February: <i>Lonely Planet</i> by Steven Dietz opens Off-Broadway at The Barrow Group. Directed by Leonard Foglia. Featuring: Mark Shannon and Denis O'Hare.</p> <ul style="list-style-type: none"> ○ The play is inspired by Eugène Ionesco's absurdist play, <i>Les Chaises (The Chairs)</i>. Jody shuts himself up in the store that he runs and refuses to leave so that he might be tested for HIV. Throughout the play, his friend, Carl, has been bringing chairs of dead friends into the shop and leaving them there – literally squeezing Jody out of the room with artefacts of memory and into the world. Partly told through realism and partly through imagination, the story is the inescapability of HIV/AIDS and the need for connection and compassion that results. <ul style="list-style-type: none"> ● March 16: Playwright Harry Kondoleon dies of AIDS-related illness at age 39.
	<ul style="list-style-type: none"> ● February 17: Randy Shilts, the U.S. journalist who covered the AIDS epidemic and who authored <i>And the Band Played On: Politics, People and the AIDS Epidemic</i>, dies of AIDS-related illness at age 42.

<ul style="list-style-type: none"> ● April 16: Actor/performance artist Ron Vawter dies of an AIDS-related heart attack at age 45 while on a flight. ● An anthology of plays titled <i>Sharing the Delirium: Second Generation AIDS Plays and Performances</i> is published by Heinemann. It is the second collection of AIDS plays. ● September: Film release of <i>Roy Cohn/Jack Smith</i> by Ron Vawter. Directed by Jill Godmilow. Featuring: Ron Vawter and Coco McPherson. <p>November 1: <i>Love! Valour! Compassion!</i> by Terrence McNally opens Off-Broadway at the Manhattan Theatre Club. Directed by Joe Mantello. Featuring: John Glover, Nathan Lane and Justin Kirk. The production transfers to Broadway in January 1995 and is awarded the Tony Award for Best Play.</p> <ul style="list-style-type: none"> ○ The play is set in a lake house, where eight gay friends spend three summer holiday weekends. The story concerns: friendship, brotherhood, trust, fidelity, romance, sex and AIDS. Two characters, James (with AIDS) and Buzz (HIV-positive) connect with each other while their friends promise to be there for the two men when their times come. AIDS is an inescapable part of these gay lives, even when Buzz forbids anyone to say the word. 	<ul style="list-style-type: none"> ● May 20: CDC publishes <i>Guidelines for Preventing Transmission of Human Immunodeficiency Virus Through Transplantation of Human Tissue and Organs</i>. ● August 5: The U.S. Public Health Service recommends that pregnant women be given AZT to reduce the risk of perinatal transmission of HIV. ● November 11: Pedro Zamora, a member of the cast of MTV's popular television show, <i>The Real World</i>, dies of AIDS-related illness at age 22. ● December 23: FDA approves an oral HIV test, the first non-blood-based antibody test for HIV. <p><u>By the end of 1994</u></p> <p> AIDS becomes the leading cause of death for all Americans ages 25 to 44.</p>
---	---

1995

February 1: *Uncle Bob* by Austin Pendleton opens Off-Broadway at the Mint Theater Company. Directed by Kelly Morgan. Featuring: George Morfogen and Adam Sumner Stein.

- Since being diagnosed with AIDS, Bob has isolated himself in his apartment until his nephew arrives “profoundly uninvited” to both take care of him and to steal from him. Based in realism, the play depicts AIDS as a reason for the character’s shame and seclusion – the unexpected family reunion disrupts the isolation.

Love & Danger by Imani Harrington premieres at New Conservatory Theatre in San Francisco. Directed by Abraham Celaya.


- The story is the experience of five female protagonists who escape underground after fleeing from a clinical trial. Set in a dystopian present of quarantine and ostracism, the play explores blame and attempts to identify a defining quality of positive/negative consciousness. Heralded as the first literary play to address women in the epidemic. The play had a short performance life, but it is significant in both its authorship by a woman of color and its HIV-positive characters being all women.

- February 23: Olympic gold medal diver Greg Louganis discloses that he has AIDS.

- March 26: Eric Lynn Wright, a.k.a. rapper Eazy-E, dies from an AIDS-related illness, one month after being diagnosed.

- June: FDA approves the first protease inhibitor. This ushers in a new era of highly active antiretroviral therapy (HAART).

- June 14: President Clinton issues an Executive Order establishing the Presidential Advisory Council on HIV/AIDS. The Council meets for the first time on July 28.

<ul style="list-style-type: none"> ● August 18: Film adaptation of <i>Jeffrey</i> by Paul Rudnick is released. Rudnick writes the screenplay. Directed by Christopher Ashley. Featuring: Steven Weber, Patrick Stewart and Sigourney Weaver. ● October 15: Television film adaptation of <i>The Heidi Chronicles</i> by Wendy Wasserstein premieres. Wasserstein writes the teleplay. Directed by Paul Bogart. Featuring: Jamie Lee Curtis, Tom Hulse and Julie White. 	<ul style="list-style-type: none"> ● June 27: The National Association of People With AIDS launches the first National HIV Testing Day. ● September 22: CDC reviews Syringe Exchange Programs --- United States, 1994-1995. The National Academy of Sciences concludes that syringe exchange programs should be regarded as an effective component of a comprehensive strategy to prevent infectious disease. ● December 6: President Clinton hosts the first White House Conference on HIV/AIDS. <p><u>By the end of 1995</u></p> <p> More than 500,000 cases of AIDS have been reported in the U.S.</p>
<h1 style="text-align: center;">1996</h1> <ul style="list-style-type: none"> ● January 25: Jonathan Larson, author of <i>Rent</i>, dies of an aortic dissection the night before the musical's Off-Broadway preview production opening at the New York Theatre Workshop. ● April 29: <i>Rent</i> with music, lyrics and book by Jonathan Larson opens on Broadway. Directed by Michael Greif. Featuring: Anthony Rapp, Adam Pascal, Idina Menzel and 	<ul style="list-style-type: none"> ● January 1: UNAIDS (the Joint United Nations Programme on HIV/AIDS) begins operations. It is established to advocate for global action on the epidemic and to coordinate HIV/AIDS efforts across the UN system.

Daphne Rubin-Vega. The musical will win the Tony Award for Best Musical and the Pulitzer Prize for Drama. The Broadway production will end its run on September 7, 2008, having played 5,123 performances.



- *Rent* is a contemporary re-telling of *La Bohème*. Impoverished artists, living in the East Village, with visions of Bohemian ideals, struggle to survive and make art in New York City under the shadow of AIDS. HIV/AIDS is an essential part of the story, with four of the main characters in various stages of the disease progression. AIDS artistic interventions, protests, support groups and afflicted communities factor into the musical's story. The most commercially successful AIDS play, *Rent* brought a theatrical representation of the disease to more audiences than any other play. *Rent* is the first major AIDS play to open in the HAART era.

- June 3: FDA approves a viral load test, which measures the level of HIV in the blood.
- June 21: FDA approves nevirapine, the first non-nucleoside reverse transcriptase inhibitor (NNRTI) drug.
- July 7–12: In Vancouver, the 11th International AIDS Conference highlights the effectiveness of highly active antiretroviral therapy (HAART), creating a period of optimism.
- October: The NAMES Project: AIDS Memorial Quilt is displayed in its entirety for the last time. At this time, the quilt consists of more than 39,000 panels and covers the entire National Mall in Washington, DC.
- December 30: TIME Magazine names HIV/AIDS researcher Dr. David Ho as its “Man of the Year” for his work on HAART.

By the end of 1996



The number of new AIDS cases diagnosed in the U.S. declines for the first time since the beginning of the epidemic.


<p>  HAART becomes the new standard of HIV care.  WHO estimates 23 million people living with HIV globally. </p>	<h1 style="color: red; text-align: center;">1997</h1> <ul style="list-style-type: none"> <p>• January 25: Film adaptation of <i>Love! Valour! Compassion!</i> is released. Terrence McNally writes the screenplay based on his play. Directed by Joe Mantello. Featuring: John Glover, Stephen Spinella, Jason Alexander, and Stephen Bogardus.</p> <p>February 7: <i>A Question of Mercy</i> by David Rabe opens Off-Broadway at the New York Theatre Workshop. Directed by Douglas Hughes. Featuring: Zach Grenier, Stephen Spinella and Veanne Cox.</p> <ul style="list-style-type: none"> ○ Anthony is existing in an agonizing state of lingering end-stage AIDS. His partner and caretaker, Thomas, approaches Dr. Chapman to intervene when Anthony wishes to end his own life. The play explores the ethics and consequences of physician-assisted suicide. HIV/AIDS is the cause of the pain that leads to the central conflict.
---	--


March 18: *Sympathetic Magic* by Lanford Wilson opens Off-Broadway at Second Stage Theatre. Directed by Marshall W. Mason. Featuring: David Bishins, Jeff McCarthy and David Pittu. The play received the Obie Award for Best New American Play.


- Liz, a respected anthropologist who has moved on from her African field work in order to study gang violence on the West Coast, reinserts herself as the matriarch of her family. Her son is a gay minister, caring for many parishioners dying from AIDS. The primary storyline concerns her artist daughter's wish to avoid motherhood. While the play pendulums between meditations on the cosmos and difficulties in human relations, a passing moment of intrigue occurs when Liz secretly reveals that she is HIV-positive. Significant in that the only character on-stage with HIV is a middle-aged woman.


- May 18: President Clinton announces that the goal of finding an effective vaccine for HIV in 10 years will be a top national priority, and calls for the creation of an AIDS vaccine research center at NIH.
- September 26: FDA approves Combivir®, a combination of two antiretroviral drugs in one tablet, reducing the pill-burden for people living with HIV to take their medications.
- November 21: The U.S. Congress enacts the Food and Drug Administration Modernization Act (FDAMA) of 1997, codifying an accelerated drug-approval process and allowing dissemination of information about off-label uses of drugs.



By the end of 1997

 CDC reports the first substantial decline in AIDS deaths in the United States. Due largely to the use of HAART, AIDS-related deaths in the U.S. decline by 47% compared with the previous year.

 UNAIDS estimates that 30 million adults and children worldwide have HIV, and that, each day, 16,000 people are newly infected with the virus.

<p> As a greater number of people begin taking protease inhibitors, resistance to the drugs becomes more common, and drug resistance emerges as an area of grave concern within the AIDS community.</p>	<p>1998</p> <ul style="list-style-type: none"> • <i>Stagestruck: Theater, AIDS and the Marketing of Gay America</i> by author Sarah Schulman is published by Duke University Press. The book offers Schulman’s suspicions on copyright infringement regarding the use of her novel <i>People in Trouble</i> as a primary story element of the musical <i>Rent</i>. <p>October 13: <i>Corpus Christi</i> by Terrence McNally opens Off-Broadway. Directed by Joe Mantello. Featuring: Anson Mount, Josh Lucas and Ben Sheaffer.</p> <ul style="list-style-type: none"> • March: African-American leaders, including members of the Congressional Black Caucus (CBC), are briefed on the highly disproportionate impact of HIV and AIDS in their communities. They develop a “Call to Action,” requesting that the President and Surgeon General declare HIV/AIDS a “State of Emergency” in the community. • April 20: HHS Secretary Donna Shalala determines that needle-exchange programs (NEPs) are effective and do not encourage the use of illegal drugs, but the Clinton Administration does not lift the ban on use of federal funds for NEPs. • June 25: The U.S. Supreme Court rules that the Americans with Disabilities Act covers those in earlier stages of HIV disease, not just those who have developed AIDS. • October: President Clinton declares AIDS to be a “severe and ongoing health crisis” in African-American and Hispanic communities in the U.S. He announces a special package of initiatives aimed at reducing the impact of HIV/AIDS on racial and ethnic minorities.
--	---

<ul style="list-style-type: none"> ○ The play is a modern retelling of the Passion of Jesus. In this version, Joshua (anglicized from the Hebrew name of Jesus) and his disciples are gay. When Joshua meets Philip, a hustler with HIV, he heals him with a divine embrace. The original production was condemned by the Catholic League and protested nightly. Both McNally and the cast would have their lives threatened during the run. ● November: The film <i>Crocodile Tears</i>, adapted from the 1991 play <i>Satan and Simon DeSoto</i> by its author Ted Sod. Directed by Ann Coppel. Featuring: Ted Sod, Dan Savage and Joanne Klein. 	<ul style="list-style-type: none"> ● Médecins Sans Frontières (MSF) opens its first HIV/AIDS program aimed at prevention of transmission and treating opportunistic infections in Chiradzulu, Malawi. As of 2017, MSF operates HIV/AIDS programs in 32 countries, with 333,900 HIV patients registered under the care of MSF. ● Congress funds the Minority AIDS Initiative. An unprecedented \$156 million is invested to improve the nation's effectiveness in preventing and treating HIV/AIDS in African-American, Hispanic, and other minority communities. ● November 12: The U.S. Congress enacts the Ricky Ray Hemophilia Relief Fund Act, honoring the Florida teenager who was infected with HIV through contaminated blood products. The Act authorizes payments to individuals with hemophilia and other blood-clotting disorders who were infected with HIV by unscreened blood-clotting agents between 1982 and 1987. <p><u>By the end of 1998</u></p> <p> CDC reports that African Americans account for 49% of U.S. AIDS-related deaths. AIDS-related mortality for African Americans is almost 10 times that of Whites and three times that of Hispanics.</p>
--	--

	<p>1999</p> <ul style="list-style-type: none"> • May 27: Revised version of Larry Kramer’s play <i>Just Say No</i> opens at the Bailiwick Repertory Theater in Chicago. Directed by David Zak. Featuring: Greg Louganis, Alexandra Billings and David Mersault. 	<p>2000</p> <p>February: <i>The Laramie Project</i> by Moisés Kaufman and the members of Tectonic Theater Project premieres at the Denver Center Theatre Company in Colorado.</p>
<p> UNAIDS reports that the number of women living with HIV/AIDS in sub-Saharan Africa now exceeds that of men.</p>	<ul style="list-style-type: none"> • March: VaxGen, a San Francisco-based biotechnology company, begins conducting the first human vaccine trials in a developing country (Thailand). • May: Formation of the Black AIDS Institute. Its motto: “Our People, Our Problem, Our Solution.” <p><u>By the end of 1999</u></p> <p> WHO announces that HIV/AIDS has become the fourth biggest killer worldwide and the number one killer in Africa. The organization estimates that 33 million people are living with HIV worldwide, and that 14 million have died of AIDS.</p>	<ul style="list-style-type: none"> • January 10: The UN Security Council meets to discuss the impact of AIDS on peace and security in Africa. This marks the first time that the Council discusses a health issue as a threat to peace and security. • January 27: In his State of the Union address, President Clinton announces the launch of the Millennium Vaccine Initiative to create incentives for developing and distributing vaccines against HIV, TB, and malaria.

<ul style="list-style-type: none"> ○ The play is a piece of verbatim theater documenting the events surrounding the murder of Matthew Shepard in Laramie, Wyoming in 1998. The play primarily concerns homophobia, hate crimes and the impact of Shepard's death on the community. Shepard was HIV-positive, although he did not know it, and a particular set of interviews within the play tell of the post-exposure regimen of ARVs and HIV testing that the responding officer endured. ● April 29: Filmed version of <i>The Night Larry Kramer Kissed Me</i> is released. Directed by Tim Kirkman. Written by and featuring David Drake. 	<ul style="list-style-type: none"> ● April 30: The Clinton Administration declares that HIV/AIDS is a threat to U.S. national security. ● May 10: President Clinton issues an Executive Order to assist developing countries in importing and producing generic HIV treatments. ● August 19: The U.S. Congress enacts the Global AIDS and Tuberculosis Relief Act of 2000. ● September: As part of its Millennium Declaration, the UN adopts the Millennium Development Goals, which include a specific goal of reversing the spread of HIV/AIDS, malaria, and TB.
---	--

<p>2001</p> <ul style="list-style-type: none"> • May 20: Playwright Christopher Gorman dies of AIDS-related illness at age 44. 	<ul style="list-style-type: none"> • February 7: First annual National Black HIV/AIDS Awareness Day in the U.S. • May 18: First annual observance of HIV Vaccine Awareness Day. • June 25-27: The UN General Assembly holds its first Special Session on AIDS (UNGASS) and passes the UNGASS Declaration of Commitment and the ILO (International Labor Organization) Code of Practice on HIV/AIDS in the Workplace. The meeting also calls for the creation of an international “global fund” to support efforts by countries and organizations to combat the spread of HIV through prevention, care, and treatment, including the purchase of HIV medications. • November 14: The World Trade Organization announces the Doha Declaration, which affirms the rights of developing nations to buy or manufacture medications to meet public health crises such as HIV/AIDS.
<p>2002</p>	<ul style="list-style-type: none"> • January 22: The Global Fund to Fight AIDS, Tuberculosis and Malaria, a partnership between governments, civil society organizations, the private sector, and affected communities, is established. • April 22-24: The Global Fund approves its first round of grants to governments and private-sector organizations in

<p>May 16: <i>A Letter from Ethel Kennedy</i> by Christopher Gorman opens Off-Broadway at MCC Theater. Directed by Joanna Gleason. Featuring: Jay Goede, Randy Harrison and Anita Gillette.</p> <ul style="list-style-type: none"> o Kit, an HIV-positive television casting director is attempting to make amends with his family before he dies. Meanwhile, he is writing an autobiographical play about them. The play consists of three acts: a meeting with his mother, one with his father, and finally a scene after Kit's death where his lover informs Kit's family that he intends to have Kit's play produced. In the play, AIDS is seen as a motivation to finish one's work. The play is significant in how it mirrored Gorman's real story unintentionally. It was autobiographical in nature, but was not produced until a year after his death. • An anthology of plays titled <i>Positive/Negative: Women of Color and HIV/AIDS</i> is published by Aunt Lute Books. The collection is edited by playwrights Imani Harrington and Chyrell D. Bellamy. The collection includes several plays that have never been produced. 	<p>the developing world. The grants total \$600 million for two-year projects.</p> <ul style="list-style-type: none"> • November 7: FDA approves the first rapid HIV diagnostic test kit for use in the United States that provides results with 99.6% accuracy in as little as 20 minutes. <p><u>By the end of 2002</u></p> <ul style="list-style-type: none"> 🚫 UNAIDS reports that HIV/AIDS is now by far the leading cause of death in sub-Saharan Africa, and the fourth biggest global killer. Average life expectancy in sub-Saharan Africa falls from 62 years to 47 years as a result of AIDS. 🚫 Worldwide, 10 million young people, aged 15-24, and almost 3 million children under 15 are living with HIV. 🚫 During this year, approximately 3.5 million new infections will occur in sub-Saharan Africa, and the epidemic will claim the lives of an estimated 2.4 million Africans.
---	--

Following the most prolific six-years of the entire chronology, the American theater's relationship with HIV/AIDS peaked by 1996, at least in terms of the number of new plays written. By no coincidence, this was concurrent with the dawn of the HAART-era. The first protease inhibitor was approved by the FDA in June of 1995. The first non-nucleotide reverse-transcriptase inhibitor was approved in June of 1996. With the introduction of these two new classes of medication used in combination with existing therapies, blood-borne HIV could be reduced to undetectable levels. Combination therapy works sustainably by stopping the virus at several stages of its replication process, limiting the potential for viral mutation, the primary reason why treatment fails. By the end of 1996, HAART was the new standard of care, and for the first time since the beginning of the epidemic, the number of new AIDS cases diagnosed in the U.S. declined. Following that watershed, HIV began to be perceived as a manageable condition. From that point on, the American theater, while not exactly silent, had less to say.

The second generation of American AIDS plays might be divided into two groups: pre-HAART and HAART-era (one group seeming to be either anticipating or oblivious to the impending medical breakthroughs, the other seeming to process a miraculous turn of events). Besides the new medical reality, the plays of the era represented a new American understanding of the pandemic. The Clinton administration initiated a centralized U.S. domestic HIV/AIDS policy, while the epidemiological and activist attention toward the epidemic shifted to the disproportionately high number of African-American and Latino diagnoses. Meanwhile, as the U.S. situation began to feel the ripples of the medical breakthroughs, the world realized the true epicenter of the pandemic. By the end of the

1990s, AIDS was the number one cause of death in Africa. In contrast to the first generation of plays, the second demonstrated a rethinking of the face of the disease. Where most early AIDS plays were written by white gay men about the plague spreading among white gay men, second-generation plays subtly but significantly altered this primary dramatic representation. Cheryl West's *Before It Hits Home*, a play by an African-American woman, looks at HIV proliferation in pervasive down-low culture among African-American men. Imani Harrington's *Love & Danger* presents a dystopian world where American women of all races are the forgotten victims of the disease. Many playwrights in the second generation cautiously adjusted HIV/AIDS representation with characters of several demographics living with HIV, but usually sharing the stage with the earlier archetype of a white gay man. Both Joe Pintauro's *Raft of the Medusa* and Victor Bumbalo's *What Are Tuesdays Like?* feature support groups of a sort. The groups include women and straight men, but mostly token to the gay male protagonists. Lee Blessing's *Patient A* is ostensibly about a woman who contracted HIV from a dental procedure, but the playwright writes in an "everyman" to shadow the central story's development (a white, gay, HIV-positive everyman). The only character on stage with HIV in Lanford Wilson's *Sympathetic Magic* is a middle-aged woman, but the story takes place in a church with an established mission helping gay men with AIDS. American plays seemed careful to not push a new representation too far, always keeping it tethered to how audiences expected AIDS to look. That is, until a Broadway musical broke the mold. Jonathan Larson's *Rent* redefined the American play's typical representation of the disease with four principal characters living with HIV/AIDS: a straight white man, an Hispanic woman, a gender-fluid Hispanic, and an African-American gay man.

Anne Bogart, who directed the original production of Paula Vogel's first AIDS play, *The Baltimore Waltz*, made the distinction between the dramatic modes of first and second-generation AIDS plays.

First generation, the disease has just happened. The playwright's obligation is to present the material, to present the facts, and mourn them, and mourn the situation. So they are very serious and very, very responsible . . . a second generation AIDS play . . . it's angry and it's funny and kind of abstract.⁴²

For all its Brechtian elements, *The Normal Heart* is grounded in realism: linear storytelling, human characters, believable moments. The play implores an activist engagement by representing real life. While Bogart cites the comic elements of second-generation AIDS plays, it is more accurate to state that this period mined the dramatic cores for presentational modes. Vogel's play breaks from a realistic frame with fantasy as a woman bounces from encounter to encounter searching for a cure to a made-up disease. Paul Rudnick's *Jeffrey* mirrors Victor Bumbalo's first-generation *Adam and the Experts* in farcical short scenes and a protagonist swearing off sex in an effort to survive AIDS. Jones and Staley's deliberately bad-taste title, *AIDS! The Musical!* was marketed with the slogan, "You've had the disease! You've been to the demonstration! Now see the Musical!" The posters readied an audience for all the glitz and direct-address of a Mickey-and-Judy show, minus the happy ending. Nicky Silver's *Pterodactyls* teeters between sex-farce and Beckettian absurdity while indicting suburban America for its silent role in the expanding epidemic. As if commenting that the epidemic itself was incomprehensible by conventional

⁴² Michael King, "Don't Call Me Avant-Garde: An Interview with Anne Bogart," *Houston Press* (April 2, 1992).

means, second-generation plays often moved beyond comedy and into grotesque and carnivalesque absurdity. Doug Holsclaw's *Baddest of Boys* manifests AIDS in a character who is literally growing too large for his living quarters. As the victim becomes less human and more giant inflated head, the other characters cope with their own otherworldly traits. James Carroll Pickett's *Queen of Angels* and Ted Sod's *Satan and Simon DeSoto* both adapt ancient legends (Gilgamesh and Faust, respectively) in their efforts to make dramatic sense of AIDS, jarringly moving between the heroic and the absurd. Perhaps most graceful of all absurd second-generation AIDS plays is Steven Dietz's *Lonely Planet*, which takes as its source a masterwork of theatrical absurdity, Ionesco's *The Chairs*. Even solo works on the stage during the second generation proved major departures from customary confessional realistic storytelling. Tim Miller, David Drake, Karen Finley, and Ron Vawter each made the American stage a location for original assortments of story, dance, poetry, activism and metatheatricality. And some scholars may argue that the American musical itself is a form of absurdity, or at least the musical is a dramatic form that has a built-in mechanism to deal with absurdity. While among the finest examples of AIDS dramatic storytelling and relational understanding, the characters in both *Falsettos* and *Rent* break into song whenever spoken word ceases to be sufficient – not precisely an act grounded in realism, but apropos of AIDS, a disease that still felt anti-realistic in its second generation. Fittingly the first sung lines of *Rent* are, “How do you document real life, when real life's getting more like fiction each day?”

Second-generation AIDS plays often genuflect toward some sort of higher power. In breaking from realistic scenarios, many of the pre-HAART plays attempt to make sense of

unending lists of deaths by pleading their case before the divine. In *Satan and Simon DeSoto* this is a Faustian devil. In *Queen of Angels*, Max descends to the underworld to confront the (drag) queen who lords over all death and destruction. The two middle-aged women in Terrence McNally's *A Perfect Ganesh* travel to India in order to ward off dealing with the recent deaths of their sons, all the while shadowed by Ganesha, the remover of obstacles. The prolific McNally also made the Christ-like Joshua capable of curing HIV in his retelling of the Passion, *Corpus Christi*. Perhaps most significantly, when the Angel breaks through Prior Walter's ceiling and declares him to be "the prophet," Tony Kushner's *Angels in America* grants the AIDS-afflicted man the chance to curse the absent God.

Prior: You should sue the bastard. That's my only contribution to all this Theology. Sue the bastard for walking out. How dare he. And if He returns, take Him to court. He walked out on us. He ought to pay.⁴³

In *The Normal Heart*, the early most pressing blame is awarded to ignorant authors of public policy. By the time of *Angels in America*, the epidemic had grown to an epic size, one for which only God could be blamed.

HAART-era second-generation AIDS plays foreshadow the dramatic utilization and theater of inclusion that will dominate third-generation plays. Some, such as *The Laramie Project*, *Corpus Christi* and *For Reasons That Remain Unclear*, barely mention the disease. Others, such as *Love & Danger*, *Patient A*, and David Rabe's *A Question of Mercy*, use AIDS

⁴³ Tony Kushner, *Angels in America: A Gay Fantasia on National Themes, Part Two: Perestroika* (New York, NY: Theatre Communications Group, 1994 [original production 1991]), 130.

as a way of making a statement on the ethics of healthcare. A theater of AIDS inclusion means AIDS plays that are not particularly about AIDS.

Many second-generation plays are connected by a cynical thread attempting to make sense of AIDS by confronting past mistakes. Neglect, abuse and abusing are viewed as the root problems that led to a destructive sense of homosexualself, and the playwrights excavate HIV/AIDS for the psychological causes that may have put certain people at higher risk. In A.R. Gurney's *The Old Boy*, the man who has died of AIDS is remembered in flashback by the man who bullied him into a closeted life. Mart Crowley's *For Reasons That Remain Unclear* pits a man against the priest who abused him when he was a child. Austin Pendleton's *Uncle Bob* rationalizes Bob's serostatus as the result of a forced marriage. The first two acts of Christopher Gorman's *A Letter from Ethel Kennedy* are a dying man's attempt to have his parents admit to their neglectful mistakes. And in Larry Kramer's *The Destiny of Me*, AIDS is nearly pushed to the background when Ned drifts into the memories of a damaging childhood.

It is in its prolific second generation that the American AIDS plays reached a sort of relative maturity. Arguably, the plays that most exemplify mature human relationships dealing with the plague, in beautifully crafted scenarios, with solid writing, come from this period. *Love! Valour! Compassion!* is deceptive in how much it is about AIDS because complex character relationships and meditations on family, fidelity, love, and art, position the epidemic as integral to all the conversations. *Lonely Planet* turns the Lonesco inspiration on its head when avoidance of the plague becomes intolerable and a world of human connection becomes the solution. *Falsettos* completes a story of accepting imperfection as


the foundation of human relationships, and AIDS is another instance of universal imperfection. *The Destiny of Me* profoundly interprets the world of *The Normal Heart* on a bleak but interminable continuum of past mistakes, present action and future unknown. The absurdity of *The Baltimore Waltz* manages to empathetically open the suffering of the AIDS victim to those who watch. *Rent* turned a generation, too young to understand the suffering of the first generation, into energized keepers of the activist flame. And *Angels in America* ended the possibility that AIDS could be small and localized by masterfully making it colossal.

2003

May: *The Long Christmas Ride Home* by Paula Vogel premieres in a co-production by Long Wharf Theatre and Trinity Repertory. The play will open Off-Broadway in October. Directed by Oskar Eustis. Featuring: Rachel Warren, Stephen Thorne and Angela Brazil.

- “Anti-realism,” the play is told in presentational form and utilizes Japanese bunraku puppetry. It tells the story of deep-seated resentment in a family that appears close-knit. Alternating between a long-ago and a present, the adults cope with the fracturing that happened within their family when they were children. Between the two periods, the middle child, Stephen, has died of AIDS. Vogel has said that this is her continuation of dealing with her brother’s death that she began in her play *The Baltimore Waltz*.

- January 28: President George W. Bush announces the creation of the United States President’s Emergency Plan For AIDS Relief (PEPFAR) in his State of the Union address. PEPFAR is a \$15 billion, 5-year plan to combat AIDS, primarily in countries with a high burden of infections.
- February 23: VaxGen announces that its AIDSVAX vaccine trial failed to reduce overall HIV infection rates among those who were vaccinated.
- March 31: The Bill and Melinda Gates Foundation awards a \$60 million grant to the International Partnership for Microbicides to support research and development of microbicides to prevent transmission of HIV.
- May 6: The “Group of Eight” (G8) Summit includes a special focus on HIV/AIDS.
- October 15: First annual National Latino AIDS Awareness Day in the U.S.

<p>October 16: <i>The Boy from Oz</i> opens on Broadway. Music and Lyrics by Peter Allen. Book by Martin Sherman. Directed by Philip William McKinley. Featuring: Hugh Jackman, Isabel Keating and Jarrod Emick.</p> <ul style="list-style-type: none"> ○ An earlier version of the musical was presented in Australia in 1998. The Broadway revision was a star vehicle for Hugh Jackman. It is a musical biography of singer/composer Peter Allen, utilizing his music throughout. Allen died of AIDS in 1992. The musical depicts the death of his partner and finally his own – but not before one last flashy Broadway finale in gold lame pants. <p>● Dec 7: Film adaptation of Tony Kushner’s <i>Angels in America</i> is released on HBO. Directed by Mike Nichols. Featuring: Al Pacino, Meryl Streep, Justin Kirk, Jeffrey Wright and Mary-Louise Parker. The film receives the Emmy Award for Outstanding Miniseries.</p>	<ul style="list-style-type: none"> ● October 23: The William J. Clinton Foundation secures price reductions for HIV/AIDS drugs from generic manufacturers, to benefit developing nations. ● December 1: WHO announces the “3 by 5” initiative, to bring treatment to 3 million people by 2005. <p><u>By the end of 2003</u></p> <p> CDC calculates that 27,000 of the estimated 40,000 new infections that occur each year in the U.S. result from transmission by individuals who do not know they are infected.</p>
<p style="text-align: center; font-size: 2em; color: red;">2004</p>	<ul style="list-style-type: none"> ● January: U.S. Congress authorizes the first \$350 million for PEPFAR. ● February: UNAIDS launches The Global Coalition on Women and AIDS to raise the visibility of the epidemic’s impact on women and girls around the world.

	<ul style="list-style-type: none"> ● April: Off-Broadway revival of Larry Kramer’s <i>The Normal Heart</i>. Produced by Worth Street Theater Company and presented at the Public Theater. Directed by David Esbjornson. Featuring: Raúl Esparza, Joanna Gleason and Billy Warlock. May 5: <i>Prymate</i> by Mark Medoff opens on Broadway. Directed by Edwin Sherin. Featuring: André De Shields, Phyllis Frelich and James Naughton. <ul style="list-style-type: none"> ○ A poorly-received play (the <i>Variety</i> review calls it a “see-it-or-regret-it theatrical disaster”), the story is an attempt to integrate discussions of medical ethics and animal rights. A doctor is pursuing HIV cure research using a gorilla while questioning whether or not HIV/AIDS was a cosmic way of correcting for human misdeeds. Meanwhile, HIV is used vindictively when one character secretly attempts to infect the doctor with the virus. March 11: <i>Small Tragedy</i> by Craig Lucas opens Off-Broadway at Playwrights Horizons following a 2003 staging in Minneapolis. Directed by Mark Wing-Davey. Featuring: Lee Pace, Rob Campbell and Rosemarie DeWitt. The play received the 2004 Obie Award for Best American Play. <ul style="list-style-type: none"> ○ A satire. A scrappy theater company attempts to produce an adaptation of <i>Oedipus</i>. HIV/AIDS is
--	---

<p>not a major part of the story; however, it is significant in that the one character who is HIV-positive is a woman, Paola, who abandoned a promising Hollywood career following her diagnosis.</p> <ul style="list-style-type: none"> ● November 3: Opera adaptation of <i>Angels in America</i> by Hungarian composer Peter Eötvös opens in Paris. The work will receive its American premiere at New York City Opera in 2017. ● December 6: Off-Broadway revival of Paula Vogel's <i>The Baltimore Waltz</i> opens at Signature Theatre Company. Directed by Mark Brokaw. Featuring: Kristen Johnston, David Marshall Grant and Jeremy Webb. 	
<h1 style="text-align: center; color: red;">2005</h1>	<ul style="list-style-type: none"> ● January 6: Former South African president Nelson Mandela announces that his son, Makgatho Mandela, has died of AIDS-related illness at age 54. Mandela urges South Africans to treat AIDS as an “ordinary disease,” rather than a “curse.” He also asks families to speak openly about the toll of the disease in order to break down the taboos associated with HIV/AIDS. ● January 26: WHO, UNAIDS, the U.S. Government, and the Global Fund to Fight AIDS, Tuberculosis and Malaria announce results of joint efforts to increase the availability of antiretroviral drugs in developing countries. An estimated 700,000 people have been reached by the end of 2004.

<p>September: <i>In the Continuum</i> by Danai Gurira and Nikkole Salter opens Off-Broadway at Primary Stages. Directed by Robert O’Hara. Featuring: Danai Gurira and Nikkole Salter.</p> <ul style="list-style-type: none"> ○ The two-actor multi-character play features twin narratives about two young women facing an HIV diagnosis in different parts of the world. One story takes place in Los Angeles, the other in Harare, Zimbabwe. The interwoven storytelling illuminates the similarities of a diagnosis, and the vast differences in prognoses and life challenges resulting from geography and access to treatment. The play is written by and was originally performed by Salter and Gurira and toured for two years following its premiere. <p>● Nov 23: Film adaptation of <i>Rent</i> released. Directed by Chris Columbus. Featuring: Anthony Rapp, Rosario Dawson and Adam Pascal.</p>	<ul style="list-style-type: none"> ● April 3: Biologists announce that they have discovered that the plagues of the Middle Ages made around 10% of Europeans—particularly those in Scandinavia and Russia—resistant to HIV. ● May 19: First annual National Asian and Pacific Islander HIV/AIDS Awareness Day in the U.S.
---	---

2006

August 17: *Circuitry* by Andrew Barret premieres as a part of the New York City fringe festival. Directed by Nigel Smith. Featuring: Michael Carbonaro, Ander del Rio and Benjamin Gabriel.

- Following the death of his partner due to AIDS, Brian attempts to re-start his life by joining two friends on a year-long tour of drug-fueled gay circuit parties. The story is a comic-fantasy with Brian shadowed by the ghost of his partner, who tries to make Brian move on. Set in 1995-96, the play deals with serodiscordance and the changing landscape of HIV stigma in the gay community during the dawn of the HAART era.

- March 10: First annual National Women and Girls HIV/AIDS Awareness Day in the U.S.

- March 20: First annual observance of National Native HIV/AIDS Awareness Day in the U.S.

- May 25: Scientists announce they have spotted the signs of an HIV-like virus in chimpanzees in southern Cameroon. The discovery bolsters the theory that the first people to contract HIV did so through contact with infected blood from wild chimps in the jungle.

- September 22: CDC releases revised HIV testing recommendations for healthcare settings, recommending routine HIV screening for all adults, aged 13-64, and yearly screening for those at high risk.

- December 13: NIH announces the early end of two clinical trials of adult male circumcision after a review of trial data reveals that medically performed circumcision reduces a man's risk of acquiring HIV through heterosexual intercourse by up to 53%.

By the end of 2006



WHO reports that the number of people receiving HIV antiretroviral therapy in sub-Saharan Africa has surpassed 1 million for the first time—a 1000%


	<p>increase in treatment access in the region since December 2003.</p>
<p>2007</p> <ul style="list-style-type: none"> • March 8: Broadway revival of Craig Lucas’s <i>Prelude to a Kiss</i> opens. Directed by Daniel Sullivan. Featuring: Alan Tudyk, Annie Parisse and John Mahoney. <p>May: <i>Parasite Drag</i> by Mark Roberts opens regionally at the Station Theatre in Urbana, IL. Directed by Kay Bohannon Holley. Featuring: Gary Ambler, Anne Shapland Kearns and Joi Hoffsommer.</p> <ul style="list-style-type: none"> ○ Two estranged brothers are forced together to make arrangements for their sister, a homeless drug addict who is dying of AIDS. AIDS is entirely off-stage in the play but is a peripheral given circumstance for the dramatic action. The family has been deeply wounded because of secrets they have long covered up. It is revealed that the sister’s life, HIV and death are the direct result of the psychological trauma of abuse. 	<ul style="list-style-type: none"> • May 30: In an attempt to increase the number of people taking HIV tests, WHO and UNAIDS issue new guidance recommending “provider-initiated” HIV testing in healthcare settings. • September 21: Trials of the most promising HIV vaccines to date [STEP (HVTN 502) and Phambii (HVTN 503)] are halted after an independent data and safety monitoring board determines that the vaccine is not protecting study subjects against HIV infection. A subsequent study in 2012 will indicate that the vaccine actually increased participants’ risk of contracting HIV.

Oct 23: *The Overwhelming* by J.T. Rogers opens Off-Broadway produced by the Roundabout Theatre Company. Directed by Max Stafford-Clark. Featuring: Linda Powell, Sam Robards and Ron Cephas Jones.

- o Set in Rwanda in 1994, an American academic and his wife arrive in Kigali to locate an American doctor who had been on a medical-humanitarian mission working with children stricken with AIDS. Nobody is aware of the doctor's whereabouts or will even acknowledge knowing him at all. The play exposes the outsiders as completely ignorant of the genocide. In the play, HIV/AIDS is a peripheral reason for bringing the Americans to the scene, but it plays no part in the play's central conflict.

- November 13: CDC reports that four transplant recipients have contracted both HIV and hepatitis C from an organ donor—the first known cases in more than a decade of the virus being spread by organ transplants.

By the end of 2007

 **WHO and UNAIDS announce improved surveillance data showing global HIV prevalence has levelled off, and is lower than previously believed (33 million instead of 40 million). The data also indicates a decline in the numbers of new infections and people dying from AIDS-related illnesses.**

 **CDC reports over 562,000 people have died of AIDS in the U.S. since 1981.**


- January 8: *The Journal of the American Medical Association* reports that the incidence of HIV infection among gay men in the U.S. is increasing following an encouraging period of decline. Between 2001–2006, new HIV diagnoses in gay men under age 30 rose 32%. Among black and Hispanic men, the figure was 34%. Most troubling, the number of new diagnoses among the youngest men in the study (ages 13–19) doubled.


2008

<ul style="list-style-type: none"> ● July 25: A large international study finds evidence that people taking HIV treatment can now expect to live into their 60s and beyond. Researchers report that a 20-year-old person living with HIV who starts treatment with a CD4 cell count above 200 cells/mm3 can expect a near-normal life expectancy. ● Report of the “Berlin Patient” an HIV-positive man who, after developing acute myeloid leukemia, underwent a hematopoietic stem cell transplant from a donor with the “delta 32” mutation on the CCR5 receptor. Following the procedure, the patient has had no detectable rebound of HIV virus despite not being on ARVs. The patient has been declared “functionally cured” of HIV. ● July 29: According to a report released by the Black AIDS Institute, the HIV/AIDS epidemic among African-Americans in some parts of the U.S. is as severe as in parts of Africa. The report, <i>Left Behind - Black America: A Neglected Priority in the Global AIDS Epidemic</i>, calls for greater government investment in HIV/AIDS prevention, testing, and treatment programs in hard-hit U.S. regions. ● July 31: President George W. Bush signs legislation reauthorizing PEPFAR for an additional five years for up to \$48 billion. The bill contains a rider that lifts the blanket ban on HIV-positive travelers to the U.S., and gives HHS the authority to admit people living with HIV/AIDS on a case-by-case basis. 	<ul style="list-style-type: none"> ● September 7: <i>Rent</i> plays its 5,123 performance and ends its historic Broadway run.
--	--

<ul style="list-style-type: none"> ● September 24: The final performance of <i>Rent</i> is given a limited film released and screened in HD digital as <i>Rent: Filmed Live</i> on Broadway. 	<ul style="list-style-type: none"> ● September 18: First observance of National HIV/AIDS and Aging Awareness Day. ● September 27: First observance of National Gay Men’s HIV/AIDS Awareness Day. ● October 1: An international team of researchers announces that HIV in humans may have originated as early as the 1880s. Findings from the new study suggest that the virus most likely started circulating among humans in sub-Saharan Africa sometime between 1884 and 1924 and may have been triggered by rapid urbanization in west-central Africa. ● October 6: The Nobel Prize in Medicine is awarded to two French virologists, Françoise Barré-Sinoussi, and Luc A. Montagnier, for their 1983 discovery of HIV, the virus that causes AIDS.
<h1 style="color: red; text-align: center;">2009</h1>	<ul style="list-style-type: none"> ● Newly elected President Barack Obama calls for the development of the first National HIV/AIDS Strategy for the United States. ● February: The DC Health Department reports that Washington, DC has a higher rate of HIV (3% prevalence) than West Africa—enough to describe it as a “severe and generalized epidemic.”

<p>October 7: <i>Let Me Down Easy</i>, a one-woman show conceived, written and performed by Anna Deavere Smith opens Off-Broadway at Second Stage Theater. Directed by Leonard Foglia.</p> <ul style="list-style-type: none"> ○ Developed in Deavere Smith’s interview style, the play is an exploration of the power of the body and the resilience of the human spirit as it confronts death, loss and illness. Substantially revised from an earlier version, the play’s opening purposely coincided with a vigorous public debate about U.S. health care policy. Two of the “portraits” presented in the play concern characters dealing with AIDS: one, a South African health-worker whose job is to comfort children dying from AIDS; the other a mother whose daughter died of AIDS in the midst of an uncaring public health care system. <p>November 15: <i>Loaded</i> by Elliot Ramón Potts opens Off-Broadway at Theatre Row. Directed by Michael Unger. Featuring: Scott Kerns and Kevin Spirtas.</p> <ul style="list-style-type: none"> ○ The play centers on an argument between a younger HIV-positive man and an older HIV-positive man. The two men attempt to negotiate 	<ul style="list-style-type: none"> ● May 5: President Obama launches the Global Health Initiative (GHI), a six-year, \$63 billion effort to develop a comprehensive approach to addressing global health in low- and middle-income countries. ● June 8: First annual recognition of Caribbean American HIV/AIDS Awareness Day. ● October 30: President Obama announces that his administration will officially lift the HIV travel and immigration ban in January 2010 by removing the final regulatory barriers to entry. The lifting of the travel ban occurs in conjunction with the announcement that the 19th International AIDS Conference will return to the United States for the first time since 1990.
--	---

<p>a generational divide with respect to political correctness, safe-sex practices, the basis for long-term relationships and political priorities. HIV is always present in the room, but seldom the basis for the argument.</p>	<p>By the end of 2009</p> <p> UNAIDS reports that there has been a significant decline (-17%) in new HIV infections in the past decade. East Asia, however, has seen a dramatic 25% increase in infections over the same period.</p>
<p>2010</p> <ul style="list-style-type: none"> ● October 14: Revival of William M. Hoffman's <i>As Is</i> opens Off-Broadway at Theater Row. Directed by Walter J. Hoffman. Featuring: Jeff Auer, Todd Michael and Emily King Brown ● October 18: 25th Anniversary reading of Larry Kramer's <i>The Normal Heart</i> staged at Broadway's Walter Kerr Theatre as a benefit for the Actors' Fund. Directed by Joel Grey. Featuring: Joe Mantello, Glen Close, John Benjamin Hickey and Jack McBrayer. 	<ul style="list-style-type: none"> ● January 4: The U.S. Government officially lifts the HIV travel and immigration ban. ● March 23: President Obama signs the Patient Protection and Affordable Care Act, which expands access to care and prevention for all Americans—but offers special protections for those living with chronic illnesses, like HIV, that make it difficult for them to access or afford healthcare. ● July 13: The Obama Administration releases the first comprehensive National HIV/AIDS Strategy for the United States.

<ul style="list-style-type: none"> ● October 28: Off-Broadway revival of <i>Angels in America</i> opens at Signature Theatre. The two parts play in repertory, and this marks the first major New York City production of the play since its original Broadway run. Directed by Michael Greif. Featuring: Christian Borle, Zachary Quinto, Billy Porter and Frank Wood. ● November 5: The film <i>For Colored Girls</i> adapted from the 1975 play <i>for colored girls who have considered suicide/when the rainbow is enuf</i> by Ntozake Shange is released. A significant update to the original premise of the intertwining lives of seven African-American women is that one of the women deals with learning that she has acquired HIV from her boyfriend who is on the “DL.” Directed by Tyler Perry. Featuring: Phylicia Rashad, Anika Noni Rose, Janet Jackson and Loretta Devine. 	<ul style="list-style-type: none"> ● November 23: NIH announces the results of the iPrEx study, showing that a daily dose of HIV drugs reduced the risk of HIV infection among HIV-negative men who have sex with men by 44%, supporting the concept of <i>pre-exposure prophylaxis</i> (PrEP) in a targeted population. <p><u>By the end of 2010</u></p> <p> WHO, UNAIDS, and UNICEF report an estimated 5.25 million people were receiving antiretroviral therapy in 2009, and an estimated 1.2 million people started treatment that same year – the largest annual increase yet recorded.</p>
--	---

2011

- March 23: Actress, AIDS activist and founding chairperson of amfAR, Elizabeth Taylor, dies at age 79.
- April 27: Revival of *The Normal Heart* by Larry Kramer opens on Broadway. Directed by Joel Grey and George C. Wolfe. Featuring: Joe Mantello, Ellen Barkin, John Benjamin Hickey, Lee Pace and Jim Parsons. The production receives the Tony Award for Best Revival of a Play.
- August 11: *Rent* is revived Off-Broadway at New World Stages. Directed by Michael Greif. Featuring: Adam Chanler-Berat, MJ Rodriguez and Annaleigh Ashford.
- June 8–10: Over 3,000 people participate in the UN’s High-Level Meeting on HIV/AIDS in New York. The session recognizes critical milestones, including three decades of the pandemic and the 10-year anniversary of the 2001 UN General Assembly Special Session on HIV/AIDS and the resulting Declaration of Commitment. At the meeting, the U.S. joins with other partners in launching a global plan to eliminate mother-to-child transmission of HIV.
- July 13: A new CDC study and a separate clinical trial (the Partners PrEP study) provide the first evidence that a daily oral dose of antiretroviral drugs used to treat HIV infection can also prevent new infections in individuals exposed to HIV through heterosexual sex.
- December 1: At the ONE Campaign and (RED) event in Washington, DC, President Obama marks World AIDS Day by announcing accelerated efforts to increase the availability of treatment to people living with HIV/AIDS in the United States and shares the U.S. government’s vision of creating an AIDS-free generation. He calls on all Americans to keep fighting to end the epidemic.

2012

- March 17: HHS issues new HIV treatment guidelines recommending treatment for all HIV-infected adults and adolescents, regardless of CD4 count or viral load.
- July 1: The Kaiser Family Foundation and the *Washington Post* release a joint survey of the American public's attitudes, awareness, and experiences related to HIV and AIDS. The survey finds that roughly a quarter of Americans do not know that HIV cannot be transmitted by sharing a drinking glass—almost exactly the same share as in 1987.
- July 16: The FDA approves the use of Truvada® for pre-exposure prophylaxis (PrEP). Adults who do not have HIV, but who are at risk for infection, can now take this medication to reduce their risk of getting the virus through sexual activity.
- July 22-27: International AIDS Conference XIX (AIDS 2012) is held in Washington, DC—the first time since 1990 that the conference has been held in the United States. Conference organizers had refused to convene the event in the U.S. until the federal government lifted the ban on HIV positive travelers entering the country.
- July: During AIDS 2012, the NAMES Project AIDS Memorial Quilt is displayed in its entirety in Washington, DC, for the first time since 1996. Volunteers have to rotate nearly 50,000 panels to ensure that the entire work is displayed.

2013

March 21: *The Assembled Parties* by Richard Greenberg opens on Broadway. Directed by Lynne Meadow.

Featuring: Judith Light, Jessica Hecht and Jake Silbermann.

- It is a family drama. Act I takes place in 1980, act II takes place in 2010. Between the two acts, one character has died of AIDS. Little mention is made of how or when, except that the young man was straight and probably received a transfusion in 1981 following an illness and much international travel. The intrusion of AIDS is gapped between the scenes and is one of several reasons why the characters are much worse off and dependent upon one another in the later act.



● June 26: The New York Historical Society hosts an event titled *Larry Kramer and The Normal Heart*. It is a conversation between Kramer and the evening's moderator, Tony Kushner.

● November 1: The film *Dallas Buyers Club* is released. The biographical film is about the smuggling of unapproved drugs from Mexico to meet the demands of people dying of AIDS in the late 1980s. Written by Craig Borten and Melisa Wallack. Directed by Jean-

● March 4: NIH-funded scientists announce the first well-documented case of an HIV-infected child, designated as "the Mississippi Baby," who appears to have been functionally cured of HIV infection (i.e., no detectable levels of virus or signs of disease, even without antiretroviral therapy).

● July 3: Researchers report that two HIV-positive patients in Boston who had bone-marrow transplants for blood cancers have apparently been virus-free for weeks since their antiretroviral drugs were stopped.

● November 21: President Obama signs the HIV Organ Policy Equity (HOPE) Act, which will allow people living with HIV to receive organs from other infected donors. The HOPE Act has

<p>Marc Vallée. Featuring Matthew McConaughey, Jennifer Garner and Jared Leto.</p>	<p>the potential to save the lives of about 1,000 HIV-infected patients with liver and kidney failure annually.</p> <p><u>By the end of 2013</u></p> <p> UNAIDS estimates that, worldwide, 2.3 million people were newly infected with HIV during the year, and 1.6 million people died of AIDS. Approximately 35.3 million people around the world are now living with HIV, including more than 1.2 million Americans.</p> <p> UNAIDS announces that new HIV infections have dropped more than 50% in 25 low and middle-income countries, and the number of people receiving ART has increased 63% in the past two years.</p>
<p style="text-align: center;">2014</p>	<ul style="list-style-type: none"> • January 1: Major provisions of the Affordable Care Act designed to protect consumers go into effect. Insurers are now barred from discriminating against customers with pre-existing conditions, and they can no longer impose annual limits on coverage—both key advances for people living with HIV/AIDS. • January 2: News sources report that the two Boston patients believed to have been cured of HIV after undergoing treatment for cancer have relapsed.

<p>March 24: <i>Mothers and Sons</i> by Terrence McNally opens on Broadway. Directed by Sheryl Kaller. Featuring: Tyne Daly, Frederick Weller and Bobby Steggert.</p> <ul style="list-style-type: none"> ○ The play is a sequel to McNally's 1988 short play (and 1990 teleplay) <i>Andre's Mother</i>. Katherine, Andre's Mother (unnamed in the play), arrives for a surprise visit at the home of Cal, Andre's partner and the man who cared for him while he was dying of AIDS. The story is a generational negotiation of memory and moving on from AIDS past, with each character representing a separate moment of cultural introduction. HIV/AIDS is an external reality (there but not there) in the play, and the methods of coping with the memory lead to different understandings of moving on. <ul style="list-style-type: none"> ● May 25: <i>The Normal Heart</i> film is released on HBO. Larry Kramer writes the screenplay based on his 1985 play. Directed by Ryan Murphy. Featuring: Mark Ruffalo, Matt Bomer, Julia Roberts, Joe Mantello and Jim Parsons. The film receives the Emmy Award for Outstanding Television Movie. 	<ul style="list-style-type: none"> ● March 4: European researchers announce the results of the first phase of the PARTNER Study, an observational study focusing on the risk of sexual HIV transmission when an HIV-positive person is on treatment. The study found that no HIV-positive partner who was undergoing antiretroviral therapy and had an undetectable viral load had transmitted HIV. <ul style="list-style-type: none"> ● July 10: NIH announces that the "Mississippi baby" now has detectable levels of HIV after more than two years of showing no evidence of the virus. <ul style="list-style-type: none"> ● July 17: Malaysia Airlines' Flight MH17, en route from Amsterdam to Kuala Lumpur, is shot down over Ukraine, killing all 298 people aboard—including six prominent scientists and AIDS activists on their way to the 20th International AIDS Conference (AIDS 2014) in Melbourne, Australia.
---	--

The period of 2003-2014 saw major shifts in U.S. AIDS policy toward the global situation, the first confirmed case of a “functional cure,” the FDA approval of pre-exposure prophylaxis, and spiking rates of new infections in particular populations. The third generation of American AIDS theater was markedly quiet compared to the previous periods. Fewer new plays were written about HIV/AIDS. The plays from the period that do include HIV in their narrative tend to fold the references to the virus into storylines that are unrelated to the pandemic. It may seem as though the American theater was readying itself to move on from the AIDS play. There are no new major AIDS activist plays, no new epic works with meditations on greater understandings of AIDS and civilization, and no new major musicals bringing depictions of a world with HIV/AIDS to unprecedented numbers of theater-going audiences. And yet, these events still managed to dominate the third-generation of American AIDS theater with major revivals and film adaptations of older plays. It wasn't that the American theater stopped having things to say. Rather, it was a period of looking back and taking stock of the things it had already said and determining that they were powerful enough to reach a new generation. As if looking forward to a post-AIDS era, this period served to determine which AIDS plays were the most significant, the most able to reach new audiences, and the worthiest of inclusion in some sort of canon.

Bookending this theatrical period are film adaptations of *Angels in America* in 2003 and *The Normal Heart* in 2014. *Angels* gracefully found its transition to film with a seven-hour miniseries. *The Normal Heart's* journey to film preservation was twenty-nine years of twists and turns with various production companies retaining the film rights for decades. Finally, both plays were produced as HBO television films, which itself is significant in terms

of Hollywood AIDS interventions. Television films about AIDS (*An Early Frost* in 1985) preceded theatrical films by three years (*Longtime Companion* in 1988). *Rent* likewise found its way to the cinema with a theatrical film adaptation in 2005. Besides their film treatments, these three titles made for some of the most significant theatrical events of the period. *Angels in America* was produced in a highly anticipated Off-Broadway revival. *Rent* ended its Broadway run in 2008 as the 11th longest-running Broadway show of all time. The final performance was filmed and was given a limited release in cinemas, making two *Rent* cinematic ventures. Less than three years later, a new scaled-down production of *Rent* would open Off-Broadway. New audiences discovered *The Normal Heart* more than once during this period. Besides the film, Kramer's play received an Off-Broadway revival in 2004, starry anniversary staged readings in 2005 and 2010, and a highly-lauded Broadway revival in 2011. While all three titles – *Angels in America*, *Rent*, and *The Normal Heart* – were first introduced to audiences in either the first or second generation of American AIDS theater, it is during the third that the three become the most celebrated AIDS plays of all. They have become the quintessential American AIDS plays – overshadowing or possibly blocking all would-be competitors.

Besides elevating three particular play titles, the productions during the third generation of American AIDS theater announced the most prominent individuals involved in the American AIDS plays. Certain names appear throughout the chronology frequently. Playwrights Terrence McNally and Larry Kramer and directors Michael Greif and Oskar Eustis appear several times. Then there is the Mantello-factor. Joe Mantello played Louis in the original production of *Angels in America*, The Third Man in *The Baltimore Waltz*, Ned in

the Broadway revival of *The Normal Heart* and Mickey in its film adaptation. As director, Mantello was responsible for the original productions of *Corpus Christi* and *Love! Valour! Compassion!* as well as its film adaptation, and the Off-Broadway revival of *The Baltimore Waltz*. From a creative standpoint, no single individual is more responsible for the collection of American AIDS plays.

I suggest in a later chapter of this dissertation that the third generation of new American AIDS plays presents a theater of inclusion, whereby HIV/AIDS is no longer the principal subject of a play, but rather it is included in dramatic narrative in order to further some other story. This is indicative of a cultural relationship with the disease that deems it to be a chronic, manageable, livable and invisible condition. In the U.S., there is seldom a visual presence of HIV/AIDS in everyday life. AIDS is there but not there. But a vanishing of AIDS in the present raises the stakes for the treatment of AIDS in the future, lest it be out of sight out of mind. Cultural interventions that remind audiences of the human impact of the disease become more important. They are often the only visual and present reminders of a virus that continues to claim the lives of millions. The revival phenomenon is not merely an elevation of certain pieces to canon-status, it is also a signifier within the corpus that certain plays are both good and durable – able to withstand reinvention with the integration of new audience worlds. Important and popular plays are not inherently so, they become important and/or popular through demonstration of longevity.

A common utilization of HIV/AIDS in plays introduced during the third-generation is to make it the reason for coming together. AIDS brings people together. Different from the familiar element in early plays where a young man long-estranged from his family would

often come home to reconcile with them before his death (*An Early Frost*, *Zero Positive*, *In the Gloaming*, *Before it Hits Home*), in third-generation plays, AIDS forces a reunion often with brutal consequences. In the second act of Richard Greenberg's *The Assembled Parties* a family comes together to protect the dignity of a matriarch whose dire financial situation can be traced to the mysterious death of her son (and possibly her husband) years before. In Mark Medoff's *Prymate*, two territorial scientists are brought together when AIDS curative research threatens a gorilla. HIV is weaponized when professional boundaries are obliterated. Professional actors who abandon their careers after being diagnosed with HIV join a ragtag troupe of actors attempting a production of *Oedipus* in Craig Lucas's *Small Tragedy*. Western intervention against global AIDS is the reason the American protagonists find themselves in the midst of the Rwandan genocide in *The Overwhelming* by J.T. Rogers. The brothers in *Parasite Drag* by Mark Roberts are forced to reunite and confront their painful past when their drug-addict sister dies of AIDS. HIV/AIDS is a critical given circumstance that brings the characters of each of these plays together, but it is quickly moved to the periphery, so the real thought, stories and character conflicts of the plays may proceed.

Whereas few first-generation AIDS plays present the disease as anything other than the purview of gay men, most new plays from the third-generation offer a corrective to that trope by having women as the HIV-positive characters. Two of Anna Deavere Smith's portraits in *Let Me Down Easy* concern medical and palliative care of HIV patients. Both are women's stories. *In the Continuum* presents the global similarities and differences of HIV by comparing the experience of two women. It is a sister's death due to AIDS complications

that forces a family reunion in *Parasite Drag*. A woman abandons her acting career in *Small Tragedy* when managing a financially unstable life and living with HIV proves unsustainable. Before an HIV-ridden needle prick is used as retribution, the lone character living with HIV in *Prymate* is the young female sign-language interpreter. I suggest this is a tacit equalizing effort within the corpus to correctly represent HIV/AIDS as a disease that does not discriminate.

I spend a later chapter of this dissertation examining the plays from the third generation for how they grapple with generational divisions among gay men and global divisions between countries with access to HAART and developing nations that lack consistent and quality treatment options. These are among the most rigid dichotomies of AIDS cultural understanding. McNally's *Mothers and Sons* has four characters representing four separate generational understandings of HIV. *Loaded* by Elliot Ramón Potts pits the forty-something gay man who watched his friends die against the twenty-something gay man who sees his friends pop a nightly pill and carry on partying. Even the characters of Andrew Barret's *Circuitry*, while all of the same generation, are realizing that they no longer fit in with the younger set that their circuit-party tour places them with. The global division is elegantly handled in both Deavere Smith's *Let Me Down Easy* and Danai Gurira and Nikkole Salter's *In the Continuum*. The former juxtaposes the global AIDS crisis with the ongoing U.S. political debate on health care policy, the latter tells twin stories that illuminates the differences in a similar diagnosis depending on geography.

Another realization in the revival phenomenon of the third generation of American AIDS theater is that plays once considered to be AIDS plays, although perhaps never



explicitly so, occasionally lose their metaphoric incorporation of the pandemic. Craig Lucas's *Prelude to a Kiss* is such an example (another will come at the beginning of what I consider the fourth generation). When it first premiered in 1988, Lucas's story about an old man crashing a young couple's wedding, kissing the bride and switching bodies with her, was thought to be a fantastical allegory about life in a world with HIV/AIDS. The young groom realizes that the affection he feels toward his new bride is and must be deeper than physical attraction. The audience of the original production knew a world where a young, healthy, vibrant body one day might be wasting and faded the next. Young gay men in particular discovered a need to look beyond aesthetic and physical beauty to realize a true sense of community, partnership and love. In 1988, all signs pointed to Craig Lucas as the rising sage of AIDS dramatic representation. *Longtime Companion*, Hollywood's first major theatrical film about AIDS, for which he had written the screenplay, was released earlier that year. And then came *Prelude to a Kiss*, which obviously was intended as a giant metaphor about AIDS. Lucas would neither confirm nor deny that this was his intention, but the connection between the contemporary fairytale and the epidemic made for good press (particularly when the same actress would star in both Lucas's film and his play in the same year). When a Broadway revival of *Prelude to a Kiss* opened in 2007, the bridge between fantasy and epidemic reality did not materialize. The specificity of a fantasy-metaphor at the end of an AIDS-ravaged decade was replaced by an attempt at a fable with a generalized lesson about the fragility and durability of love. Time has transformed a one-time AIDS play into a gentle romantic comedy.

The trends in the corpus between the years 2003 and 2014 match a culture of HIV invisibility. New works during this period are less about HIV/AIDS than their predecessors. Some plays include AIDS without referring to it at all. This can either be viewed as a distancing of the topic or a maturing of the dramatic representation. By this time, playwrights were able to expect that audiences were familiar with the disease, so they might find ways to include it in their dramatic storytelling without needing to explain it.

2015

<ul style="list-style-type: none">● March 19: <i>The Heidi Chronicles</i> by Wendy Wasserstein is revived on Broadway. Directed by Pam MacKinnon. Featuring: Elizabeth Moss, Bryce Pinkham and Jason Biggs.	<ul style="list-style-type: none">● January 8: A review of multiple studies of South African women indicates that using Depo Provera[®], an injectable contraceptive, may increase women's chances of contracting HIV by 40%.● February 23: CDC announces that more than 90% of new HIV infections in the United States could be prevented by diagnosing people living with HIV and ensuring they receive prompt, ongoing care and treatment.● February 25: Indiana state health officials announce an HIV outbreak linked to injection drug use in the southeastern portion of the state. By the end of the year, Indiana will confirm 184 new cases of HIV linked to the outbreak.● May 8: HHS announces plans to amend the federal rules covering organ transplants to allow the recovery of transplantable organs from HIV-positive donors. The new regulations will provide a framework for clinical studies on transplanting organs from HIV-positive donors to HIV-positive recipients.● May 27: Results from the Strategic Timing of Antiretroviral Treatment (START) study indicate that HIV-positive individuals who start taking antiretroviral drugs before their CD4+ cell counts decrease have a considerably lower risk of developing AIDS or other serious illnesses. Subsequent data releases show that early therapy for people living with HIV
---	--

<p>also prevents the onset of cancer, cardiovascular disease, and other non-AIDS-related diseases.</p> <ul style="list-style-type: none"> ● June 30: WHO certifies that Cuba is the first nation to eliminate mother-to-child transmission of both HIV and syphilis. ● July 20: Researchers report that antiretroviral therapy is highly effective at preventing sexual transmission of HIV from a person living with HIV to an uninfected heterosexual partner when the HIV-positive partner is virally suppressed. ● September 30: The WHO announces new treatment recommendations that call for all people living with HIV to begin antiretroviral therapy as soon after diagnosis as possible. WHO also recommends daily oral PrEP as an additional prevention choice for those at substantial risk for contracting HIV. WHO estimates the new policies could help avert more than 21 million deaths and 28 million new infections by 2030. ● November 17: Actor Charlie Sheen announces that he has HIV in a nationally televised interview. ● November 30: amfAR announces its plan to establish the Institute for HIV Cure Research at the University of California, San Francisco. 	
---	--

	<ul style="list-style-type: none"> December 21: FDA announces it will lift its 30-year-old ban on all blood donations by men who have sex with men and institute a policy that allows them to donate blood if they have not had sexual contact with another man in the previous 12 months. <p><u>By the end of 2015</u></p> <ul style="list-style-type: none">  UNAIDS reports that 15.8 million people were accessing antiretroviral treatment as of June 2015 — more than doubling the number of people who were on treatment in 2010.  CDC announces that annual HIV diagnoses in the U.S. fell by 19% from 2005 to 2014. But they continued to rise among Latino gay/bisexual men (+24%) and black gay/bisexual men (+22%).
<h1 style="text-align: center;">2016</h1>	<ul style="list-style-type: none"> January 19: CDC reports that only 1 in 5 sexually active high school students has been tested for HIV. An estimated 50% of young Americans who are living with HIV do not know they are infected. February 25: Researchers report that a man taking PrEP has contracted HIV — marking the first reported infection of someone regularly taking the drug.

<p>September 25: <i>The King of Hell's Palace</i> by Frances Ya-Chu Cowhig is presented in the New Stages Workshop series at the Goodman Theater in Chicago. Directed by Tea Alagic.</p> <ul style="list-style-type: none"> ○ Set in the Henan province of China in the early 1990s, the play concerns the commercial plasma-for-cash cooperative between the state and American pharmaceutical corporations that led to hundreds of thousands of HIV infections due to tainted blood and poorly managed reclamation methods. The heroine is Yin-Yin, a female Chinese doctor specializing in infectious disease. <p>October 14: <i>Roz and Ray</i> by Karen Hartman opens at Seattle Repertory Theatre. The production is co-presented by Chicago's Victory Gardens Theatre, where it will also open on November 11th. Directed by Chay Yew. Featuring: Ellen McLaughlin and Teagle F. Bougere.</p>	<ul style="list-style-type: none"> ● May 24: NIH and partners announce they will launch a large HIV vaccine trial in South Africa in November 2016. This represents the first time since 2009 that the scientific community has embarked on an HIV vaccine clinical trial of this size. ● June 8-10: The UN holds its 2016 High-Level Meeting on Ending AIDS. UN member states pledge to end the AIDS epidemic by 2030, but the meeting is marked by controversy after more than 50 nations block the participation of groups representing LGBT people from the discussion. The final resolution does not mention those most at risk for contracting HIV/AIDS: men who have sex with men, sex workers, transgender people and people who inject drugs.
--	--

○ The play tells the story of one doctor's struggle with medical ethics. As an expert in the clinical care of children with hemophilia in the early 1980s, Roz confronts ambivalence from medical authorities when the life-saving Factor VIII is suspected of infecting patients with HIV. In his *Chicago Tribune* review of the Victory Gardens production, Chris Jones says: "*Roz and Ray* is a version of *The Normal Heart* for hemophiliacs and, as such, it does us all a great service, especially in this moment of drastic political realignment. For their suffering was our collective responsibility. And so it remains."

● October 27: *Falsettos* by William Finn and James Lapine is revived on Broadway. Directed by James Lapine. Featuring: Christian Borle, Andrew Rannells and Tracie Thoms.

2017

- April: Tony Kushner's *Angels in America* receives a new production at the National Theatre in London. The production was broadcast in cinemas across the globe as a part of the NT Live series. Directed by Marianne Elliott. Featuring: Andrew Garfield, Nathan Lane and Nathan Stewart-Jarrett.
- June 29: *Marvin's Room* by Scott McPherson is revived on Broadway. Directed by Anne Kauffman. Featuring: Lili Taylor, Janeane Garofalo and Celia Weston.
- September 9: Composer-lyricist Michael Friedman dies of AIDS-related illness at age 41.
- January 20: The Trump administration declines to staff the White House Office of National AIDS Policy (ONAP), effectively but unofficially closing the primary office of the federal government responsible for the nation's HIV/AIDS strategy. The ONAP was formed in 1993.
- June: Six members of the Presidential Advisory Council on HIV/AIDS (PACHA) resign in protest of the health policies of the Trump administration.
- December 28: All ten remaining members of PACHA are dismissed by President Donald Trump without explanation, effectively ending the council.

<h1 style="color: red; text-align: center;">2018</h1> <ul style="list-style-type: none"> • March 25: Broadway transfer of the National Theatre revival of Tony Kushner’s <i>Angels in America</i> opens. The production receives the Tony and Drama Desk awards for Best Revival of a Play. 	<ul style="list-style-type: none"> • January 15: “America’s foremost warrior in the battle against superstitions, fears and prejudices that have stigmatized many people with AIDS,” Dr. Mathilde Krim, dies at age 91. Krim founded the AIDS Medical Foundation in 1983 and become the founding chairwoman of amfAR in 1985. • December 1: The 30th annual observance of World AIDS Day.
<h1 style="color: red; text-align: center;">2019</h1> <ul style="list-style-type: none"> • January 27: <i>Rent: Live</i>, a live television adaptation of the musical is broadcast on FOX. 	<ul style="list-style-type: none"> • March 4: Report of the “London Patient” is made public. Twelve years after the “Berlin Patient,” doctors have been able to repeat the conditions that led to the first and only “functional cure” of HIV. This second case is considered a milestone in the global fight.

As the fourth generation of American AIDS plays has yet to fashion a defining collection of qualities, mode of depicting the disease, or dramatic form, it might be premature to speculate about how the next several years may utilize HIV/AIDS in dramatic literature. There are, however, at least three observations worthy of note in the chronology spanning the years 2015 – 2018.

Among the more poetic coincidences in the timeline is the appearance of a major revival of Wendy Wasserstein's Pulitzer Prize-winning *The Heidi Chronicles*, a play that inserts pediatric AIDS into the narrative of the feminist movement in close proximity to the declaration by the World Health Organization that the first nation has successfully eliminated mother-to-child transmission of HIV. There is no indication, however, that the theatrical event and the global success story shared any press at all. The play, a rousing success in its original incarnation, played a paltry fifty-three performances in its revival, despite a series of respectable reviews. Spanning decades of Heidi's journey, the play is ostensibly vast, but with a small cast and intimate and nuanced turns through the feminist movement, the production's home in the Music Box, one of Broadway's largest venues proved a mismatch. The play did not run long enough to make it to the day of the major announcement by the WHO that Cuba reported a nil transmission during perinatal and postnatal periods. Mother-to-child transmission of HIV has been deemed 99% preventable for years as long as HIV-positive pregnant women adhere to HAART, have successfully suppressed viral loads and refrain from breastfeeding. This medical expectation was confused in the early 2010s when it was discovered that an additional viable route of mother-to-child transmission, particularly evident in rural African settings, is oral mash –

when a woman will grind food to an acceptable consistency for her child in her own mouth. Even with this medical knowledge, it was thirty-four years into the pandemic before the first nation successfully snuffed these routes of vertical transmission. These are HIV facts that Heidi's doctor friend, Peter, who finds his place working with babies born with HIV/AIDS in 1987, would not know. The press surrounding the revival made no reference to the ways in which the play was originally connected to the epidemic. It is unsurprising that the global connection did not resonate. In 2015, *The Heidi Chronicles* was no longer touted as an AIDS play at all.

Two significant plays to enter the fray during this period indicate that new American AIDS plays are apt to mine the pandemic for forgotten corners of the accepted history of HIV/AIDS. Karen Hartman's *Roz and Ray* portrays the emergence of AIDS in pediatric hemophilia cases, which pointed to the drug Factor VIII, which commingles clotting proteins from potentially thousands of blood donors, as the cause. During the period 1981 to 1984, 50% of the population of hemophilic patients in the United States was infected with HIV; 80% of those would eventually die of AIDS-related illness. This discovery led initially to donor screening and was the primary reason behind the renaming of Gay-Related Immune Deficiency (GRID) as AIDS. By 1985, Factor VIII was reformulated by heat-treatment processing which was proven to eliminate the risk of HIV. Hartman's play details the medical fight to make the discovery known against a particular unregulated profit-driven establishment. While still in development, Frances Ya-Chu Cowhig's play, *The King of Hell's Palace*, tells another story of American pharmaceutical interests taking priority over a population's health with respect to HIV infection. Set in China's Henan province in the early

1990s, the play looks into the state-organized blood-for-cash schemes that provided the same Factor VIII product that features in Hartman's play. With the recipients of Factor deemed safe by the reformulation, Cowhig's play exposes how its collection methods of blood reclamation (where the donor gives blood, clotting factor is extracted, and blood is returned to the donor) caused an HIV outbreak in a half-million Chinese Factor donors. Factor reclamation as opposed to blood donation, means that donors may give much more frequently. As it was no longer deemed a threat to the recipient, donors were not regularly screened for HIV. Unsanitary collection and reclamation procedures transmitted the virus from seropositive donors to the entire pool of donors. Both Hartman's *Roz and Ray* and Cowhig's *The King of Hell's Palace* bring to light stories that have not been given prominence in AIDS cultural awareness. Both remember a forgotten population of HIV victims, and both point to corporate apathy as a player in the spread of the virus. As such, they disidentify with a narrative that is often reinforced by the American dramatic corpus, that the history of AIDS is the history of gay men in the 1980s and 1990s. This may be an indication that in the fourth generation American AIDS plays will serve to expand the accepted historical narrative of the pandemic.

The voices of science and reason and the protagonists of both Hartman's and Cowhig's plays are female doctors. Roz and Yin-Yin fight through their respective profit-driven medical establishments in order to make their discoveries of new routes of HIV transmission known. These women emerge as singular voices in their male-dominated professions. This revisits a trope first seen in the characters of Dr. Emma Brookner in Kramer's *The Normal Heart* and Dr. Charlotte in *Falsettos*. But the prominence of the

characters in the first two plays to emerge in a new period of AIDS drama, suggests that the fourth wave of American AIDS plays might center on the role of women in fighting the pandemic. I further suggest that this phenomenon in the worlds of the text is mirrored in the worlds of the playwright. Where the first plays about AIDS were written by gay men, we should note that both of the first significant plays to emerge in the fourth generation are written by women. Furthermore, a dominance by female theater artists in the fourth-generation of AIDS plays extends to the world of the production. With the exception of the Lincoln Center revival of *Falsettos*, which was staged by one of the musical's authors, all of the major revivals so far have been directed by women. Perhaps this should be of little significance today, but it seems fitting to take note of the markers of new gendered balances in the theater industry. The AIDS play has long been perceived as the purview of gay men and theater artists with deeply felt identifications with the community in which AIDS first appeared. But as the virus does not discriminate by either sexual orientation or sex, and plays are reinvented with every new collaboration, the furthering and caretaking of the American AIDS plays by women in the fourth generation is a sign that, perhaps, the re-remembering performed on-stage has evolved to a new inclusivity.

As the pandemic continues, new ways of understanding its global, personal and political impact will emerge. More than thirty years of extant American AIDS plays imply a promise that the theater will continue to be a player in shaping the cultural narrative of HIV/AIDS. It is unknown exactly how a fourth generation of American AIDS drama will do this. Major plays will be revived, forgotten plays will be rediscovered, some plays will be forgotten in how they served cultural consciousness, and new stories will be written. As the

once-forged American political relationship with HIV/AIDS has begun to rust with a new administration, this begs a question of how cultural understanding of HIV/AIDS will move forward. The theater is a place to build lasting human relationships. The American AIDS plays have cultivated living relationships with the changing face of the pandemic. They will continue to do so, in different ways, at least until there is a cure.

*May I, composed like them
Of Eros and of dust,
Beleaguered by the same
Negation and despair,
Show an affirming flame.*

*From "September 1, 1939"
by W.H. Auden*

*When we walk our way and encounter a man who comes
toward us, walking his way, we know our way only and not
his; for his comes to life for us only in the encounter.*

Martin Buber

Chapter 2

Acquiring the Normal: The Kramer Plays

On the 26th of June 2013, I walked into the Robert H. Smith Auditorium at the New York Historical Society eager to hear a man who had been elevated to hero status in my mind. The museum had just opened their summer-long exhibit, *AIDS in New York: The First Five Years*. Drawing from photographs, posters and artifacts provided by the New York Public Library, New York University, and the National Archive of LGBT History, the exhibit told the story of the early years of AIDS in New York. As described in the curatorial statement:

For those who lost partners, children, siblings, parents and friends to HIV/AIDS in the later years of the twentieth century, the memory of grief, fear and mystery which pervaded New York at the beginning of the epidemic remains vivid. But for many New Yorkers and others today, this early period from 1981 to 1985 is virtually unknown. The activist movements that changed the nation's approach to catastrophic disease have overshadowed the panic of this period when a new and fatal enemy to public health was in its earliest stages and no one knew how to combat it.⁴⁴

⁴⁴ *AIDS in New York: The First 5 Years, "Making History Matter,"* New York Historical Society, June 7 – September 15, 2013.

AIDS in New York: The First Five Years ostensibly explored the impact of the epidemic on personal lives, public health and medical practices, culture and politics in New York City and the nation, but the visual elements were entirely of early AIDS activism. The walls of the museum displayed images of outdoor protests with banners the length of city blocks crying “Fighting for Our Lives!” and city hall conferences with Mayor Ed Koch staring down pie charts and Venn diagrams illustrating the growing crisis while preparing to announce the formation of the New York City Office of Gay and Lesbian Health, but nowhere were there photographs of AIDS patients in hospital wards or funerals. The irony of the exhibit is that it reinforced the same overshadowing of panic in the accepted AIDS narrative by activism that was cited in the exhibit’s literature. The event I was attending, however, was not necessarily a celebration of AIDS activism, although the guest is virtually synonymous with it. Larry Kramer was set to appear on stage to discuss his most famous play in a conversation simply titled “Larry Kramer and *The Normal Heart*.”

It was, actually, two long-admired playwrights who drew me to the event. While focused on Kramer and his play, the evening would be moderated by Tony Kushner. Arguably the authors of the most important American AIDS plays, Kramer and Kushner could not be more disparate in their dramatic approach to the topic. Kramer’s plays are autobiographical extensions of his activism, as he would say during the talk, “AIDS made me an activist.” Kushner distances himself from his writing to the degree that while discussing Kramer’s writing of himself into his plays Kushner said that, “I experience pain just putting my name on my work, and I admire you for being the opposite.” I later learned that, at least for Kushner, the event at the New York Historical Society healed a personal rift

between the two men. But with two of the most important authors of American AIDS plays and an event positioned as part of an exhibit on early AIDS activism, I mistakenly assumed that the conversation would begin by discussing the theater, activism or the early years of AIDS in New York. This was no ordinary day, however. Only hours before, the United States Supreme Court issued its ruling in the landmark civil rights case of *United States vs. Windsor*. The court's 5-4 decision declared Section 3 of the Defense of Marriage Act to be unconstitutional in its "deprivation of the liberty of the person protected by the Fifth Amendment,"⁴⁵ effectively nullifying the act of the United States Congress that prevented the recognition of same-sex marriages at the federal level. Given the ramifications of the court's ruling, I should not have been surprised that Kushner's first question to Kramer was, "Do you feel happy?" Kushner asked this to elicit a response about the ruling, but asking it of Larry Kramer was certain to get a laugh from a knowing audience. Kramer's activism is built on his reputation that he is unhappy and has been for decades. Discontent is often the catalyst for change. But at least momentarily, Kramer set aside the myth of his chronic crankiness, with a smile he responded:

I've never felt really unhappy through all the awfulness, because I always had hope. And there were so many of us that were fighting so hard. Especially in the years of ACT-UP. We played hard, and that was our mourning. And we enunciated it instead of mourning. I think I'm basically a hopeful person. It gets hard sometimes.⁴⁶

⁴⁵ Majority opinion authored by United States Supreme Court Associate Justice Anthony Kennedy.

⁴⁶ "Larry Kramer and The Normal Heart" (moderated by Tony Kushner) at New York Historical Society Museum and Library, 06/26/2013.

Kushner continued the discussion of the court's DOMA decision by asking, "Were you surprised?" Kramer affirmed, "I'm very surprised. Amazingly surprised." As if shocked by the unexpectedly beaming Larry Kramer, Kushner pressed it further by remarking that for the gay community, "It feels like a doorway has been stepped through." To this, Kramer replied, "It gives the gay population enormous energy to open that door. I hope. Yesterday we were loathed. Today we are only hated." And with that, the useful pessimism of Larry Kramer was made apparent to the audience. Victories are fleeting, and their inherent value is in energizing the journey forward. Kramer wasn't commenting on the fight for marriage equality per se, although indirectly he remains a powerful voice in that fight. As perhaps the loudest voice ever in AIDS activism, his remarks on that significant day tied together the fight against AIDS and the fight for LGBT rights. Without a twinge of satisfaction, in a monologue that could have come from one of his plays, Kramer set forth his well-established disappointment in the activist energy of those around him.

We are very reluctant to accept the fact that we're hated. One of the things I've learned over the years. I don't call it the gay community. I think community is much too cozy a word. And there are too many of us. We're more a gay population. I've never been able to figure out why we are as passive as we are. At the height of ultimate death which was '89 – '90 . . . '96, '97, '98. There couldn't have been more than 10,000 gay people in one of the ACT-UP chapters. And I don't know how many millions of us there are. It makes me angry; it makes sad, because I think we are wonderful people. That is our tragic flaw, perhaps.

In theatrical terms, Kramer the writer merged the AIDS movement with the legal significance of that day. Kramer the activist refused to enjoy the laurels, even as Kushner attempted to thank him for what he and ACT-UP did at the height of the epidemic. Kramer persisted:

We take our good news. And hold it close to us. And wait until the next awful thing comes along. And it will. We are potentially a very powerful population. I wish we could capitalize on that somehow. These fights are never over.

Kushner repeatedly attempted to steer the conversation toward Kramer's play as an act of activism, at one point saying to Kramer how he had "seen the world change as a result of what you had written." Kramer's discomfort with the comment was either a display of humility or a stirring of his activist discontentedness when he said, "I haven't really thought that what I've written changed anything until very recently. It just gets in the way."

Looking back at what he may have accomplished gets in the way of the work – both the work of writing and the work of activism. Kramer described a moment of brief satisfaction years earlier when he was undergoing a liver transplant and was convinced that he would die. When he didn't, the satisfaction vanished and the activist fuel of unhappiness returned.

I felt like I had been well used. Because I did something useful. But then I was spared, and had to go back to work.

Returning to work meant the project he was completing at the time of the event at the New York Historical Society. *The Normal Heart*, Kramer's play that is forever tied to the AIDS movement, both as a document of history about the catastrophic first days of the crisis and as a piece of activism itself, was finally being made into a film.

Three years after publishing his controversial novel, *Faggots*, Larry Kramer found himself stirring controversy intentionally as he plunged into AIDS activism demanding research and treatment, and issuing brazen demands for immediate action from every level

of government, public health official and institution. Unpopularly, he called upon the gay community to adopt a uniform practice of sexual abstinence while the unknown disease ran its course. Within a month of the July 1981 *New York Times* article by Lawrence Altman that quietly inserted AIDS into cultural awareness, Kramer held a fundraiser in his Washington Square apartment.⁴⁷ He condemned the nonexistent civic response in regular articles in the *New York Native*, op-eds and letters to the editor in the *New York Times*, *Village Voice* and virtually anywhere else that his voice might be heard. Having his voice heard was something he could control; being listened to was something quite different. Kramer has often been referred to as a Cassandra, one who recognized the path of avoidance but to whom no one would listen. Along with Paul Popham and Rodger McFarlane, Kramer founded the Gay Men's Health Crisis (GMHC) in 1982. Over the next year, the GMHC formed its identity as a service organization with national interest, but Kramer insisted that its primary role be political. His impatience and his alternate vision for the organization led to his removal from its operations. GMHC official history states that Kramer resigned in order to form the AIDS Coalition to Unleash Power (ACT-UP), but Kramer insists that he was forced out. This forcing out is a pivotal scene depicted in *The Normal Heart*, a play that was always intended as an extension of Kramer's AIDS activism.

Kramer's energies focused on igniting the conscience of American society in general and on the sluggish or outright unresponsive administrations in New York City and Washington, DC in particular. AIDS entered the scene early in the "Are you better off than

⁴⁷ In a notorious turn of events, after his term as New York City mayor ended in 1989, Ed Koch, a principal target of Kramer's rage both in *The Normal Heart* and throughout the forming of GMHC and ACT-UP, moved into the same building.

you were four years ago?” presidency of Ronald Reagan, but it wouldn’t be until five months after *The Normal Heart* opened Off-Broadway in 1985 – four years into the epidemic – that Reagan would mention AIDS publically for the first time. By the time the President delivered the speech, 36,058 Americans had been diagnosed with AIDS; 20,849 had died. The lack of local response by Mayor Ed Koch in New York City was the primary target of blame in *The Normal Heart*. As Kramer turned the stage into a platform for powerfully raising the visibility of the personal impact of AIDS, the anticipation was felt in Gracie Mansion. It is widely believed that to avoid public backlash after the play’s opening, Koch’s team scrambled to announce a “comprehensive expansion of city services” for local AIDS patients on the same day that *The Normal Heart* opened. Kramer’s play, even before its premiere, proved that the theater could trigger unrest and inspire profound cultural dialogue.

The Normal Heart is a roman à clef, real life – from Kramer’s perspective – thinly disguised with names changed in a dramatic narrative. The characters are directly drawn from the group of activists who founded the GMHC. Ned Weeks is Kramer. Bruce Niles is Paul Popham, the first president of GMHC. Tommy Boatwright is Rodger McFarlane, the heart and soul of GMHC’s outreach operations (and, along with Lucille Lortel, a primary producer of *The Destiny of Me*). Ned’s brother Ben is Kramer’s brother Arthur, the attorney whose legal support and financial guidance made certain that Kramer’s earlier career as a screenwriter would keep him financially secure for the rest of his life – a factor that Kramer often cited as the primary reason he was able devote his energy to political theater and activism. Emma, the only female character, the voice of medicine and science in the play, is

based on Dr. Linda Laubenstein, the physician who co-authored the first article on Kaposi's sarcoma in gay men. Felix, the *New York Times* style reporter who becomes Ned's partner, is a stand-in for someone, but who that is is officially unknown.⁴⁸

Kramer's activist anger propels *The Normal Heart*. When Ned and the GMHC founders attempt to arrange a meeting with Mayor Koch, the slimy assistant, gay himself, sends them on their way without so much as a "we'll look into it." Ned desperately asks:

Ned: Have you told the mayor there's an epidemic going on?

Hiram: I can't tell him that!

Ned: Why not?

Hiram: Because it isn't true.

Bruce: Yes, sir, it is.

Hiram: Okay – there are half a million gay men in our area. Five hundred and nine cases doesn't seem so high, considering how many of us – I mean, of you! – there are.⁴⁹

Ned's outbursts in professional situations repeatedly cause him to be alienated by his colleagues and friends. Kramer emphasizes Ned's (and therefore his own) shortcomings and intense isolation, even as he cannot stop himself from feeling disenchanted with what he considers closeted and timid activists.

⁴⁸ The November 1, 1987 agreement between Kramer and Barwood Films (Barbra Streisand's production company) securing the film rights to *The Normal Heart* includes a release document for the living individuals represented in the script. Both the characters Bruce and Felix are remarked that their individuals were "now dead" – Popham died in May 1987, and Felix's identity is officially a secret.

⁴⁹ Larry Kramer, *The Normal Heart* (New York, NY: Samuel French, Inc., 1985), 68.

By the end of the second act, Ned is again an outcast, as much for his tactlessness as for his demands in pressing an agenda of abstinence on a community that for decades fought for sexual freedom. Felix is the only person who can occasionally ameliorate Ned's vexation.⁵⁰ In the final scene, Emma unites Ned and Felix in a deathbed marriage:

Emma: They love each other very much and want to be married in the presence of their family before Felix dies. I can see no objection. This is my hospital, my church.

But even as Ned atones for his rancor, Felix insists on Ned staying the course of his fierce activism.

Felix: Don't lose that anger. Just have a little more patience and forgiveness. For yourself as well.

As Felix dies, Ned loses himself and any recognition that he has been doing more than his share:

Ned: Why didn't I fight harder! Why didn't I picket the White House, all by myself if nobody would come. Or go on a hunger strike.

The press that surrounds *The Normal Heart* mostly focuses on how the play did or did not fulfill its intended political and activist agenda. The episodic form of the play contributes to this skewed reading. Constructed in Brechtian episodic style, the play is made up of sixteen scenes expressing Kramer's rage at the apathy for the looming plague. As James Fisher states, "Most importantly, Kramer's point of view continues in the Brechtian tradition of demanding that the audience ponder their present and future response to the disease as a

⁵⁰ This is not so in the film adaptation. The character of Tommy is expanded significantly in the film and is often capable of moderating Ned. While this does reflect the strong friendship between Kramer and MacFarlane, even in the penultimate screenplay treatment, Tommy's role is fairly minor. It seems that in casting Jim Parsons in the role of Tommy, Kramer was content to alter the play's balance between Ned's private and activist lives.

corrective.”⁵¹ Kramer would later write in the essay that accompanied his next play, “I also thought the play form was the best way to get matters attended to. Ed Koch and Ronald Reagan would have no choice but to pay attention to AIDS after the opening night of *The Normal Heart*. Yes, I conceived of the theater as a means of achieving something politically.”⁵² During the event with Kushner, Kramer cited David Hare’s 1982 play, *A Map of the World*, a deeply political play that explores the rhetoric of social change, as his model while writing *The Normal Heart*.

I do not dispute the polemics or the activist nature of *The Normal Heart*. But as an actor I must also argue that the play is simply good drama. The characters each wrestle with their own internal and external needs and mutual dependency. They have strengths and weaknesses that make confronting the specter of AIDS impossible but still necessary. *The Normal Heart* is a treasure of conflict. And its language fits characters desperately dealing with that conflict. As Tony Kushner states in his introduction to the combined volume of the Ned Weeks plays:

The ardency of Kramer’s longing for truth is most evident in the language he employs, which is startlingly plain. The writing avoids metaphor, avoids all painterliness. It is governed by a stark unyielding economy, pressed by an urgent need to find answers and understanding – as pressed by need as the playwright, his protagonist, and the community to which they belong, for which they feel such love and such anger, are pressed to find a cure for AIDS.⁵³

⁵¹ James Fisher, “From Tolerance to Liberation: Gay Drama in the Mainstream from *Torch Song Trilogy* and *The Normal Heart* to *Angels in America*, *Love! Valour! Compassion!* and *Take Me Out*” in *We Will Be Citizens: New Essays on Gay and Lesbian Theatre*, Edited by James Fisher (Jefferson, NC: McFarland & Company, Inc., 2008), 22.

⁵² Larry Kramer, “The Farce in Just Saying No: An Essay,” *Women in Love and Other Dramatic Writings* (New York, NY: Grove Press, 2002. [Essay originally printed in 1988]), 477.

⁵³ Tony Kushner, Introduction to *Larry Kramer - Two Plays: The Normal Heart and The Destiny of Me* (New York, NY: Grove Press, 2000), viii.

Considering the critical I-you relationship of the theater between actor and character, one that relies on moment to moment truth, one that cannot particularly concern itself with a Brechtian outcome, *The Normal Heart* is exciting theater.

After *The Normal Heart*, Kramer's next play was anticipated with considerable interest, but *Just Say No: A Play about a Farce* proved a disappointment on every front. Comically attempting to expose sexual hypocrisy in fantastical high places (a grotesque version of the Reagan family) and how it permitted AIDS to become a plague, *Just Say No* features Mrs. Potentate (the First Lady of New Columbia), her gay ballet-dancer son, and the closeted mayor of New Columbia's most populous northeastern city (Appleburg). Nancy Reagan, Ron Reagan, Jr. and Ed Koch were clearly the targets. The play's savagely comic thrust is about hypocrisy among the powerful, jabbing at those who vigorously support a social moral code, one by which they themselves do not live.

There are three problems with *Just Say No*. The first is a difficulty of comparison. When looked at along with the two Kramer plays it fell between, it is a minor work, perhaps barely a sketch.⁵⁴ It does not approach the political power of *The Normal Heart*, and the writing does not come anywhere near the height of *The Destiny of Me*. Secondly, it is a mix of form. It is satire masquerading as a sex-farce in a way that would likely even have confounded Joe Orton. But most damaging is the issue of time. Political comedies rarely

⁵⁴ While the script has been published twice in two different revisions (the 1988 WPA Theatre, NYC draft and the 1999 Bailiwick Repertory, Chicago draft), neither production was conceived as tier-one. They were both essentially workshops. In retrospect, it seems unfair to consider this a complete Kramer play at all.

bite when the subject is a lame duck. The shelf life of such a play is short; they generally come across as passé moments after they are written. When it premiered in October 1988, nobody cared about its attack on Nancy Reagan. AIDS insensitivity and lack of political mobilization were still deep issues of the ACT-UP movement, but beyond a few passing jokes the play does little to further the activist statement. But besides that, Ronald Reagan was almost out of office. The world of the text is set at a time “closing in on the end of Daddy’s first term.” When it opened, the United States was figuring out if George H.W. Bush or Michael Dukakis would succeed Reagan, and such a veiled exposure of misdeeds did little to tip the political scale. When, in 1999, Kramer revisited and revised the play for a Chicago production, even with updated references, it seemed silly. Nobody cared about Nancy Reagan’s Hollywood years sex life by the end of the Clinton administration. Kramer wrote:

My plays are like my children. I am proud of them all, but some of them have caused more heartbreak than others. Anyway, for whatever the reasons, *Just Say No* is my big problem child. I have tried twice to get it on its feet, and both times the world has kept it from walking.⁵⁵

While there is little reason to write about the impact of *Just Say No*, the play does unexpectedly factor into an examination of Kramer’s process in writing *The Normal Heart*. The first draft of *The Normal Heart* is undated, but it presumably was written before April 19, 1984 (the date of its second draft). The draft is a conglomeration of elements that

⁵⁵ Larry Kramer, *Just Say No: A Play about a Farce* (Original Production 1988 / Published Version Production 1999), Included in: *Women in Love and Other Dramatic Writings* (New York, NY: Grove Press. 2002), 355.

would eventually be teased out in not only *The Normal Heart*, but in *Just Say No* and *The Destiny of Me* as well. In fact, there seems to be more of *Destiny* than *Normal* in the first draft of *The Normal Heart*. The early draft includes several flashback scenes with Ned already dealing with the memory of his damaging childhood – something he will do throughout *The Destiny of Me*. His name as a boy is Edward, not Alexander which would eventually require a lengthy explanation in *Destiny*. There are more female characters, including the First Lady (although not spelled out to be Nancy Reagan), who makes an appearance as an interviewee for Felix’s column to discuss fashion designers. By that point Felix was experiencing the ravages of AIDS, and while he attempts to direct the conversation toward something more substantive than dresses, he becomes angry and seems to lose a sense of where he is (a devastating representation of the onset of AIDS dementia) causing the First Lady to flee from the interview. There is no scene of Ned being removed from GMHC, it is only referred to in a conversation between Ned and Ben.

Perhaps most significantly, the first draft of *The Normal Heart* is tracked by a character unrelated to Ned’s actions at all, named simply Little Manuel. Manuel is seen at the beginning of the play writing a letter to his mother optimistically telling her about his new life in the city. He is seen again at the beginning of the second act again writing, this time telling his mother that, “There is no cure for what I have, and I will be dead by the time you get this.” The penultimate image of the play is Little Manuel, still with no last name, dead, and left in an unclaimed body bag. The metaphoric need for such an ‘any man’ with AIDS may have been Kramer’s way of compensating for a belief that a story told through his eyes wasn’t the material that could carry a play. I argue that in its final form, it is the

autobiographical narrative that elevates *The Normal Heart*, profoundly intensifying the I-you relationship between the playwright and the play.

The Destiny of Me opened in October 1992 at the Lucille Lortel Theater Off-Broadway. The play exhibits a quality of second-generation AIDS plays in that while the central character is dealing directly with AIDS, the condition is the catalyst in forcing him to examine his own past and human failings. Ned Weeks is again the stand-in for Kramer, but this time it is not a blow-by-blow recounting of Kramer's political struggle, rather it is Ned in a place of resignation, a hospital. The play opens with HIV-positive Ned entering an experimental treatment program run by a doctor who is the target of some of Ned's most militant activism. The play's Dr. Anthony Della Vida is inspired by Dr. Anthony Fauci of the National Institutes of Health. The NIH and the FDA were primary points of focus for ACT-UP protests around drug treatment protocols, and the ones in which (arguably) ACT-UP was most able to affect change. While Fauci was often the target of Kramer's op-ed wrath, he is also thanked in the published script, "for answering my hundreds of medical questions."

Facing what he assumes to be his imminent death, Ned struggles throughout the play to survive, to rekindle his activist fire in a final blaze, and to make sense of his personal past through medicine-addled journeys into his memory. These departures spiral out from Ned's hospital bed as he confronts his younger self, his parents and his brother for the years of conversion therapy he endured.⁵⁶ Ned arrives at significant revelations about himself

⁵⁶ During the New York Historical Society event, Kushner asked the bearded and bespectacled Kramer, "If we had more time, I would ask you about psychoanalysis. You are after all looking more and more like Sigmund Freud." Kramer replied, "God knows he got enough of my money."

and his experiences through this theatrical memory. Arguing with his own personality and dissecting the parts he has failed to come to terms with serves to reveal the birth of both Ned's (and therefore Kramer's) anger and his fatalistic humor. The memory scenes alternate with the present in which Ned zealously argues with Della Vida over the state of AIDS, AIDS research and the value of activism.

The Destiny of Me differs from the angry Brechtian tone of *The Normal Heart* in its melancholia and in the deepening of its lead character. Ned regains his anger despite the failure of the medical procedure. Fisher notes:

Kramer offers a wrenching exploration of Weeks' traumatic and sexual awakening and his drive toward activism. Despite its obvious connection to the long tradition of realistic American family-oriented dramas, Kramer makes use of a range of post-modern theatrical devices. Time periods overlap as characters float in and out of the action (both in the present and in the past) presenting key situations in Weeks' life, but as with *The Normal Heart*, the message matters more than the medium.⁵⁷

For Kramer, though, the message could not be separated from the medium. His personal devotion to the memory form in the *The Destiny of Me* took five years. The task in finding a place to have it performed, however, took the life out of him – at least with regard to playwriting, for Kramer has not completed a new play in the twenty-five years since *The Destiny of Me* premiered. No angel would descend upon the project the way that Joe Papp had with *The Normal Heart's* original production at the Public Theater's New York Shakespeare Festival. In 1985, Papp wrote, "I love the ardor of this play, its howling; its terror and its kindness. It makes me very proud to be its producer and caretaker."

⁵⁷ Fisher, "From Tolerance to Liberation James," 23.

Apparently, Papp did not love the howling of the play's sequel, as he declined to produce it. Kramer stated with a wink to his now famous self-loathing, "Like me by the men in my life, my play had first to have its own history of rejections." Indeed, the play was rejected by not only the Public Theater, but also Lincoln Center, Playwrights Horizons, American Place Theater, Second Stage and Circle on the Square. A promise to have it first open in London at the National Theatre was pulled when its director bowed out. Regional theaters became saturated with AIDS plays in their seasons and also declined to offer *Destiny* its premiere. Kramer had an outright press war with Lynne Meadow of the Manhattan Theatre Club after her own promise to produce was canceled because of her commitment to "another gay playwright."⁵⁸

Kramer's professional tactics may well have influenced a disinclination to support his play in New York theater. It is possible, too, that after the failure of *Just Say No*, producers did not look kindly at the financial prospect of another Kramer play. A more likely explanation was an AIDS-fatigue among theatrical producers. While *The Normal Heart* competes with William M. Hoffman's *As Is* for the title of the first American AIDS play, the six years following their 1985 premieres were rife with major works dealing with AIDS by such playwrights as McNally, Wendy Wasserstein, Paula Vogel, Victor Bumbalo and Lanford Wilson. The American theater was also observing the rise of the play that might possibly eclipse them all, Tony Kushner's *Angels in America*. Kramer was undeterred, knowing that this play needed to be produced before he died. Finally, though, with a sizable amount of

⁵⁸ Meadow maintains that she had never made such a promise, but it is true that as playwright-in-residence, Terrence McNally's work was featured at the Manhattan Theatre Club each season while Kramer was completing *The Destiny of Me*.

his own money (under the guise of a loan to Rodger MacFarlane who signed on as an associate producer), Kramer partnered with Lucille Lortel for the Circle Repertory premiere under the direction of Marshall Mason. The play, while not particularly a commercial success, remains well regarded. It ran for 198 performances, a healthy run for an intense three-act Off-Broadway play. For *The Destiny of Me*, Kramer was a finalist for the Pulitzer Prize in Drama, losing to Kushner for the first part of *Angels in America*.

Ned Weeks is Larry Kramer. There has never been an attempt to disguise the fact that in writing *The Normal Heart* and *The Destiny of Me*, Kramer was writing his own story as that of his central character. The film adaptation of *The Normal Heart* opens with a Fire Island scene reminiscent of *Longtime Companion* with Ned being heckled by a pair of sunbathers, “Hey Weeks. Why do you even come here anymore? We don’t want you.” Kramer was a pariah. His 1978 novel *Faggots* was, to say the least, not embraced by the gay community and was banned from New York City’s only gay book store. In *Faggots*, Kramer’s main character is seeking a loving connection around which to build a relationship, but all Fred (also based upon Kramer himself, but less so than Ned) encounters is compulsive and anonymous sex sparked by alcohol and recreational drug use. The scene from *The Normal Heart* introduces the audience to Ned, who wants a loving relationship but is not seeing its possibility, and who is ostracized by his own community for having written a novel decrying sex as the reason why neither love nor political advancement were likely to enter the gay cultural narrative. The first draft of *The Normal Heart* makes explicit Ned’s connection to Kramer’s novel:

Ned: I'm sorry you didn't like it, Mickey.

Mickey: Didn't like it? I loathed it.

Ned: All I said was that I thought having so much sex made finding love impossible. You would have thought I was the anti-Christ.

Gregory: Well, Ned, I have to agree with that message, you are that. You must have more confidence in yourself, Ned.

Mickey: Ned, lacking in self-confidence!

Gregory: We are all lacking in self-confidence. Why else didn't he have a lover?

Mickey: Look at him. He walks around with Do Not Touch signs all over him. I'll bet you're snooping around all this just to go home and write about it. Write about us all.

Gregory: What's wrong with that? What are writers meant to write about?⁵⁹

Ned's self-hatred and his attempt to overcome its psychology were fuel for both plays. But it is the fight against AIDS that broke the back of Ned's self-loathing and unexpectedly forced him to let down his guard and find the love that had escaped him his entire life. In describing this moment before AIDS, Kramer writes:

I found myself actually shunned by friends. My best friend stopped speaking to me, even to this day. People would cross the street to avoid me, or ignore me at parties, to a few number of which I suddenly found myself uninvited. I was no longer welcome. For the next three years, until the appearance of what was to become known as AIDS, I kept a pretty low profile. I didn't know it then but I was learning – not originally by choice – that necessary lesson for anyone who insists on speaking his mind: how to become a loner.⁶⁰

⁵⁹ Larry Kramer, *The Normal Heart*, First draft, Undated, but before April 19, 1984 (date of 2nd draft). The Larry Kramer Papers, Beinecke Rare Book and Manuscript Library, Yale University.

⁶⁰ Larry Kramer, *Reports from the Holocaust: The Making of an AIDS Activist* (New York, NY: St Martin's Press, 1989), 6.

The merging of playwright and character presents a duality where his loneliness leads directly to both the making of an AIDS activist and the authoring of *The Normal Heart*. Kramer found the ostracism distasteful, but he never seems to have questioned the creative outspokenness that caused it. He identifies as the cantankerous man, discontent with every status quo.

In writing about himself, Kramer found guidance and justification in the 1961 text *Notes on the Creative Process and the Creative Person*, by psychologist Norman J. Levy, M.D., where the outspoken individual is praised as the soul of creativity. The less self-conscious, the less intimidated, the less a person attempts to comply with the expectations of others, the less his need to be right or perfect, “the better he can express whatever gift he has.” Levy states that creative action is “The imposing of one’s whole personality on the environment in a unique and characteristic way.”⁶¹ For Kramer, this meant principally inserting himself in the play he wanted to write. While I am uncertain at which point Kramer discovered Levy’s notes, the text was so influential in his writing that *The Normal Heart* is dedicated to Levy, “Who succeeded where all others failed.”

Levy writes, “Creative urge stems from the desire for self-realization and creative power arises from the energies available to fulfill this desire.” It is possible then that *The Normal Heart*, the play that has become the hallmark of AIDS dramatic activism, was primarily a product of Kramer pursuing his own self-worth. This does not diminish its role in AIDS cultural awareness, but transmutes the world of the text where a threat is attacking an

⁶¹ Norman J. Levy, M.D., *Notes on the Creative Process and the Creative Person* (1961). Photocopies scattered throughout The Larry Kramer Papers.

entire population into the life of a man witnessing the impending plague. Audiences may not like Ned, they may not care for his outspoken nature, but in viewing the world of the play through his eyes, AIDS is simultaneously a public and a personal issue. It is this personalization that evokes an audience's empathy. In Kramer's plays, as in Kramer's life, AIDS cannot ever be abstract. The fight against the disease must be fought with a personal vengeance. By putting himself in the story, Kramer doesn't need to tell others how to fight, he does it himself.

As an autobiographical text, *The Normal Heart* de-fictionalized the dramatic story of AIDS. An audience aware of the parallels between the play and Kramer's life sees the story with a dimension beyond representation, it becomes something akin to re-creation. The power of memoir in a play is that the audiences are allowed to peer into real lives, inviting them to understand the testimonial and confessional points of view. When *The Destiny of Me* (a play much more grounded in distant family memory and personal psychology than *The Normal Heart*, but still centering on the same Ned Weeks) was taking shape, Kramer was often compared to Eugene O'Neill because of his autobiographical dramatic subject. John Simon wrote in his *New York Magazine* review that *The Destiny of Me* was "A kind of (and this is meant as praise) Jewish-homosexual *Long Day's Journey Into Night*." It seems, though, that Kramer at least considered the connection himself. As he struggled in finding a title for the sequel, he reached out to playwright Wendy Wasserstein. Kramer's correspondence with playwright Craig Lucas suggests that while neither man cared much for Wasserstein's writing, they had both benefited from her ability to nail a title. Kramer wrote to Wasserstein:

I had wanted a long title, and a poetic one like “Long Day’s Journey Into Night.” Presumptuous [sic] me. But every one I came up with makes people gag. (I wonder if the same thing would have happened to O’Neill, if he’d offered it around.)⁶²

The autobiographical elements of *The Normal Heart* are essential in understanding the play. People were dying in Kramer’s life. He knew something needed to be done. He helped form the GMHC. His personality caused a tornado among the organization’s personnel. He was forced out of the organization he helped to build. While this was happening, the man he loved died an agonizing death from AIDS. Late in *The Normal Heart*, when Felix is at his lowest, he says to Ned, “Maybe it was you. Maybe you’ve been a carrier for twenty years.” Accusing his caregiver of being the one who infected him is a desperate act for one in the midst of epidemiological confusion. The scene is set in April 1983. Medical professionals were still speculating about the origin of the disease and it would be two years before the first test for HIV would be available. No asymptomatic person could know for certain if they were infected and were therefore capable of transmitting the virus to another person. Felix’s lash at Ned was founded in this uncertainty, but it becomes a salient moment of the play’s second act. Ned has not been sick, therefore it is the sudden illness and death all around him, not his own, that prompts the play’s actions. The events of the play span July 1981 – May 1984. At the end of the play, an exhausted Ned struggles to find the strength to carry on the fight. Neither he nor the audience could be aware of his HIV status.

⁶² Larry Kramer, Letter to Wendy Wasserstein (April 16, 1991). The Larry Kramer Papers, Beinecke Rare Book and Manuscript Library, Yale University.

Three years after *The Normal Heart* opened, Kramer was simultaneously drafting its first screenplay treatment and its sequel (then titled *The Furniture of Home*). The AIDS Coalition to Unleash Power (ACT-UP), which he co-founded in 1987, was stirring up the metropolitan centers of the United States with guerrilla protests. His farce about Nancy Reagan, *Just Say No*, had recently shut down to no acclaim at New York City's WPA Theatre, and Kramer was in physical pain. While seeking medical treatment for liver damage and an unrelated congenital hernia, Kramer tested positive for HIV. A diagnosis in 1988 was generally understood to be a death sentence, albeit a different one than it would have been during the time depicted in *The Normal Heart*. Zidovudine (AZT) was approved by the FDA for treatment by that point, and other treatments were in the works. Furthermore, doctors knew which numbers to consistently track in AIDS patients. HIV patients who did not present with an AIDS-defining condition were not customarily given therapeutic or prophylactic treatment. AZT offered the potential to slow the progression of the disease, albeit with toxic side effects, but not to stave it off for long. At the moment of his diagnosis, Kramer began slowly walking toward his own death, cultivating a fatalism that would inform his next work. His fatalistic outlook was still evident twenty-five years later at the event with Kushner when he implored the audience to keep fighting, because "some of us aren't going to be around much longer."

As Kramer the man dealt with his diagnosis, Kramer the playwright incorporated it in his writing. It radically altered the trajectory of the sequel project. The first draft of the

play, *The Furniture of Home*,⁶³ opens with Ned in his apartment. He arrives after a long trip abroad, having carried a small container of Felix's ashes with him. Unwilling to again be a leader in the fight, Ned struggles to find himself in his writing, but instead of dwelling on the current state of AIDS or his own personal loss, he goes further back in time to his childhood. Seeking answers, he confronts himself as a boy and describes the state of the world:

Alexander: You don't look so terrific.

Ned: Someone I loved died, and I went on a long trip, and now I've come back.

Alexander: I don't know anyone who's died yet. Or anyone who's even been on a long trip. How did this person die?

Ned: From a plague.

Alexander: What kind of plague? ~~Are you sick?~~ Did you catch it?

Ned: No. I'm one of the safe ones. ~~Although~~ I don't know how or why. What ~~How about~~ if we talk about it later? It's all I think about and I'd love a little rest.

Kramer had not yet been diagnosed HIV-positive, so Ned had not either. Ned was a "safe one" reeling from the deaths of everyone around him, especially Felix. In the fourth draft of the play (still called *The Furniture of Home*) from January 29, 1988, the exchange is altered so that Alexander (the younger self of Ned) is the one to say it is a plague.

Alexander: An epidemic of death. Is that like a plague? Like in ancient Egypt? Is it contagious? Did you catch it?

Ned: No. I'm one of the safe ones. So far. I don't know how or why.

⁶³ *The Furniture of Home* is a quote from "September 1, 1939" by W.H. Auden. This is the same poem out of which the title *The Normal Heart* was extracted. The first draft is dated September 4, 1987. Edits are in Kramer's handwriting.

This recalls the moment in the ACT-UP documentary, *How to Survive a Plague*, when to silence an argument among the members of the group, Kramer takes the microphone and yells “Plague!”⁶⁴ He would later implore audiences leaving the 2011 revival of *The Normal Heart* to “Please know that AIDS is a worldwide plague.”⁶⁵ For Kramer, “plague” is a performative utterance that shocks and incites. But at this point in the writing, Ned was safe because Kramer believed that he was. Kramer did, however, add the caveat “so far” to Ned’s admission to Alexander, allowing a space for uncertainty. Kramer completed the sixth draft (still titled *The Furniture of Home*) on August 12, 1989. With a year and a half between this and his most recent completed draft, this marks the first time Kramer revisited Ned after receiving his own diagnosis. The script is significantly changed. Rather than alternating between Ned’s apartment and his childhood home, the play is here mostly set in a hospital with his family passing through the scene in memory. Ned enters the ward convinced that he will die there. Deciding that one of his final acts will be to complete Felix’s quilt panel, Ned sets about his craft work and speaks to Felix’s absent-presence:

Ned: Felix, they found some old frozen blood of mine at the Red Cross. From fifteen years ago. Before we knew each other. It was infected even then. I thought you might have given it to me. But I could have given it to you. I could have killed you. By loving you I killed you.

While there is no indication that Kramer would have been privy to this sort of random sampling, it is a marker of the incomplete medical knowledge of the time. Furthermore, there was no RNA phenotyping available in 1989 that may have ruled out certain acquisition

⁶⁴ *How to Survive a Plague*, First Run, Directed by David France (Public Square Films, 2012).

⁶⁵ “A letter from Larry Kramer” – distributed to audiences following the 2011 Broadway revival of *The Normal Heart*.

chains, so there is no possible way Ned could have known if he transmitted the virus to Felix. Given the timeframe of *The Normal Heart* and what is now known as expected AIDS progression, it is highly unlikely that Ned would have been the source of Felix's infection. Ned/Larry was processing his diagnosis in the natural way, by experiencing guilt. The final line of the draft, however, would have likely been accurate for a patient diagnosed with AIDS in 1988 as he awaits test results:

Dr. Behrens: Mr. Weeks, I'm sorry to have to tell you – you have only – I'd say – two or three more years to live.

Two years later, the play was retitled *Children Afraid of the Night*.⁶⁶ The draft (dated February 5, 1991) has a different spirit from Kramer's first post-diagnosis version. Kramer had survived the two or three years prognosis given by the play's doctor. At this point, the play is more chronological, less reliant upon family memory. There are references to more treatment options with hope that Ned might live longer. It is again primarily set in Ned's apartment. There are no scenes with dialogue between Ned and Alexander, but scribbles in the margin indicate that Kramer considered bringing in the memory of Felix to again discuss the possible courses of transmission between the two of them. During its writing, this version of the play was also briefly titled *The Tyranny of Blood* for a reading that featured Colleen Dewhurst and Brad Davis, but by July 1991 it became *The Destiny of Me*.⁶⁷

Kramer was fascinated by an article about an experimental procedure being developed by Dr. Anthony Fauci of the National Institute of Health. Fauci was pursuing a

⁶⁶ *Children Afraid of the Night* is likewise taken from "September 1, 1939" by W.H. Auden.

⁶⁷ The title, *Destiny of Me* is taken from "Out of the Cradle Endlessly Rocking" by Walt Whitman.

method of cycling HIV blood through a centrifuge and combining it with an amino acid that showed promise of slowing viral replication before redelivering it to the patient. The final version of the play is set in a medical research facility, with Ned arriving to take part in the trials of a similar blood recycling device. An ACT-UP protest is heard loudly going on outside the NIH facility (like the many that Kramer himself helped organize). Ultimately the trial fails, and Ned is left in a bloody mess having confronted his parents and younger self for instilling the self-loathing with which Ned is seen to be coping at the beginning of *The Normal Heart*, but there is possibly a shred of optimism in the final line.

Ned: I want to stay a little longer.

With regard to the world of the playwright, the difference between *The Normal Heart* and *The Destiny of Me* is that the sequel shifts out of the mode of autobiographical drama and into the realm of autopathography, the life writing and creative work that emerges out of coping with one's own disease status. Ned is still the stand-in for Kramer, but *The Destiny of Me* makes no attempt to recreate the events which led to that moment in Kramer's life. Early drafts indicate that grappling with childhood memory was to be framed by precise autobiographical events, so that the memory would be the stylistic departure from *The Normal Heart*. Eventually, and perhaps unexpectedly, *The Destiny of Me* became Kramer's way of dealing with his own diagnosis. Autopathography is a method of recapturing control of one's own life post-diagnosis. In his exploration of this type of writing, G. Thomas Couser writes of the heightened consciousness that becomes channeled through this type of creative endeavor:

The relation between bodily function and personal narrative is a complex one; the former may both impel and impede the latter.

Bodily dysfunction may stimulate autopathography – autobiographical narrative of illness or disability – by heightening one’s awareness of one’s mortality, threatening one’s sense of identity, and disrupting the apparent plot of one’s life. Whatever form it takes, bodily dysfunction tends to heighten consciousness of self and of contingency.⁶⁸

Illness takes away parts of your life, but in doing so it gives the opportunity to choose the life you will lead, as opposed to living out the one you have simply accumulated over the years. Kramer’s own destiny is realized through Ned’s confrontation with his past. The play serves this introspective purpose, and the audience is again empathetically realizing a relationship with the individual to help make sense of a disease affecting many. Couser continues, “If introspection is conducive to autobiography, illness and disability would seem to be apt preconditions for writing one’s life.” Whereas comparisons to O’Neill primarily emerged because of the intensity of the family memory, Kramer joins O’Neill (and Susan Sontag and Paul Monette and many others) by writing his most intimate story because of the intrusion of his own illness – a type of therapy made possible by writing.

The Destiny of Me is a sequel to *The Normal Heart*. At the time of its publication, Kramer wrote that he began arranging for its production when he thought he was going to die:

It’s a play I’ve been working on for years – one of those “family” slash “memory” plays I suspect most playwrights feel compelled at some point to try their hand at in a feeble attempt, before it’s too late, to find out what their lives have been all about. I figured it would be the last words of this opinionated author. As destiny would have it, I appear to have received a reprieve from my expected imminent

⁶⁸ G. Thomas Couser, *Recovering Bodies: Illness, Disability and Life Writing* (Madison, WI: The University of Wisconsin Press, 1997), 5.

demise, at least one sufficient enough to ask myself: what have I gone and done?⁶⁹

He stated that while writing it, he expected it to end with a deathbed scene, but the “respite” made that inappropriate for that moment in his relationship with the character. He then suggested that perhaps *The Destiny of Me* might be the second in a trilogy – perhaps joking, perhaps threatening that Ned Weeks might appear in a third play: “The deathbed play remains to be written.” In fact, after the successful release of the film adaptation of *The Normal Heart* in 2014, there has been rumor that a sequel was being written by Kramer. This is potentially an adaptation of *The Destiny of Me*, but it is also possibly an entirely new script focusing on Kramer’s ACT-UP years. It is also possible that the deathbed scene may be a part of the script. Whether or not this project ever comes to fruition (it did, after all, take twenty-nine years to make the first film), the interest signals a renewed energy around the autobiography and autopathography found in AIDS drama.

When 2011 audiences left the John Golden Theatre after attending the Broadway revival of *The Normal Heart*, volunteers were waiting at the door to hand them a letter. For many of those performances, one of those volunteers was Larry Kramer himself. A single-sided glossy page in the typesetting of all of Kramer’s correspondence, the letter begins with some simple thanks for attending the performance. What follows are a series of

⁶⁹ Larry Kramer, *The Destiny of Me – Introduction* (New York, NY: PLUME, 1993). Text originally appeared in the *New York Times Arts & Leisure* section on Sunday, October 4, 1992.

thirteen paragraphs each beginning with the words “please know” and each expanding the aftermath of the performance more and more outward.

Please know that everything in *The Normal Heart* happened. These were and are real people who lived and spoke and died, and are presented here as best as I could. Several more have died since, including Bruce, whose name was Paul Popham, and Tommy, whose name was Rodger MacFarlane and who became my best friend, and Emma, whose name was Dr. Linda Laubenstein. She died after a return bout of polio and another trip to an iron lung. Rodger, after building three gay/AIDS agencies from the ground up, committed suicide in despair. On his deathbed at Memorial, Paul called me (we’d not spoken since our last fight in this play) and told me to never stop fighting.

On one hand, the need to inform an audience that the performance they just attended is based on lived experience seems to diminish confidence in the efficacy of the theater as a place of civic engagement. But, with regard to *The Normal Heart*, Kramer should not be considered a performance theorist who sought to push the boundaries of what theater might be able to accomplish, despite the Brechtian elements of his play. The play was written first and foremost as an extension of AIDS activism. As much as the performance of the play humanized the disease, so too did the activities surrounding the production multiply its activist agenda. Reminding 2011 audiences that the characters on stage were real people who lived and, with the exception of Kramer himself, died, confounded their reentry into everyday life. For an audience, the line between the play and the world blurs, obliterating the passive barrier of “experience” – the precursor to establishing a living relationship with AIDS per Martin Buber’s philosophy. Furthermore, the audience had just invested three hours of their time in the play and its characters, and those with knowledge of its autobiographical connections were given the after-story (just as the film adaptation would include in title-slides before the final credits). A 2011 revival, though, opened twenty-six years after the original production. As a means of AIDS education, Kramer’s

letter serves to disallow audiences from taking comfort in the safety of theater, reminding them of the real-life fight both then and now. His next 'please know' shifts the real-life personalization away from the characters and to the world of the production.

Four members of the original cast died as well, including my dear sweet friend Brad Davis, the original Ned, whom I knew from practically the moment he got off the bus from Florida, a shy kid so very intent on becoming a fine actor, which he did.

A revival seldom needs an explicit reminder that a bar was set by earlier productions; theater-going memory and production press generally do that to an excess. But this type of reminder in the revival production of *The Normal Heart* was significant in two ways. First it served to insert a metatheatrical element in the play. Brad Davis originated the role of Kramer's stand-in Ned. He also figured in the writing of *The Destiny of Me* by playing Ned in its first staged reading. Kramer cites Davis's death on his list of reasons why that play struggled to find a theater for its premiere. Davis died of AIDS, but kept his diagnosis secret until shortly before his death in 1991. He had a wife and a child, and he understood how AIDS stigma might keep him from earning a living. Despite being inextricably linked to arguably the most important AIDS play, Davis knew that "coming-out" as someone with AIDS would be detrimental to his career. Twenty years later, his death was a reminder that the theater community had a personal stake in AIDS activism. There is a performance genealogy to this reference as well. When Davis was first diagnosed with HIV, he quietly exited the original production of *The Normal Heart* and was replaced by Joel Grey. It was Grey who in 2010 staged the 25th anniversary reading of *The Normal Heart* that led to the 2011 Broadway revival (Grey would co-direct the revival with George C. Wolfe). Establishing a connection with the 1985 production made the revival an extension of the

original production's activist intention. The next two paragraphs would expand that activism to HIV/AIDS' present-day medical and global reality:

Please know that AIDS is a worldwide plague.

Please know that no country in the world, especially this one, has ever called it a plague, or acknowledged it as a plague, or dealt with it as a plague.

Please know that there is no cure.

Please know that after all this time the amount of money being spent to find a cure is still miniscule, still almost invisible, still impossible to locate in any national health budget, and still totally uncoordinated.

Please know that here in America case numbers continue to rise in every category. In much of the rest of the world – Russia, India, Southeast Asia, Africa – the numbers of the infected and the dying are so grotesquely high they are rarely acknowledged.

The Normal Heart is an AIDS play that never mentions the word AIDS. For most of the time covered in the world of the text, AIDS was a term that did not exist yet. Twenty-six years after its premiere, AIDS is a global plague. Kramer's letter refashions the activism of gay men in the early 1980s as a piece of the story that involves the deaths of millions worldwide. This is where the activism around *The Normal Heart* bifurcates as a piece of AIDS activism that in one direction follows the epidemiological understanding of the global fight, and in the other extends as a piece in the struggle for LGBT equality. In the script, the political fight stems from institutional neglect of the undesirable population of gay men. This is the population in which AIDS first appeared, and it was to indict not only the government but also gay men themselves for their lack of response that led Kramer to write the play. He wrote in his collected essays, *Reports from the Holocaust*:

Homosexuals historically have had little interest in power. We never think of exercising it, or indeed that we possess it. Of course, this comes from centuries of having no political experience, even though these centuries were eons of tension, ostracism, and, quite often, extermination because we were what we are. We have failed to

notice that these centuries also allowed us, as they still do, great possibilities for the use of power, so large are our numbers, as they always have been.⁷⁰

During the time between the play's original production and that of the revival, global and cultural understanding of AIDS became importantly understood as "not a gay disease." In the text of the play, however, it is entirely a fight being fought by gay men and their allies. Kramer's letter to 2011 audiences effectively updates the history represented in the play and positions it in the global war against HIV/AIDS. Kramer continues, without mincing words, by exposing ineffectual response by governments, corporations and the global community:

Please know that all efforts at prevention and education continue their unending record for abject failure.

Please know that there is no one in charge of this plague. This is a war for which there is no general and for which there has never been a general. How can you win a war with no one in charge?

Please know that beginning with Ronald Reagan (who would not say the word "AIDS" publicly for seven years), every single president has said nothing and done nothing, or in the case of the current president, says the right things and then doesn't do them.

Please know that most medications for HIV/AIDS are inhumanely expensive and that government funding for the poor to obtain them is dwindling and often unavailable.

Please know that pharmaceutical companies are among the most evil and greedy nightmares ever loosed on humankind. What "research" they embark upon is calculated only toward finding newer drugs to keep us, just barely, from dying, but not to make us better or, god forbid, cured.

By 2011, Kramer's own AIDS activism had been his driving force for thirty years. In that time, his style, often free of tact, became uniform in its ire. Anyone who had power to do more was freely made his target for not doing enough. Presidents Reagan, Bush, Clinton, Bush and Obama had all failed to sufficiently address the crisis. Pharmaceutical companies,

⁷⁰ Kramer, *Reports from the Holocaust: The Making of an AIDS Activist*, 250.

for all their breakthroughs, are most assuredly driven by profit. His remark, however, that no one is or has ever been in charge of the fight against the plague is true on both national and global levels; with countless “players” in the fight there has never been a single captain. The “please know” is also remarkably and devastatingly prescient, as the White House Office of National AIDS Policy (formed in 1993 under President Clinton) quietly shuttered in January 2017 with a new administration.⁷¹ Kramer then turns the impact of this lack of coordination to the significance of its numbers:

Please know that an awful lot of people have needlessly died and will continue to needlessly die because of any and all of the above.

Please know that the world has suffered at the very least some 75 million infections and 35 million deaths. When the action in the play that you have just seen begins, there were 41.

Kramer’s letter made 2011 audiences, individuals in a prime position to transform their experience into action, aware of the statistical distance traveled in thirty years.

Unfathomable numbers at the opening of the play’s first act are now the global reality.

Numbers are concrete, but in this instance they did little to assign do-able tasks to an audience already taxed by enduring an emotional three-hour play. But Kramer’s final statement takes the activism and outreach of the letter into dark realistic areas of his assessment of humanity:

I have never seen such wrongs as this plague, in all its guises, represents, and continues to say about us all.

⁷¹ Still more recently, the White House has disbanded the President’s Advisory Council on HIV/AIDS. The committee was formed in 1995 consisting of HIV clinicians, public health experts and persons living with HIV/AIDS. This was reported in the following: Ben Guarino, “Trump administration fires all members of HIV/AIDS advisory council,” The Washington Post (December 29, 2017).

No one, not even Kramer himself, escapes responsibility for how the beginnings of AIDS just seen by the audience in the production, became the plague it is today.

Did the letter serve to incite action or to accuse an available audience? Both. The irascible and tenacious Kramer did what he has always done best, fight relentlessly. He pressed the issue beyond the point of comfort, allowing himself to be both source and target of a public wrath. For Kramer, as with many of the gay men who began the AIDS movement when it seemed nobody else cared, the militancy was the expected mode. It is the lack of militancy that has consistently baffled him. Douglas Crimp wrote, "The social and political barbarism we daily encounter requires no explanation whatsoever for our militancy. On the contrary, what may require an explanation, as Larry Kramer's plaint suggested, is the quietism."⁷² Kramer's activist philosophy might be stated to be: if there is an opening, take it, yell at it, annoy it until they start yelling back. Then at least there are two people yelling. Michael Feingold famously wrote in his review of the original 1985 production of *The Normal Heart*:

Kramer apparently thinks he's settled the question, which is arrogant and obnoxious of him, but it's to his credit that the question is being raised. *The Normal Heart* can't solve the problems of the gay community any more than it can discover a cure for AIDS. What it can do is what any usable piece of political theater does: nag at the viewers, rouse them to the prospect of the problem; his play is at least a tiny part of the solution.⁷³

Jacob Juntunen says, "The early plays about AIDS are history plays performed in the midst of their own history." In their original incarnations, the actors, the audiences and those in

⁷² Douglas Crimp, *Melancholia and Moralism: Essays on AIDS and Queer Politics* (Cambridge, MA: The MIT Press, 2002), 139.

⁷³ Michael Feingold, "Part of the Solution," *Village Voice* (April 30, 1985).

the streets stood engaged in the same situation – perhaps not awakened to it, but nevertheless there. *The Normal Heart* is a play where actuality, autobiography and dramatic storytelling collide. And from that collision – such as the statistics integrated in the scenery of the original production and the “please know” letter of the revival – emerged much of the production’s activist integrity. It is possible to say *The Normal Heart* made a difference. The play drew audiences and readers who cared about the AIDS crisis and wanted to do something about it. Before the original production, the AIDS movement in performance was an emergent ideology mostly expressed in street protest and alternative gay performance art. When it opened Off-Broadway, at the Public Theater, *The Normal Heart* effectively ingratiated the movement itself in the mainstream.⁷⁴ In doing so, the message was amplified by the production’s press, the clout of the Public Theater and the national mainstream media. This amplification helped the movement integrate the advocated point of view that AIDS was a crisis in need of attention from the mainstream. The emerging ideology found its space within the dominant ideology, crafting the performance of AIDS as a disidentification – a tactic of survival within the mainstream, rather than a counter-identification, one that would seek to destroy the dominant in favor of the activist movement. As Juntunen states:

This is not because *The Normal Heart* is more important than the previous performances, but because its position in the mainstream did a kind of political work less mainstream plays could not. In particular, it produced an awareness of AIDS in mainstream theatre

⁷⁴ The ‘mainstream’ argument is where Hoffman’s *As Is* may win out as the first major AIDS play in that it opened on Broadway, albeit a week after *The Normal Heart* premiered Off-Broadway. But from an activist point of view, the impact of *The Normal Heart* was to incite action, whereas *As Is* succeeded in redefining perceived gay identity with a new type of affectionate nuclear family.

audiences and the mainstream media that more obscure, unreviewed performances do not.⁷⁵

In a sense, the theater tempered Kramer's rhetoric (slightly) because of the expectations of traditional theater. This makes the letter handed out by Kramer after the 2011 production a transition away from the safety of the theater and back to the activist roots in the streets.

Kramer looked for any way to make the call to action heard. In *The Normal Heart*, he wrote a play that was an extension of his activism. Kramer hoped desperately that he might accomplish as a playwright what he felt he was unable to do as an activist, to move the audiences, the gay community, New York City and the nation into action. With little care for theories of political theater, he found strength in the array of things theater "should" be able to do:

Theater should astonish, amaze, frighten, shock, purge, touch and move. (Here I go again.) Make you angry. Make you cry. Make you laugh. Help you learn. Inspire. All of the above. That's what it used to do. That's what it started out to do. Intentionally.⁷⁶

The theater is inherently a place of action, but it can also become a place of change, depending upon the relationship between audience and play. With *The Normal Heart*, audiences already attuned to the growingly desperate situation of AIDS found a need for action passionately realized in the production. The fights for recognition in the first years of the epidemic were documented in the play and then made known to activists just entering the fray a few years later. In a way, *The Normal Heart* served as an AIDS movement history

⁷⁵ Jacob Juntunen, "Mainstream Theatre, Mass Media, and the 1985 Premiere of *The Normal Heart*: Negotiating Forces Between Emergent and Dominant Ideologies," *We Will Be Citizens: New Essays on Gay and Lesbian Theatre*, Edited by James Fisher (Jefferson, NC: McFarland & Company, Inc., 2008), 35.

⁷⁶ Kramer, "The Farce in Just Saying No: An Essay," 467.

and a primer for the activists whose advocacy began after the action depicted in the play. For audiences less attuned to the growing and continuing situation of the epidemic, *The Normal Heart* served as an awakening and a shocking one at that. For a broader public, the appearance of an AIDS play in mainstream theater meant the topic could no longer be brushed off as something marginal. In his controversial exhaustive account of the early years of AIDS, *And the Band Played On*, Randy Shilts traced Kramer's development of *The Normal Heart*, but mostly he ends his book concurrently with the play's opening. He does say this about the play's entrance into AIDS cultural understanding:

With his drama, Larry Kramer had succeeded where the reasoned pleas of researchers and experts had failed, bringing the issue at last to the forefront of civic issues.⁷⁷

There is little to be said about how *Just Say No* succeeded in furthering the cause of AIDS activism. It didn't. An ill-received play about hypocrisy in the family life of the outgoing United States president was outdated when it opened. Kramer's handling of the language of farce, while far from inadequate, did not gel around AIDS enough to act as a call to further action. Compared with *The Normal Heart*, which was a direct extension of Kramer's activism, *Just Say No* fell flat in that it did not sustain the advocate spirit of its author. His next play, however, does again resonate deeply with Kramer the activist. But *The Destiny of Me* rings less of theater as activism than it does activism in theater. There are the voices of protest heard during the play, but they are peripheral. The play again presents Ned standing in for Kramer and occasionally butting heads with medical research

⁷⁷ Randy Shilts, *And the Band Played On: Politics, People and the AIDS Epidemic* (New York, NY: St. Martin's Griffin, 2007 [Originally Published 1987]), 556.

professionals, but for the most part the Ned we meet in *Destiny* is an exhausted one. He is tired, as Kramer was tired. Whereas the purpose Kramer found in his activism translated powerfully to the script and in turn the stage with *The Normal Heart*, the introspection in dealing with a terminal disease caused Kramer to separate the activist from the activism in *The Destiny of Me*. He was dying while he wrote it, and that question of “what have I accomplished?” with respect to his life, his writing and his activism make *The Destiny of Me* a looking-glass moment. This self-analysis emerged for Kramer in his writing, and for Ned within the play, but it also served to scour the soul of the AIDS movement itself. In his seemingly interminable quest to get *The Destiny of Me* produced, he wrote to Lynne Meadow:

I don't know how to put all this. Maybe I should just be blunt about it. I'm dying. Every day means a great deal to me. Every day lost is a day when the full energy I have no is not being utilized while I've got it. I'm a good writer and I'm trying to write you a great play. A great play. I need a little more cooperation and support from my producer!⁷⁸

In this case, touting his terminal diagnosis would entirely lose the participation of Meadow and MTC's involvement in *The Destiny of Me*. But Kramer felt his time was running out, and as his energies turned inward, the activist nature of his creative work likewise turned inward. With a twinge of irony, *The Destiny of Me*, Kramer's major play written after he formed ACT-UP would not seek to further the cause of the AIDS movement, but rather it would excavate its protagonist's exhaustion for the shred of strength that might allow him to stay in the fight for a little longer. When braced together, *The Normal Heart* and *The*

⁷⁸ Larry Kramer, Letter to Lynne Meadow, September 18, 1990. The Larry Kramer Papers, Beinecke Rare Book and Manuscript Library, Yale University.

Destiny of Me show an arc of the first generation of AIDS activism from its intense beginnings to its period of self-doubt when the odds seemed insurmountable. Ned's final words at the end of *The Destiny of Me* were uttered by a Ned who doubted his longevity in the movement. Similarly, they would be Kramer's final theatrical words on the subject for decades. The "Please Know" letter marks a return, Kramer's return to utilizing the theater as the place to incite an activist energy.

I argue that there are four reasons why *The Normal Heart* remains the go-to piece of writing for understanding the early years of the pandemic. First, it is a piece of activism, written as such it is frequently produced as such. Second, it is a living document of history, a representation of the confusing and bewilderingly necessary response to social and institutional apathy that the affected populations shouldered. Third, as autobiography the play prevents the possibility of being dismissed as a fictional representation of the spirit of the time. But perhaps most potently, as a piece of live theater, the innate critical relationships of playwright-play, actor-character and audience-performance foster an empathy and understanding with the activism, history, and personal story the play presents. Thirty-two years after its premiere, the longevity of the play is proven through frequent revisiting. With major revivals in 1996, 2004, 2011, and the 2014 film adaptation, as well as countless other productions, *The Normal Heart* has inserted itself in every phase of American AIDS cultural understanding. Each iteration is a new play because of the knowledge brought to the theater by its audience, but in tracing the revivals, the reinvented *The Normal Heart* follows the evolution of AIDS cultural understanding itself. Perhaps it has

this quality because it was the first, although *As Is* does not enjoy the same level of endurance. Perhaps it is the tie to Kramer himself that inextricably links the play to an activist tradition. It is also possible that the play benefited from its sequel in that it proved itself to be a part of several dramatic lineages. It is also, simply, a powerfully well-written play. Tony Kushner wrote:

A blending of epic and lyric, epic and elegy, *The Normal Heart* will endure long after the AIDS crisis has passed. It will survive in the same way that *A Doll's House* has survived the world-altering successes to feminist revolution: the problematics of change, human and historical change, have their constants, and Larry Kramer's recognition and delineation of those constants will endure.⁷⁹

As with any political theater, *The Normal Heart* begs the question of efficacy. Was it able to effect change at all? Kramer didn't set out to write a piece of exquisite drama. He recognized a need for action and he happened to be a writer, thus the play was written. It is often the case with theater for social change that the audience seeing the play is not the audience needing to listen to the message. It might be possible to argue that in its original production the play was seen mostly by the downtown Manhattan artistic elite, an audience likely more attuned to the existence of AIDS than most of the world at that time. But it is important to remember just how little knowledge of AIDS there actually was in 1985, despite its having been a part of cultural consciousness for four years. The production at the Public Theater was performed in corridor configuration, with the two halves of the audience facing one another and the action performed on a long playing area between them. On either side of the stage, there were posted the US AIDS statistics of the day.

⁷⁹ Tony Kushner, Introduction to *Larry Kramer - Two Plays: The Normal Heart and The Destiny of Me* (New York, NY: Grove Press, 2000), xiv.

These would be updated throughout the run as new data was released. In the world of the text, the first scene takes place when there were forty-one known cases of AIDS. On opening night, the audience walked in to see the following number: 12,062 AIDS cases nationally. However accustomed to AIDS in their lives *The Normal Heart* audiences were by 1985, the numbers were a stunning representation of the growing magnitude of the crisis. Superior activist engagement hovered above the New York City audiences as they also read the disparate response by metropolitan civic leaders, “Mayor Koch: \$75,000 – Mayor Feinstein (of San Francisco) \$16,000,000 (for public education and community services). Adding to the staggering juxtaposition were the figures comparing the *New York Times* reporting of AIDS versus the 1982 Tylenol scare. In the first nineteen months of the AIDS epidemic with 958 cases of AIDS, the *New York Times* wrote about it seven times. During three months of the Tylenol scare with seven cases, the *New York Times* wrote about it fifty-four times. However in the know audiences were, they left the theater more knowledgeable of the state of the disease. Regarding efficacy, Kramer seems to have changed his mind:

(1993) When I wrote *The Normal Heart*, I had no such qualms. I knew exactly what I wanted to achieve and there was no amount of anything that could repress my hell-or-high-water determination to see that play produced, to hear my words screamed out in a theater, and to hope I’d change the world.⁸⁰

(2002) Did *The Normal Heart* change the world? Of course not. But it did accomplish more than a little something here and there.⁸¹

⁸⁰ Larry Kramer, *The Destiny of Me* (New York, NY: PLUME, 1993 [Original Production 1992]), 2.

⁸¹ Larry Kramer, *Women in Love and Other Dramatic Writings* (New York, NY: Grove Press, 2002), 478.

Perhaps this is false modesty of a writer, but then again Kramer has never been comfortable with being a labeled a leader in the movement. From his perspective, his activism was simply doing what he expected everyone else would and should do. His later burn-out would be a direct result of looking back to find that few people had either the energy or the will to sustain his level of commitment.

At a certain point, an investigation into the influence on activism by *The Normal Heart* needs to widen beyond the AIDS movement. On that day at the New York Historical Society, when Kushner asked Kramer for his response to the DOMA reversal, it was clear that Kramer's activism, to which *The Normal Heart* is of primary importance, was a part of a larger civic movement for LGBT equality. Marriage equality was a direct result of the fight for recognition and dignity that is depicted throughout *The Normal Heart*. In fact, in the first draft of *The Normal Heart*, the merging of the two struggles is made clear by Felix only moments before he dies. As Emma was about to declare Ned and Felix married, he says:

Felix: I wonder if I had been able to do this years ago we wouldn't have had this epidemic and everybody would have been saved a lot of . . .
Emma . . . please hurry.

If gay men had been able to marry one another, then sexual behaviors may not have been conducive to the transmission of AIDS. Perhaps this is a self-aggrandizement of Kramer's opinion that would see him ostracized by the gay community at the beginning of the play. But even Cassandras have a right to their I-told-you-so now and then.

As autobiography and autopathography *The Normal Heart* is a reflection of one man's life and experience. Autopathography describes the modal difference between *The Normal Heart* and *The Destiny of Me*. It also qualifies as a descriptor for *The Normal Heart*

as Kramer was dealing with the presence of disease in his life, even if at the time it wasn't in his body. In this regard, by viewing a production of the play, audiences are situating themselves with a mimesis of actual life, not "life" as may be the case for a story with fictional origins. There is a unique responsibility, then, in treating the play with a particular sort of care. While I cannot preclude the possibility of a world of the production where *The Normal Heart* may be used as an allegory for anything other than AIDS, experiencing the play involves respecting the unique position of self in the I-you relationship between playwright and script. This is and always will be Kramer's story. Actors involved in a production of the play will do their jobs of seeking truth in each moment, but that truth is tied to the reality that led to the writing of the play in the first place. A production of *The Normal Heart* reflects not only what it was like to live through the harrowing first years of the plague, but specifically what it meant for this playwright to live through it. The universal is obtained by way of the personal.

At the time the first scene of *The Normal Heart* is set, there was no AIDS – that is, the term to describe the condition. During the months which figure in the action of the play, AIDS would evolve from a complete mystery, to a nameless condition, to GRID (gay-related immunodeficiency) and finally in September 1982 to AIDS with a case-definition release by the Centers for Disease Control. Kramer mostly avoids using any name, emphasizing the unformed confusion of the first years. His portrayal of the first years of the pandemic are historiographic in that when he wrote the play he was looking back on a time that had just passed, the distance between 1981 and 1985 being immeasurable in the annals of AIDS. In the thirty-four years that have passed between the opening of *The*

Normal Heart and now, the narrative told by the play has impressed itself upon a collected consciousness and the historiography has transmuted itself into history, something indelible. As Kushner remarked:

From the time of their first theatrical productions, every concerned, engaged person has had to address, to laud or deplore, to argue and contend with, Larry Kramer's portrayal of the period. The plays are now part of our history, beyond forgetting.⁸²

In both plays a single heart beats with a pulse that echoes beyond its author. Kramer uses the theater to arrive at a truth for the times both then and now. From the truth springs the truth. And here that second truth is one of action borne out of a lived experience, a truth that is empowered to change the world in the face of AIDS.

⁸² Kushner, Introduction to *Larry Kramer - Two Plays: The Normal Heart and The Destiny of Me*, vii.

It seems normal for people to fend off thinking about the ordeals of others, even others with whom it would be easy to identify.

Susan Sontag

*AIDS is no longer a sexy issue.
Don in Sympathetic Magic*

Chapter 3 Another Decade of Delirium: New American AIDS Plays⁸³

Twenty-five years have passed since Andre's mother was left alone in Central Park, embracing the white balloon, unwilling to let go of the last earthly ties to her son's soul. But while those closest to Andre have moved on, Andre's mother – who has finally been given a name after two decades in her own Texas purgatory – has not. As Katharine crosses the threshold of the Upper West Side co-op and places the small journal emblazoned with the initials A.G. on the coffee table, she looks out the window to the sky above the park that serves as backyard to millions of the city's inhabitants. This same sky was once filled with the souls of young men who escaped to the city to both find and lose themselves, but today the cold December breeze barely carries the memory of those countless white balloons and the lives that were lost during the first-generation of HIV/AIDS.

Mothers and Sons is Terrence McNally's 2013 continuation of the story of two characters introduced in his 1988 short play and subsequent 1990 teleplay *Andre's Mother*. As Cal navigates the awkward small talk with a woman he barely once knew about the man

⁸³ This chapter's title is a bow to the collection of offbeat (yet perfectly "on" beat) AIDS plays of the 1990s, *Sharing the Delirium: Second Generation AIDS Plays and Performances* edited by Therese Jones.

he loved, they turn their attention to a poster of Andre crying ‘Vengeance!’ while once playing Hamlet (“he was good, really, really good, Mrs. Gerard.”).

KATHARINE: Rage and anger are not how a mother wishes to remember her son. I had enough of them without a poster to remind me.⁸⁴

It is the memory of that rage that signals the distance between the two characters. For Katharine, despite her defense mechanism, the rage is always with her. Her son was taken away by a mysterious disease, one that she still does not understand. His brief adult life was an effort to escape from hers. Cal, on the other hand, both lived and survived that rage. His was a generation that channeled the rage, and in doing so they defined the first-generation of AIDS cultural politics.

CAL (1988): Yes, I’m bitter. I’m bitter I’ve lost him. I’m bitter what’s happening. I’m bitter even now, after all this, I can’t reach you.⁸⁵

CAL (2013): I was in enough pain of my own. Andre was dying, I couldn’t save him. Everyone was dying. I couldn’t save any of them. Nothing could. Something was killing us. Something ugly. Everyone talked about it but no one did anything. What would killing one another have accomplished? There was so much fear and anger in the face of so much death and no one was helping us. There wasn’t time to hate. We learned to help each other, help each other in ways we never had before. It was the first time I ever felt a part of something, a community. So thank you for that, I suppose. I wanted to kill the world when Andre was diagnosed, but I took care of him instead.⁸⁶

There was barely time for grief, let alone sentimentality in 1988, when remembrance needed to be secondary to the rage – a particular rage that motivated the galvanizing of a

⁸⁴ Terrence McNally, *Mothers and Sons* (New York, NY: Dramatists Play Service, Inc., 2014 [Original Production 2013]), 15.

⁸⁵ Terrence McNally, *Andre’s Mother*, in *The Way We Live Now: American Plays and the AIDS Crisis* Elizabeth Osborn, editor (New York, NY: Theatre Communications Group, 1990), 193.

⁸⁶ McNally, *Mother’s and Sons*, 28.

diminishing population. But a quarter century later, these lines inform a different story. Melancholia, both primary and acquired, is a powerful state that provides space to consider what we lost, or in this case, what never was. The paradox of theater in a post-AIDS setting is that it serves simultaneously to distance us from the pandemic while including us in the continuation of its stories. We read these plays as a method of understanding how years of new medical, social and global realities have altered what it means to live with HIV. Dramatic works from the last decade force us to redefine what an AIDS play is. The newest American AIDS plays present a theater of inclusion, in which AIDS is no longer the topic of the play, but rather HIV/AIDS is included in order to illuminate other universal issues. This theater of inclusion is also indicative of a theater of complacency. The invisibility and livability of HIV/AIDS ostensibly led directly to a withdrawal of AIDS as a topic in the American play, as if playwrights have become reticent. It is this reticence that not without difficulty establishes the parameters for what might be considered the third-generation of this corpus of dramatic material. In the anthology of second-generation AIDS plays and performances edited by Therese Jones, the problematic border between first and second waves of these works is understood to be based more upon content and tone than upon a clear moment in the timeline of HIV/AIDS.

However practical, the chronological marker of a decade proves to be an insufficient division for first and second generation AIDS theatre. Dramatic mode becomes as important a distinction as dramatic matter in attempting to categorize plays about AIDS as either one or the other. Generationally, first generation works are traditional in form, sentimental in tone and assimilationist in aim. . . Second generation works represent a radical shift in theatrical

representations of AIDS, no longer an event to be comprehended but a reality to be accommodated.⁸⁷

I suggest that what has been left out of the third-generation American AIDS play is potentially more vital than what has been included. Burying the depiction of AIDS within the framework of other dramatic story telling is indicative both of a renewed reticence and a culture of livability.

In McNally's play, neither Cal nor Andre's mother is given the words to voice the vanishing of AIDS. It is Cal's husband – a legal reality that, as Cal spells out for Katharine, "wasn't a possibility" while Andre was alive. Having been together for eleven years, the couple are now parents to a six-year old. This too is something that Cal admits he could never have expected while he was with Andre. But at fifteen years younger than Cal, the husband, Will never expected to not be a father. Will was a boy during the first-generation of the epidemic. He knew neither Andre nor the thousands of others who died. And having spent his entire adult life in the HAART era, its advent being the watershed event that transitioned HIV into a chronic and manageable condition (in many cases and with access to essential treatment), Will has a different understanding of what it might mean to live with the virus. The space between these medical realities and a generational overlap figures in the unremembering of AIDS past. Proximity, not survival, informs the HIV/AIDS cultural understanding of later generations. It is no longer a matter of what was lost, but rather what might have been, had AIDS not disrupted a particular generation's trajectory.

WILL: Loss. It's a terrible word.

⁸⁷ Therese Jones, Introduction to *Sharing the Delirium: Second Generation AIDS Plays and Performances* (Portsmouth, NH: Heinemann, 1994), x.

KATHARINE: I know what loss means.

WILL: Try to respect Cal's. He lost more than your son. He lost a generation. People who might have mattered. Hamlets. Nureyevs. Melvilles and Whitmans. Young men who wanted to write the Great American Novel, too.

KATHARINE: Why are you telling me this?

WILL: I think people like Cal have been punished enough, Mrs. Gerard. I try to imagine what those years were like for him and Andre but I don't get very far. Maybe I don't want to. The mind shuts down – or the capacity to care. It's one way of dealing with it.

KATHARINE: I don't have the luxury.

WILL: Of course you don't. Neither does Cal. "What Happened to Gay Men in the Final Decades of the 20th Century." First it will be a chapter in a history book, then a paragraph, then a footnote. People will shake their heads and say, "What a terrible thing, how sad." It's already started to happen. I can feel it happening. All the raw edges of pain dulled, deadened, drained away.⁸⁸

Yet in the midst of this vanishing, *Mothers and Sons* positions the redefined nuclear family as the natural outcome of AIDS survival. As effective treatments ushered in an era where both immediate and long term survivals became not only probable but likely, HIV/AIDS advocacy efforts turned toward the true epicenter of the global pandemic. On the domestic front, other social issues had taken and run with ACT-UP-inspired grassroots energy. Marriage equality, military and employment non-discrimination policies, and adoption rights left HIV/AIDS as one of a number of important issues on the LGBT social platform. Will likely came out during the time when the murder of Matthew Shepard made hate crime legislation the order of the day. This, however, was not a newly dipped galvanization

⁸⁸ McNally, *Mother's and Sons*, 37.

providing the social motivation. As Cal first felt a sense of belonging by joining his voice with the others united in the early response to AIDS, it is a later iteration of this same community that continued to channel a more refined rage, not specifically in response to AIDS, but to address the human rights denied to much larger populations. And while the fights for marriage equality and LGBT adoption rights may be spoken with similar rhetoric and from familiar voices from the first-generation response to HIV/AIDS, the palpable connection begins with the lives that were lost during the first days of the epidemic. Andre is present in Cal and Will's home, and not merely because of the *Hamlet* poster and small box of photographs kept by Cal. Andre's death built a community. The stability and strength found in the nuclear family is the product of that community.

Still, say what you will, we have lost a whole generation of gay men, who might otherwise have been valuable mentors to their successors. Of course, gay life has evolved without those who died. One can even argue that the very assimilation that AIDS brought about seems to have caused the disintegration of the gay community, though surely that would have resulted anyway from the inevitable change in generations, not to mention new technologies like the computer. Part of Survivor's Syndrome is to live in another era, when AIDS is simply part of the past, and for many young gay men, not even that. Yet something was lost.⁸⁹

While Andrew Holleran's vision of a static gay community that dissolved in favor of an assimilationist movement notices that progress would have likely carried things in that direction anyway, he neglects to recognize that the survivors aren't just the anachronisms, but also the shapers of new eras. In this play, Katharine is the relic. She is the only one

⁸⁹ Andrew Holleran, *Chronicle of a Plague, Revisited: AIDS and its Aftermath* (New York, NY: Da Capo Press, 2008), 13.

unable to be a part of the present. It is the family unit formed out of Cal and Will's relationship that offers a glimpse of a reversal of the unremembered past.

The first-generation American AIDS plays resisted sentimentality as grief, remembrance and rage amalgamated. Even those who were not overtly political challenged hegemonic norms through representations of marginalized communities as caregivers. Second-generation plays altered the dramatic form, pressing forward with performative resistance, often with absurd or comedic intent. If *Mothers and Sons* represents the end of the third generation of this corpus, then we finally see where the presence of HIV/AIDS is nearly completely known through reminiscence. Memory is not, however, without dramatic conflict, as Katharine's perceived insensitivities remain mostly unchanged from her earlier silent version. But there is still a fourth character in this play. The role of Bud is more than a convenient hyphenation of his two father's last names. AIDS is associated with neither the pain nor the loss of a community for Bud, but he has an understanding of its implications – a six-year-old one, but an understanding nonetheless. The parenting agreement between his fathers is that Bud will always be allowed to ask questions, so that when he bursts onto the scene after his cold afternoon in the park and sees a woman he does not know in his home he pounces on Katharine with his inquisitiveness. Despite her previously expressed desire to be known as something other than 'Andre's mother,' that is precisely how she introduces herself to Bud. It is when she shares with him that Andre was her son and that he died that Bud's questions are particularly revealing of the reality of HIV/AIDS within these given circumstances. Will interjects that "Bud knows what AIDS is." The subtle intrusion of the present tense in the

face of the first half of the play where AIDS is referred to only in the past offers a unique recognition that even in the safety of the nuclear family, HIV/AIDS is an always here rather than a moment in history.

It is Bud who begins to chip away at the sanctimony sustaining Katharine's denial of AIDS. When he asks if Andre died of AIDS and Katharine says "We're not sure," the precocious young man leaps right over the implications of her equivocation and continues to share what he has learned about the pandemic. When he mentions watching a film about the NAMES Project in his classroom on World AIDS Day, Katharine is momentarily taken aback to find that her son's name ("His first and last names?") have been included on the quilt. But this mention of the AIDS quilt is not of its activist inception, rather it is an inert vision of the quilt as a memorial and a performative act of community. While acknowledging the existence of the NAMES Project, what Bud's first grade classroom likely did not encounter was that the quilt, having grown too large to ever be displayed in its entirety was both figuratively and literally divided by philosophical differences (and judicial decree) between its founder and its board of directors. Unless Andre's was one of the first panels created, in which case it might continue to be used for advocacy efforts, his is now stored and painstakingly preserved in an Atlanta warehouse.

In his review of the Broadway production, Ben Brantley states that McNally, with "forgivable license" has advanced the date of Andre's death from its original offering in 1988 to a "symmetrical two decades"⁹⁰ – Katharine now states this to be on March 29, 1994. While indeed the even score of years rectangularizes Cal's survival, the erasure of six

⁹⁰ Ben Brantley, "Paths that Crossed Again," *The New York Times* (March 24, 2014).

years of HIV/AIDS cultural history problematizes the circumstances around Andre's death. In the original play, Andre's mother stands immobile in a confusing world. His death in 1988 in the bewildering early days of the epidemic would have fueled the flickers of the ACT-UP movement and cultural undertakings like the NAMES Project (both were founded in 1987). But by moving the date of Andre's death to 1994, the unspoken knowledge held by both Katharine and Cal is that Andre died on the eve of the moment that might have offered a true medical intervention as successful combination therapy saw the most significant statistical drop in the number of AIDS deaths in 1996.

What is further represented by Bud's forwardness is the next iteration of proximity – AIDS twice removed. Whereas his older father's AIDS reality was one of first-hand loss, a disappearing community and the immediacy of a fire fueled by rage; and his younger father's HIV/AIDS reality was one of livability where the first words following a diagnosis would have been "this is not the death sentence it used to be," – in Bud, we see the beginnings of yet another generational shift. If we approximate the date of Bud's birth to sometime in 2008, the list of medical and policy advances affecting the American climate of HIV/AIDS during the first years of his life have already laid the foundation for a dramatically different fourth generation. While staggering global statistics still count 1.2 million deaths each year attributed to HIV/AIDS, we look toward optimistic advances to understand a pending cultural shift in HIV reality. The 2008 reauthorization of the President's Emergency Plan for AIDS Relief (PEPFAR) tripled the allocation of US funds for the initiative to provide global HIV/AIDS treatment. In 2009 United States President Barack Obama announced the end of a twenty-two-year ban on travel to the US by people who have tested positive for

HIV. The Patient Protection and Affordable Care Act signed into US law in 2010 overhauled health insurance policy by prohibiting insurers from denying coverage to individuals due to pre-existing medical conditions – including HIV/AIDS. Pharmaceutical developments have decreased the pill burden for patients receiving treatment, frequently to a single pill multi-class fixed dose of combination therapy taken daily. As of 2015, CDC clinical guidelines now recommend treatment to be offered to all patients who test seropositive, which in many circumstances narrows the time between diagnosis and viral suppression – a significant factor in lowering transmission rates. Since 2012, additional drug combinations prescribed to HIV-negative patients have been approved by the FDA for use as pre-exposure prophylaxis (PrEP). And research around the 2008 Berlin Patient, the only patient declared “functionally cured” of HIV, has reignited curative dialogue.⁹¹ This is the HIV reality in which Bud will grow up.

In considering *Mothers and Sons* as an example of late third-generation American AIDS drama, the sentimentality and the action performed through recollection of Andre’s life by both his mother and the man who cared for him as he died, is an act of re-remembering. The audience is invited to share in this action. I remember the time when the white balloons were released, though I did not witness it myself. The functions of the individual characters are indicative of moments in the timeline of HIV/AIDS ranging from early denial, to a deliberate moving forward, to an understanding by proximity, and finally to an optimistic and knowing acceptance. The new HIV cultural and medical realities are

⁹¹ At the moment of final revisions, this sentence is now happily out of date. In March 2019, the “London Patient” marked the second case of a functional cure of HIV by repeating the conditions of the 2008 Berlin Patient.

bound to encourage contradictory senses of both forgetting and deeper needs for re-remembering as members of many generations now share the stage. The youngest character in *Mothers and Sons* offers an innocent voice poised to become a part of a fourth generation of knowledge of the disease.

Mothers and Sons joins the acquired history of HIV/AIDS as it was first experienced in American metropolitan settings with a contemporary reality of survival and AIDS unremembering through melancholic reunion. The act of reminiscence is performative in how it re-remembers a particular historical moment thereby pausing the dulling of memory. With the likely exception of Andre's mother, McNally's characters have found their stability within the there-but-not-there post-AIDS reality. They are moved by momentary recollections of previous times. But AIDS, like the best-case scenario of the virus in the body, is undetectable without this reminiscence. Dramatic reminiscence is passive. For an active recollection, the real stories told in documentary theater offer a palpable reliving. First person accounts placed together to tell particular stories create challenges for actors in their fragmented narratives and the unique obligation in speaking words taken verbatim from people who actually lived. But when HIV/AIDS surfaces as a topic in documentary theater, the verbatim text literally becomes the voice of those affected by the pandemic.

Anna Deavere Smith's interview-style theater pieces are unique in their original forms when Deavere Smith herself performs and embodies the people whose stories she has gathered. After collecting the interviews (sometimes over decades), Deavere Smith shapes the evening around particular poignant or prescient topics. When President Obama

put forth his intention to overhaul the health care system in the United States in a sweeping piece of legislation that some argued went too far and others not far enough, the national debate on the topic ranged from vitriolic to triumphant. It was in this context that Deavere Smith premiered her *Let Me Down Easy*. The deeply personal stories explore the twin fragility and resilience of the body, the state of the then-current health care systems and the wrought human spirit in its many encounters with loss. Ultimately it is not the words, but the encounter with them that illuminates, as described in the *New York Times* review of the Off-Broadway premiere:

But just as often she seeks answers to more open-ended questions about the power of the human body, its susceptibility to disease, and the divide between spirit and flesh that poses mysteries no one can really elucidate.⁹²

Deavere Smith's theatrical alchemy makes powerful statements about the human factor in modern health care, but it is never explicitly presented as political theater. Two of the monologues included in the piece are taken similarly from interviews of women sharing their stories about how both death and AIDS touched their lives at the same moment, but it is only with the liberty of a theater of inclusion that we can consider *Let Me Down Easy* an example of a third-generation AIDS play. It is far from being about AIDS. Considering the societal invisibility of HIV, with the inclusion of stories from two of its silent heroines in a play that gestures toward political debate, this becomes an AIDS play – and a very powerful one.

⁹² Charles Isherwood, "Woman of 1,000 Faces Considers the Body," *The New York Times* (October 7, 2009).

The first of the two HIV/AIDS-centered monologues, or rather as Deavere Smith prefers, “portraits,” “A Sheet Around My Daughter” is a mother’s indictment of a hospital system that left her daughter, who was suffering from AIDS and late-stage renal failure, bleeding profusely in her hospital room. While the date is unclear, it is understood that years have passed since this incident. The monologue’s familiar beginning opens on the question of how and when the daughter became infected, but when the mother presents her late daughter’s experience as her own rationale for why she herself refuses to undergo dialysis, AIDS past is kicked into the heart of the national debate.

So, finally when they come in they, um, wrap a sheet around her, on top of all the blood and unhook her from the, uh, machines and everything. And then tell me, well, I can “bring her back another day.” And, uh, that, you know, she’s soaking wet with blood and I can “bring her back another day.” And I said, “Ohh – kay.” And they just put a sheet around my daughter, a sheet around my daughter. . . And so that made [me] have like a real bad, bad feeling about nurses and doctors. And how could they just do this?⁹³

In choosing to remind the audience of and recontextualize the mistreatment of an American AIDS patient, Deavere Smith offers a bleak reminder and a sharp critique of how inequity is made manifest in health care. But it is the second portrait concerning HIV/AIDS that radically alters the perception that *Let Me Down Easy* is merely an interrogation of the US health care system. “Don’t Leave Them in the Dark” is the penultimate portrait in the play. Spoken by the Director of Chance Orphanage in Johannesburg, South Africa, this text is taken verbatim from a 2005 interview conducted by Deavere Smith. She declares that, as

⁹³ Deavere Smith, *Let Me Down Easy* (unpublished, 2011), 44.

the youngest AIDS patients step closer to death, it is her duty to sit with the child until they pass away.

And I say, this is this ugly germ, and it's going into the body and it's making this little child very sick. And sometimes this, this child has had enough you know? And then what happens is, then I start talking about death. You, you know they're getting sicker. You know this is the next stage, and they ask questions like, "What happens if I'm dead?" You know? And I said to them, "Nobody can answer that." And then they ask about God. And they ask about "Do, can I, can I come and visit you again after I've died?" They always just want to say, "Can we come back to Chance after we're dead?" That type of thing. So I say to them, you know, um "You will always be in my heart, even if you've passed away. You're always in my heart and you're always with me." In any case, you know, so – don't leave them in the dark. Don't leave them in the dark.⁹⁴

Half the play separates these two portraits, but the voices seem to speak directly to one another. One arrests the forgetting of AIDS past by offering a sharp reminder that clinical management is completely lacking when it is without the heart of a healer. The other globalizes the need for loving care and locates that healer's hand in the case management at a South African AIDS orphanage. Neither attempts to represent the current state of HIV in the United States. But the societal knowledge of AIDS as simultaneously something from the past and something acutely impacting the developing world is succinctly packaged in order to place the health care debate in perspective. Deavere Smith begs her audience to ask the question, "For what are we fighting?" Neither AIDS reality possesses the resources to successfully treat the disease. And both uncover a willfulness that challenges the notion of what gets called acceptable care. Framed momentarily as an AIDS play, *Let Me Down Easy*, without direct political strategy, attacks the complacency perspective that considers

⁹⁴ Deavere Smith, *Let Me Down Easy*, 88.

modern HIV/AIDS treatment protocols as an achievement on which the laurels of research and development might rest. But it is the momentary and globalized look-away from the tunnel vision that argued both sides of the American political debate that makes *Let Me Down Easy* particularly potent. It is a third-generation American AIDS play that refuses to let AIDS be either local or in the past. Rhetoric around domestic health insurance policy seemed slight by comparison.

While both *Mothers and Sons* and *Let Me Down Easy* offer an inclusion of HIV/AIDS into their dramatic narratives, the presence of the virus is limited to an ethereality. The voices of their characters speak of knowing by having been near the virus, but it does not live in their bodies. HIV becomes a memory, an idea, something that others live with, or the pernicious cause of their loss. These are AIDS plays without AIDS. Neither play could be accused of being unsympathetic, but absent of virus, these plays might not withstand accusation that they reify a cultural belief that HIV/AIDS is either something of the past or something far away. This pushes the daily, ongoing and local struggles to the periphery. In his stirring quest to define queer utopia as a perennial journey rather than an elusive place of arrival, José Esteban Muñoz cites this inclusion of the seronegative in the HIV/AIDS narrative as a possible cause of HIV stigma.

The potential problem with cultural work and theory on and about HIV-negative men is that it does not resist and, in some ways, may inadvertently contribute to the stigmatization that surrounds AIDS and HIV in both mainstream North American culture and AIDS-phobic gay male regional and subcultural communities.⁹⁵

⁹⁵ Muñoz, *Cruising Utopia: The Then and There of Queer Futurity*, 47.

Indeed lacking characters who manage a life with HIV, these recent AIDS plays might reinforce the notion that HIV/AIDS is a topic from another time or place. By distancing the action from a depiction of the livability that marks the differentiation between the third-generation plays and their predecessors, we are left without the experience of that very livability. There is an understanding that this is no longer a disease from which people must die, but in keeping it outside the action, these plays leave the image of a life with HIV as an unknown. With an estimated of 1.3 million Americans now living with HIV, the theater of inclusion might well be deemed non-inclusive without recognizing where the stories of those with positive serostatuses could be given dramatic life.

In *Loaded*, the setting is described as an immediate post-sexual, almost narcotic environment shared between two men whose seropositive statuses momentarily narrow a generational divide. The play by Elliot Ramón Potts which opened for a limited run Off-Broadway in 2009 relies on its characters finding reason after reason to remain in an airless and stifling environment with one another despite the all-too-clear realization that their sexual desires do nothing to transcend their many other differences. Like the married couple in McNally's play, the two men in *Loaded* come from different eras of HIV reality. One survived the first years of the plague with wistful remarks about how that survival was empowering; the other found his virtual community online. But unlike Cal and Will whose negative serostatuses reify HIV as something that is in their world but outside their home, Patrick and Jude share a momentary charge of sexual electricity based on the fact that they are both HIV-positive. There is an internet hook-up that implicitly works around the "UB2"

stigmatization in which presumed HIV-negative men signal to those with a positive status that they need not apply. This unspoken understanding leads to a moment of crackling tension during which both men admit to having lied on their web profiles. Jude, the younger man, points out that his status is not designated in his profile and questions why Patrick would have assumed that he was positive. As Jude backs away from his stand-off by admitting that he does in actuality live with HIV, the generational divide between the two widens when he quips about his seroconversion.

JUDE: I was almost relieved when the test came back positive, as if I had one less thing to worry about.⁹⁶

At this point, their momentary evasion of a particular stigmatization becomes immaterial, and the rift between HIV realities becomes a place from which to launch a battle of blame and judgment. Jude declares HIV advocacy an afterthought for those in his particular demographic. With HIV considered “no big deal” and perhaps, sadly, an inevitability, Jude dedicates his unfocused political energy toward marriage equality.

JUDE: I’m sorry if I missed having the opportunity to participate in the defining gay issue of the last century, but this is my generation’s issue! Don’t fucking judge me and assume you know what I’m capable of committing to! Your generation with its promiscuity created and spread that fucking disease so it’s a damn good thing you worked to clean it up.

PATRICK: And you and everyone else would have been fucking the same way if AIDS never appeared on the scene, and you know what? Just as predicted, the moment there was an effective cure or treatment the legs would fly back up in the air and it’s back to the same ole’ same ole’.

JUDE: Oh, so here we go again with the “We didn’t know any better, so WE were victims, however, YOU should have known better.”

⁹⁶ Elliot Ramon Potts, *Loaded* (unpublished, 2009), 24.

PATRICK: God damned fucking right.

JUDE: We don't have all the bath houses, cruise parks, back rooms . . .uh. . .

PATRICK: Don't forget the highway rest stops.

JUDE: Yeah!

PATRICK: Well you have the INTERNET . . .which fucking beats everything.⁹⁷

While the dialogue suggests that the pair are the evil twin version of the couple from *Mothers and Sons*, what is seen in *Loaded* is a reversal of the unremembering of AIDS past with each character finding moments to declare his superiority over the other because of how HIV/AIDS has integrated itself into his life. Patrick and Jude attack one another because from their perspective the other missed an opportunity to get it right – from their standpoints, a chance that was not afforded during the HIV realities in which they acquired the virus themselves. This discord prevents a recognition that the present reality in which both characters maintain hopeful prognoses is the product of incremental not generational development. They are stuck in their respective pockets of the timeline of HIV/AIDS - this temporal isolation leading not to a forgetting of AIDS past, but a misfire in understanding HIV present.

The sweeping calls to unremember targeted the generation hardest hit by the onset of AIDS, cutting that generation off from younger gays and lesbians who might continue the visionary work undertaken in the late 1960s and 1970s. We call this temporal isolation de-generation. It is a process destructive of both a generation of social revolutionaries and the transgenerational bonds that make the transmission of revolutionary projects and cultures across and against time possible. De-generational unremembering is not simply an assault on the past or an attempt at prophylactic protection of the

⁹⁷ Potts, *Loaded*, 56.

future, then; it is, above all, an aggressive assault on possibilities for the queer present.⁹⁸

The biting de-generational critique of HIV present performed in *Loaded* might be read as the cynical side to the HIV present realized in *Mothers and Sons*. But as McNally's play gives a representation of the present state of HIV/AIDS in which HIV is also absent, the stability found in Cal and Will's assimilation to family life offers an imperfect comparison. The unfortunate suggestion in juxtaposing the two plays may therefore be that HIV livability in the third-generation is based upon a separation of those with and without HIV.

Serodiscordant harmony is something still on the horizon. As Muñoz emphasizes:

Queerness's form is utopian. Ultimately, we must insist on a queer futurity because the present is so poisonous and insolvent. A resource that cannot be discounted to know the future is indeed the no-longer-conscious, that thing or place that may be extinguished but not yet discharged in its utopian potentiality.⁹⁹

The perspectives offered in *Mothers and Sons* that are lacking in *Loaded* are the framing presences of HIV past and future, which, considering Muñozian futurity, are necessary to realize HIV present as a fleeting moment. Patrick and Jude need the respite of a physical connection to escape the verbal conflict which isolates them not only from the outside world but also from each other. They are unable to move past their own insolvency, and their blame and judgment prevent a connection beyond the momentary physical. Despite all indications that *Loaded* is a third-generation AIDS play that incorporates a portrayal of HIV livability, this example of the theater of inclusion might be more properly aligned with

⁹⁸ Christopher Castiglia and Christopher Reed, *If Memory Serves: Gay Men, AIDS and the Promise of the Queer Past* (Minneapolis, MN: University of Minnesota Press, 2012), 9.

⁹⁹ Muñoz, *Cruising Utopia: The Then and There of Queer Futurity*, 29.

Let Me Down Easy, where the given circumstances of HIV are used as a tool to investigate deeper social and psychological needs, in this case a need to connect. In a revealing psychological take from his article in *American Psychologist*, Perry Halkitis indicates that the needs of both men emerge despite HIV/AIDS and not because of it.

On the surface, Patrick and Jude represent men from different times, with different issues and disparate worldviews. Both represent the plight of all gay men – the reality of two generations of gay men – gay men who have attempted to live their lives with dignity and respect despite the ever present and sometimes deafening drumbeat of AIDS.¹⁰⁰

While this theater of inclusion places HIV in the foreground, it is as a tool of forced perspective. We begin to understand the generational divide separating the two men by first assuming that the conditions which brought them together – HIV and the internet – are sufficient to warrant their being together in the first place. The eventual insignificance of these features in their relationship forces the issue that HIV seroconcordance is a flawed premise on which to build a relationship.

The play ends ambiguously after a still more heated exchange in which Jude corners Patrick into admitting that he knowingly put a minor at risk for HIV transmission. This confusing confession betrays and reverses the positions the two characters have occupied on their sides of the HIV generational divide, with the younger Jude suddenly given the place of a knowing morality.

JUDE: What future did you pass on to him?¹⁰¹

¹⁰⁰ Perry N. Halkitis, "Reframing HIV Prevention for Gay Men in the United States," *American Psychologist* (November 2010), 752.

¹⁰¹ Potts, *Loaded*, 64.

Patrick is diminished and deflated following his forced confession. The audience is left to speculate if the character has found a sense of responsibility or if this moment is as lasting as his next internet hookup. As the curtain falls, neither character has verbalized his need to connect, but so too neither one has made the definitive move out the door. The fight for dominance of the present HIV/AIDS reality has still a few more rounds.

The World Health Organization states the basis for declaring a pandemic is when the pathogen has been shown to cause several outbreaks in at least one country, and to have spread to other countries, with consistent disease patterns indicating that serious morbidity and mortality are likely in at least one segment of the population.¹⁰² Since its isolation, HIV/AIDS has never not met this definition. But the representation on the American stage has primarily shown the human dimension and political struggle within the American frame. The relationship between audience and performance is presumed to have a difficult time with a transatlantic barrier. Even in the later AIDS plays, Anna Deavere Smith's inclusion of the "Don't Leave Them in the Dark" monologue is an anomaly. The lauded exception to this observation is *In the Continuum*. The play, initially written as a capstone project for their graduate acting program by Danai Gurira and Nikkole Salter, is an unsentimental and fresh third-generation American AIDS play and the one that best recognizes the personal impact aligned with the accurate definition of pandemic.

As the lights go up, two girls are playing. They are nearly the same age and have nearly the same skin color. They share the space, an unusual hopscotch game and an

¹⁰² World Health Organization (WHO) pandemic influenza guidelines, 1999–2009

eventual argument that leads to name-calling. One speaks English, the other Shona. The audience soon understands that the chalk circle they play around is not on one playground, but on two. One is in South Central Los Angeles and the other in Harare, Zimbabwe. As the game breaks down and the girls become furious with one another, in their respective languages they insult the other where it might be deeply felt:

Child#1: Yo' mama, yo' daddy, yo' whole generation got HIV!
Child#2: Amai vako, nababa vako, nevese vemumhur menyu vari HIV.
Child#1: You stupid! And you got HIV!¹⁰³

From this moment on, the two actresses assume many roles, but always remain in their separate spheres – two worlds so similar, touching even, but never colliding. That is, except in the theater. The side-by-side stories center, primarily, around Abigail, a television news reader in Harare, and Nia, an expert at the five-fingered discount in Los Angeles. They are approximately the same age, but their character lives could not be more dissimilar. Abigail is middle-class, well spoken, a mother of six-year-old Simbi and comfortably the wife of Stamford. Nia is a party-girl and aimless. Reductively, the American situation is unfocused by comparison. Both young women are experiencing waves of nausea when the setting switches with a shift of chairs to a clinic. The two actresses serve both as the listeners and the listened to in the scenes. Abigail becomes imagined and the actress assumes the role of the Zimbabwean nurse. Both women learn they are pregnant, but for neither one is that the extent of information gleaned in this visit to the clinic:

Nurse: You have tested HIV positive. This means you have the virus that causes the Acquired Immune Deficiency Syndrome.

¹⁰³ Danai Gurira and Nikkole Salter, *In the Continuum* (New York, NY: Samuel French, Inc., 2007 [Original Production 2005]), 9.

Nia: I'm sorry what?

Nurse: There is no cure for AIDS, it is generally transmitted through unprotected sex, anal or vaginal with a person infected with HIV. And unprotected sex means sex without a condom, male or female to protect the sexual organs and in Africa that is generally through heterosexual contact.

Nia: You trying to say I'm a hoe? Do I look like a junkie? Do it look like I'm gay? Do I look like I'm from Africa? No! Everytime we come in here ya'll try to make us feel like we're dirty or something. (pulling out her cell phone) You don't know what the fuck you're talking' about – s'cuse you – no, S'CUSE YOU!¹⁰⁴

Nia, in what is likely a tornado of fear, guilt and confusion, storms out of the clinic and into denial. Hers is a denial, however, that never really manifests as a fear of dying. Instead, Nia plots to corner her boyfriend, who has a presumed direct path to the NBA, into publicly admitting that he infected her. Meanwhile, in Zimbabwe, Abigail silently absorbs the step by step protocol of the Ministry of Health, guidelines that provide little comfort:

Nurse: We therefore strongly recommend you practice abstinence from now on: but if you must, please can you protect others, there are three condoms, sorry we have run out. If you want we can show you how to use them on a banana in the next room. But then you will only have two. Ah Miss, Miss – (looks at chart) Miss Abigail, why are you crying?

There is little time for clinical solace. The nurse will likely give the same diagnosis to several others that day. The ministry is overburdened and overextended. UNAIDS statistics from 2015 state that with a population of 16.2 million, Zimbabwe has an estimated 1.3 million adults living with HIV/AIDS.¹⁰⁵ Clinical speed is the only efficient way of following protocol. Abigail is sent home with instructions for her husband to be informed and tested. The

¹⁰⁴ Gurira and Salter, *In the Continuum*, 18.

¹⁰⁵ UNAIDS Global AIDS Response Progress Report 2016

nurse is at least sympathetic to the conversation Abigail will need to broach, but matter-of-fact clinical necessity wins out:

Nurse: I know it can be dangerous to tell him, many women are scared he will beat them and take the children – what, what, even though usually it’s coming from him, but, sorry you tested first. So – you must tell him and bring him for testing. Even with the risky business of it.

Her tactics change, though, when the nurse realizes that Abigail was only incidentally tested for HIV and that her real motivation in seeking healthcare was her pregnancy. The nurse’s efficient demeanor turns to scolding:

Nurse: (looks down at chart) Ah, you are pregnant? Ah . . .you women. You go and get this HIV then you want to have a baby or two? It’s not good, munoziwa, it’s not good.

By 2003, more than 11 million children under the age of fifteen in sub-Saharan Africa had lost at least one parent to HIV/AIDS. In 2015 in Zimbabwe alone, there were 450,000 AIDS orphans. By 2003, nearly 3 million children under the age of 15 were living with HIV/AIDS. In 2015, in Zimbabwe alone, there were 77,000.

Nurse: Drugs? Ah we don’t have them here, if you have money you can try to find them, they are very, very expensive. Otherwise change your diet – eat greens, negrains, nemeat. And don’t breastfeed. We will test the baby soon after it is born so we will see you and Mr. Stamford Mirindi, sorry Murabe, on Monday 10am. Please amai, if you don’t come I will be forced to call him. Right. (flips to next chart)¹⁰⁶

This passage signals the distance traveled between the play’s 2005 premiere and today.

UNAIDS reported the following for Zimbabwe’s access to HAART between 2007 (the year of the play’s publication) and 2015:

¹⁰⁶ Gurira and Salter, *In the Continuum*, 20.

	2007	2015
Percentage of eligible adults and children receiving antiretroviral therapy.	31.3%	72%
Percentage of HIV-positive pregnant women who receive antiretroviral to reduce the risk of mother-to-child transmission.	22%	85%

There are many factors for the favorable tripling of Zimbabwean AIDS treatment epidemiology, but significant players include the rollout of PEPFAR, the formation of the Global Fund to Fight AIDS, Tuberculosis and Malaria, The Clinton Global Health Initiative, and the conversion of MSF/Doctors Without Borders emergency programs to long-standing national missions. Abigail would have a better chance today than she did when *In the Continuum* was written.

As the women prepare in their own ways to inform their partners and to carry on with their lives, it is the ancillary characters who round out the various socio-economic and socio-political representations within the world(s) of the text. These provide some of the more powerful parallels in the women's stories. Abigail meets with a social-climbing friend who expounds her own take of the proliferation of western medicine and the conspiracy theories surrounding AIDS:

Petronella: That's when they get all aghast and say, 'Oh those poor Africans who can't help themselves – let's bring them our great answers' – which are WHAT? It's a bloody mess! And you want to know why? You want to know why? It's because we've been programmed. Yes! Because we look to them as our source of hope and redemption.¹⁰⁷

Nia very nearly discloses her pregnancy and her diagnosis to her mother until this exchange forces her to backtrack:

¹⁰⁷ Gurira and Salter, *In the Continuum*, 26.

Mama: Trust me: three minutes of slappin' bellies ain't worth death. And that's what it is, death. Because it's a government experiment, it was designed – they've done it before and will do it again. You think it's consequential that we the ones got it the most of everybody. They've been tryin' to get rid of us since the Emancipation Proclamation.¹⁰⁸

Abigail consults with a sex worker who suggests that she could hook her up with a “nice beneficiary” who would be able to pay for medication. She sensibly instructs that Abigail needs to decide what is more important:

Sex worker: Remain Miss Priss Abigail, or become a survivor. Because, you can't save both your marriage and that baby.¹⁰⁹

Nia goes to the mother of the NBA-tracked boyfriend. With a sizeable payoff, she sends Nia away and, in no uncertain terms, makes it clear that she is never to return:

Gail: Look at his trophies. Look at them! Does this look like AIDS to you? Do you think he would be getting a scholarship? That's right! A scholarship for outstanding athletic achievement – to my son. So, no, nobody knows. It's none of they damn business.

Charles Isherwood titled his *New York Times* review of the 2005 premiere of *In the Continuum* at Primary Stages, “Time for Hope, Not Tears, in Upended Lives.”¹¹⁰ True, neither character is allowed an onstage moment to cry. But Isherwood is inserting a partially-informed world of the audience into his declaration of hope. Nia would likely be eligible for guaranteed care under ADAP guidelines, and with income thresholds set by the California management of the program more generous than any other state, she would likely have an excellent prognosis. But she was only just beginning to experience the social factors associated with her diagnosis. Abigail demonstrates strength and grace to proceed

¹⁰⁸ Gurira and Salter, *In the Continuum*, 30.

¹⁰⁹ Gurira and Salter, *In the Continuum*, 37.

¹¹⁰ Isherwood, *The New York Times*, December 3, 2005.

through the turn, but treatment availability would not suggest this to be a cause for hope. Perhaps though, it is the communion of these two stories on stage and the combined situations of the two women that rightly call forth a sense of collected hope. In this case, the theater provides a space for the relationship between audience and performance to transcend global situations: a theater without borders.

Born out of a profound concern for the experience of black women in the present fight against HIV/AIDS, *In the Continuum* adds voices to the corpus that, measured against current epidemiological statistics, should be among the loudest. In their introduction to the play, Gurira and Salter write, “Black women currently represent the highest rate of new infection both in the U.S. and Africa and this is a story told from that perspective. It is a representation of the humanity behind the statistics and an invitation for more unheard stories to be brought In(to) the Continuum.”¹¹¹ That more than thirty years into the pandemic the theater is still providing a space for unheard voices is remarkable until one considers that the theater professes to be a space of welcome inclusion always.

Mainstream American theater endeavors have here mirrored the excluded status of women and African-Americans in the HIV/AIDS cultural narrative. Sociologist Cathy Cohen describes this as a process of secondary marginalization. Subgroups within the marginalized population of those with HIV/AIDS are further marginalized by the more “privileged members of marginal groups, as the ‘management’ of marginal group members is negotiated daily by those they would call their own.”¹¹² Astonishingly, gay men with

¹¹¹ Gurira and Salter, *In the Continuum*, 6.

¹¹² Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago, IL: The University of Chicago Press, 1999), 70.

HIV/AIDS are the privileged, and without stretching the connection too far, dramatic representation is a type of management. In terms of the understood narrative, however, this is a valid assertion. AIDS first appeared in populations of gay men in urban settings. As depicted in several of the early American AIDS plays, gay men were among the first to mobilize and organize a vocal grassroots response to the political and medical needs of those hit by the mysterious epidemic. No, AIDS is “not a gay disease,” but the narrative of the evolution of AIDS cultural understanding is inextricably identified with the population that first made their voices heard. In her introduction to the anthology of AIDS Plays, *Positive/Negative: Women of Color and HIV/AIDS*, editor and playwright Imani Harrington states:

With so much of the public discourse on HIV/AIDS focused on men or, especially when it comes to women, on questions of blame and responsibility, there has been little room for the personal voice and perspective of the positive woman to emerge in dramatic narrative. What has been missing from the stage, just as it has so often been missing from clinical trials and medical research, is the body of the positive woman, a body that has, perhaps, been considered too infectious to be offered up as aesthetic material for the public’s imagination. In what way, then, could artists – especially women dramatists – articulate dimensions of how women have experienced the epidemic that American Theater (as an institution) has generally failed to capture?¹¹³

Harrington herself attempted to make space for these voices in her play *Love & Danger* in 1995. Ten years later, Gurira and Salter happened upon and exposed that same lack of space. Fortunately, in the theater a recognized lack of space does not prohibit a new inhabitant; in fact, the act of recognition is what creates the space itself. Both plays

¹¹³ Imani Harrington and Chyrell D. Bellamy (editors), *Positive/Negative: Women of Color and HIV/AIDS – A Collection of Plays* (San Francisco, CA: Aunt Lute Books, 2002), 20.

endeavor to combat the secondary marginalization of women of color within the HIV/AIDS community. Cohen continues:

The theory of marginalization suggests that without paying significant attention to the internal processes of monitoring and creating political information, opportunities, and behavior, researchers will never fully grasp the multidimensional nature of power. In this analysis, much of the activism or inactivity around AIDS in African-American communities is directly connected to indigenous systems of information, mobilization, and identity. Only by understanding these indigenous norms and structures can we begin to explore the political activism of African-American communities in response to AIDS and other cross-cutting issues.¹¹⁴

The early AIDS dramas, primarily written by and about gay men, the “privileged” among the positive, are here an exercise in exerting and demonstrating power. But even here in my brief analysis I am conflating several sociological perspectives. Cohen writes about AIDS in African Americans but not specifically women, so by her own definition she is committing African American women to a secondary marginalized status within her own work. What Cohen, Harrington, Gurira and Salter, and the entire dramatic corpus seem to agree upon is that there are still those for whom an opportunity to tell their stories has not yet been provided. The American theater is neither ahead of nor behind the curve here, but seems to be proceeding at exactly the same pace as the accepted cultural narrative of HIV/AIDS. José Esteban Muñoz, in his effort to expose the untethered truth of identification, states:

The fiction of identity is one that is accessed with relative ease by most majoritarian subjects. Minoritarian subjects need to interface with different subcultural fields to activate their own senses of self.¹¹⁵

¹¹⁴ Cohen, *The Boundaries of Blackness*, 77.

¹¹⁵ Muñoz, *Disidentifications*, 5.

This suggests that the unvanishing performed by acts of disidentification in HIV/AIDS drama is dependent upon the interplay among subsections of the HIV/AIDS community. It is this communication which actualizes the individual needs of the subsection, paradoxically invigorating the entire minority. Gay men and other “privileged” classes of the HIV/AIDS-affected populations also benefit by an awareness surrounding the increased representation of the secondary marginalized groups within the HIV/AIDS community. Even in rare instances, such as *In the Continuum*, this is seldom seen in a single play. Fortunately, the theater is not univocal. As it is a place for many types of characters and stories to be brought to life, the unifying act of building the dramatic corpus affirms the theater as the location where the unheard voices may yet be heard. In this respect, *In the Continuum* is particularly significant in the corpus in that it includes voices of HIV-positive African and African American women. It reaches across the world to make the global perspective intimate and personal.

There is no clear demarcation to identify the generational divides within the corpus of American drama written about and in response to HIV/AIDS. “Generation” is itself a problematic term when taken out of ancestral studies and placed in this context. Used as a means of explaining parts of a larger collection of dramatic works, it might ostensibly imply a type of literary arrangement where an early dramatic work has a clear influence on the form in which a later work is written. Collected works from multiple playwrights may predicate a familial grouping of those playwrights. This is as if to say a play from 1985 must leave clear traces in a play from 2007 simply because they tackle a similar subject.

Therefore, the later playwright has clearly been influenced by the earlier one. But post hoc ergo propter hoc, this is not so. One of the risks in anthologizing is an accidental stress on the comparative, leaving contrast to emerge out of later discussions. But seeking what types of influence may track throughout turns up little within this corpus. Looking into what I consider the first generation, the earliest plays, Larry Kramer's *The Normal Heart* and William M. Hoffman's *As Is* through Tony Kushner's *Angels in America*, the lineage argument would imply that Kushner may have been influenced in his writing by Kramer and Hoffman. But Kushner cites Eugene O'Neill as his primary literary influence.¹¹⁶ And by the time Kramer was looking for a theater to premiere his *The Destiny of Me*, many were uninterested because of the ubiquity of regional productions of Kushner's plays. Touring through the Larry Kramer Papers archive turns up evidence that Kramer was unhappy with the successes of later playwrights' contributions to the corpus. Both Terrence McNally's and Wendy Wasserstein's AIDS plays were critical successes and darlings of their awards seasons in ways that Kramer's plays never were. Perhaps this also brings to mind traces of family relations and jealousies among the individuals, but the respective writings do not. In part, this is because of the total length of time being considered. There is simply an

¹¹⁶ At least a respectful collegiality is evident in a note of thanks and congratulations Tony Kushner wrote to Larry Kramer after attending the original production of Kramer's *The Destiny of Me*:

It shares with all your work the most extraordinary intelligence, passion, fearlessness and the force of truth. I wish I could write with even half your honesty and clarity and courage. It's the cheesiest thing in the world but you are a great inspiration; your writing calls me back to myself.

Tony Kushner, Letter to Larry Kramer, March 30, 1993. The Larry Kramer Papers, Beinecke Rare Book and Manuscript Library, Yale University.

insufficient span of time to see the influence in form, character development and storytelling from the works of the playwrights of the earliest AIDS plays in the later ones. Substantially more than a thirty-year history is required to justify a lineage of authorial form. The common denominator is the defining element of the corpus, American plays about AIDS. And playwrights, regardless of who influenced their writing, were committed in the writing of their works by the presence of HIV/AIDS in their lives. The turnover of generations within the corpus is therefore defined by how differently the virus was understood for those playwrights when they wrote their own American AIDS plays. I have traced these works alongside the shifting medical and cultural understanding of HIV/AIDS. But while medical, policy, social, and global developments inform an understanding of what might be expected in the dramatic representation at various moments of a thirty-year span, the theater, a live medium, will occasionally do the unexpected. When one anticipates that represented realities will correlate with an evolution of the cultural relationship to the virus, one ignores the role of the uniquely equipped theater in exploring personal realities. A play offers the lives of characters, not historically precise chronologies. The stories of HIV/AIDS told in American plays are not self-contained chronicles. It is only when these pathographies are looked at side by side in their narratives, styles, and depictions of the disease that we begin to differentiate first, second, and third waves of these plays. Even this may be problematic when considering the many worlds of the play. For instance, *The Normal Heart* is securely a first-generation American AIDS play in that it is doubly identified by the nearly congruent worlds of the text and the playwright. But nearly congruent is not the same as simultaneous. The text represents a world in which the cause of the disease is

unknown and AIDS is not yet its moniker. During the period of its writing, both of these shifts in understanding had already taken place. The world of the text for *Angels in America* cannot be described as a single one, rather many, but the heart of the play's events finds its center during the years of the Ronald Reagan administration. When it finally opened on Broadway, Bill Clinton's inauguration had ushered in a new era of American politics. The distance between the worlds of the text and the playwright must be acknowledged in terms of AIDS treatment development. Significant but not watershed breakthroughs had added to medical knowledge during that gap. Those changes, however, had not yet significantly gained in cultural understanding. This, along with the play's very long development period, satisfactorily places *Angels in America* at the end (perhaps the pinnacle) of the first generation, rather than as an early entry in the second.

The more recent additions to the corpus reflect a time when effective treatments have made a type of forgetting easy. Accumulated knowledge has brought with it an understanding that HIV is, in the best of scenarios, livable. And even when it is known intimately, it is seldom seen. Because of this invisibility, AIDS is far away – either in time or distance. Drama reflects known reality. However, the presumption of invisibility discounts the places in which HIV/AIDS does appear in recent American plays. Preconditional knowledge that an HIV diagnosis is the introduction of a serious but manageable condition has left the American plays written during the third generation not explicitly about AIDS per se. HIV becomes a tool in other storytelling. I suggest that AIDS invisibility becomes the performative dimension that repositions both disease management and cultural understanding beside a need to remember a past reality. I propose that the uniting factor

of third-generation American AIDS plays is the theater of inclusion. The educational purpose of these plays has diminished and the activist bent has softened when compared with earlier plays, but the inclusion of HIV/AIDS in the drama in implicit ways advances the narrative spoken by the entire corpus.

The significance of a theater of inclusion is how it reorganizes both the past and the present as a means of anticipating a direction for the future. It is a recalibration, a type of course correction. In this, it is not a clearly defined theatrical phenomenon, but rather a collective idea that positions the performance as an action moving forward, but not necessarily toward something in particular. The theater of inclusion is therefore the enactment of a utopia, well fitting the reframing put forth by Muñoz. In these third-generation American AIDS plays, different AIDS narratives both construct and represent a cultural understanding of HIV/AIDS as something that cannot possibly be explained from a single positionality. Multiple visions are necessary to begin to complete a present narrative. Furthermore, the collected visions inform the directionality toward a future that is fully prepared to accommodate those multiple visions. Optimistically stated by Jill Dolan in *Utopia in Performance*, this might well be a transfusion of engagement:

Part of the power I see in utopian performatives is the way in which they might, by extension, resurrect a belief or faith in the possibility of social change, even if such change simply means rearticulating notions that have been too long discredited. A desire to revitalize humanism or democracy doesn't have to be seen as naïve and idealistic.¹¹⁷

¹¹⁷ Jill Dolan, *Utopia in Performance: Finding Hope in the Theater* (Ann Arbor, MI: The University of Michigan Press, 2005), 21.

To paraphrase two of the giants of this critical lineage, perhaps this answers “How to Write Plays in an Epidemic” – and the theater of inclusion is fitting a pandemic. Particularly when cultural invisibility is the product of acceptance and reticence, multiple narratives have more opportunity to solidify the individual relationship between the audience and the performance of that narrative. Compounded by multiple relationships, the individual then is tasked with rearticulating a need to recognize the presence of HIV/AIDS in proximity to their own lives. Breaking out of a cultural complacency, the newest AIDS plays signal a reminder that AIDS is not in the past, it is something to be dealt with in the here and now or to be recalled in order to better understand current socio-political situations. Only with this practice, and the re-inclusion of AIDS in the dramatic narratives will the scope of the pandemic again be realized.

I define the theater of inclusion in this context in three separate but intertwined ways. First, the third-generation AIDS play includes HIV/AIDS as part of the play’s storytelling, but it is not necessarily the central feature around which the action takes place or in how the character relationships are built. Second, the AIDS narrative within the play is inclusive of multiple perspectives, a negotiation of more than one AIDS positionality. And third, only when included in the corpus of American AIDS drama do the third-generation AIDS plays manifest as a cohesive dramatic statement or response to the pandemic. An additional defining feature is that the inclusion of HIV at all in dramatic narrative is worthy of note, because it serves to recall or reincorporate the disease in cultural and artistic writing despite a resounding period of complacency and reticence. This is American drama breaking a silence, however subtly. This last point is the most difficult to justify in that for

every measure of AIDS silence on a collective level, the very livability of HIV that presumptively allowed for a rolling back of AIDS cultural engagement has left HIV/AIDS visibility largely the choice of those individuals who live with the virus.

I emphasize the possibility in the first part of my definition that HIV/AIDS may still be a central part of the plot and character development of these plays. This qualification does two things. First, it emphasizes the critical theatrical relationship between the audience and the performance. Individual participants in that relationship craft their own interpretation of the importance of the play. *Love! Valour! Compassion!* is a second-generation American AIDS play, but even in that part of the corpus, the AIDS representation within that play amounts to very little. In fact, one of the two characters with HIV/AIDS pointedly excises AIDS from the vocabulary of all the men for the duration of the holiday. The fine he imposes is modest, but it is remarkably prescient with respect to the fatigue of AIDS activism and the reticence found in HIV livability.

Buzz: That's five dollars. Anyone who mentions AIDS this summer, it'll cost them.

John: Who made this rule up?

Buzz: I did. It's for the kitty. Cough it up.¹¹⁸

Despite the monetary thump and the activist exhaustion, the eight characters in *Love! Valour! Compassion!* define their relationship with HIV/AIDS in how they promise to take care of one another as the inevitable happens to the two men who are in some phase of the disease. AIDS is omnipresent despite Buzz's rule. But the individual audience member may

¹¹⁸ Terrence McNally, *Love! Valour! Compassion!* (New York, NY: Plume, 1995 [Original Production 1994]), 24.

well situate the ubiquity of AIDS in such a way that the turns of the plot no longer concern the fact that AIDS is a part of the story at all. *Love! Valour! Compassion!* is a play about relationships, fidelity, passing the creative torch and holding together in spite of what may be knocking on the door. In this, the first plank of my definition of a theater of inclusion in the third-generation American AIDS play was already evident at earlier points in the corpus. AIDS plays may not necessarily be about AIDS, but it is always there. In fairness, any well-written play is open to infinite possibility. The importance of any given circumstance in any play is determined by both production and audience. Therefore, inclusivity is a virtue of theater itself, not solely endemic to this portion of a larger collection of work. As HIV/AIDS became more invisible, its representation in the American play became more difficult to locate. In this respect, I run the risk of neglecting scores of worthy third-generation additions to the corpus simply because the presence of HIV/AIDS in the play's storytelling has fallen to the bottom: a narrative alluvium that reveals the second point of the first part of my definition. Clearly evident in the four works I have brought into this chapter, third-generation American AIDS plays position HIV/AIDS secondary to the main conflicts and narrative of the dramatic works. In *Mothers and Sons*, AIDS is manifest in the memory of Andre. The disease is inextricably linked to the time when Andre died. It is the relationship to this common 'outside' feature that positions each of the play's four characters in slightly different AIDS temporalities – dealing with it in the here and now, but knowing it from the moment it arrived first in their respective lives. *Mothers and Sons* is an AIDS play not about AIDS. It is a play of memory and reconciliation that utilizes the relationship with AIDS then and now to serve the characters' journeys away from their stagnant AIDS temporalities.

Loaded similarly positions HIV/AIDS as a storytelling undercurrent, the difference being that for the play's two characters, HIV is not outside, it is quite literally inside them both. The undercurrent is rarely found in reminiscence like *Mothers and Sons*, but rather in *Loaded*, it runs a hot electricity through frayed wires likely to shock either man at any time. But, *Loaded* is an AIDS play not about AIDS. It is a play about multi-generational survival strategies and about the razor's edge distance between sex and caring. HIV may have brought the two men together, but it does little to keep them in the same room. As in *Loaded*, the two central characters in *In the Continuum* find HIV/AIDS in everything but the abstract. *In the Continuum* is a play about HIV diagnosis. But even when placed in the forefront, HIV shares the character arc with other significant elements of character development. The HIV diagnosis has brought the two women into the same play, but very different individual situations make the common diagnosis a mere point of intersection. This proves that HIV/AIDS status cannot be a character-defining quality. Similarly, in *Let Me Down Easy*, two women share their stories of AIDS. But unlike the HIV-positive women in *In the Continuum*, these are stories of proximity. And the two AIDS portraits are included in the play's narrative with a not-particularly-about-AIDS political message. *Let Me Down Easy* is not a play about AIDS, but it includes the stories of individuals affected by AIDS in its journey to locate humanity in policy debate.

Equally important in the qualification of a theater of inclusion within the third-generation American AIDS play is how each of the plays incorporate the presence of HIV/AIDS from multiple points of view. In *Mothers and Sons*, the four characters are shown to know the pandemic by way of the moment in time in which it first became known to

them individually. This translates to four different understandings, with varying degrees of removal from the pandemic. The generations of the epidemic are realized by the age differences and the lived experiences of the characters. The disease trajectory follows a path leading toward outside ubiquity and acceptance, while the social reality diminishes to virtual invisibility. *In the Continuum* centers around the same HIV diagnosis in two women of the same age, but with half a world separating the two, the situations are realized as nearly opposite one another. These parallel perspectives point to the global reaches of the pandemic, the differences in care, and the similarities in coping. AIDS is a global pandemic that is unforgotten on the domestic front. *Loaded* shows how the incorporation of a life with HIV is affected by time and circumstance. The two characters, while both successfully managing the condition, represent either side of a divide between diagnostic generations. On one side, AIDS is a memory of lost friends and of melancholic survival; on the other, HIV implies an inevitable outcome. The two struggle for dominance in their common condition, but they make it clear that the divide prevents them from experiencing either unity or communication. AIDS cannot be both unending memory and terminal unconcern at the same time. Only in the theater can these disparate possibilities have it out. *Let Me Down Easy* constructs the understanding of HIV in several different perspective pairs: family and profession, memory and present, American and African, indictment and duty. Taken together, however, the two portraits embody compassion in a world where it is lacking. Two different AIDS realities share a common call for a societal need. By including more than one HIV/AIDS position in the stories and character relationships of each play, the third-generation American AIDS play reflects the impossibility of a single AIDS narrative.

Memory, globalism, activism and generational divides are sourced by the multiple AIDS narratives. This reflects not only the AIDS pandemic as it is, but clarifies AIDS as a pandemic that has raged for decades, leaving nothing untouched.

The theater of inclusion functions by joining competing elements. It fights against the perception that AIDS cultural action is either stagnant or vanished. By turning away from a single narrative that positions HIV/AIDS as the prodigious global need for activist interventions, it includes stories of contemporary human survival. It realizes the paradoxical global reality that HIV/AIDS is simultaneously a livable situation and an uncontrollable reality. It unites past and present without allowing one temporality to be positioned as dominant. This suggests that a singular effort to recapture the past is doomed from the start. Melancholic reminiscence is inaction until it is paired with the here and now. As stated by Heather Love:

To reconstruct the past, we build on ruins; to bring it to life, we chase after the fugitive dead. Bad enough if you want to tell the story of a conquering race, but to remember history's losers is worse, for the loss that swallows the dead absorbs these others into an even more profound obscurity. The difficulty of reaching the dead will not keep us from trying.¹¹⁹

The theater of inclusion is partially that act of trying to rejoin a lost time, but it is also the act of absolution that forgives a need to look only to the past. In fact, it does more than forgive, it corrects. Looking backwards while standing still is stagnation, looking backwards while moving forwards is a risky endeavor, likely to make one stumble. But when one is on a dangerous path, there is safety in numbers. Multiple points of view guarantee those

¹¹⁹ Heather Love, *Feeling Backward: Loss and the Politics of Queer History* (Cambridge, MA: Harvard University Press, 2007), 21.

numbers. Generational divides and the multiple survivor positionalities found within the third-generation American AIDS play make the theater a location where memory and re-remembering may join with contemporary analysis. In this, the plays are instilling an historical narrative of AIDS past with something contemporary and productive. Castiglia and Reed suggest that the type of hybrid narrative found in the theater of inclusion is the locus where commemoration and action may meet:

What is needed now is an aesthetics of memory that can articulate the relationship of loss and hope, of commemoration and idealism in relation to gay culture – memorials that will help us to overcome our traumatized forgetfulness of the gay past. As important as commemorating the past, these memorials (and memory narratives more generally) must renovate the past in light of our present ideals, inviting viewers to create inventive hybrids of a past loss that will move us from our contemporary unremembering into a current idealism that will turn the past into a more just and satisfying present.¹²⁰

In a way, the theater of inclusion, found both within the individual plays and when assembled as the third generation of the corpus, may be explained as a struggle with no champion. It is a literature that lives through the competing realities trying to determine the cultural existence of HIV/AIDS. Physicalized perfectly in the simple staging of *In the Continuum*, these multiple realities exist simultaneously, occasionally supporting one another and frequently impeding on the other's allotted time. Every one of these multiple realities has a place. HIV/AIDS is both global and local. It is something that was lived through and something that is endured. It is a source of guilt and a reason to proceed. The critical relationships of the theater provide a living location where individuals may construct

¹²⁰ Castiglia and Reed, *If Memory Serves*, 186.

a relationship with these multiple realities. This is complex and frayed, but it is not invisible. The third-generation American AIDS play and the theater of inclusion embody the multiple realities of the pandemic. Inclusion fights complacency in these plays, thereby signaling a theatrical phenomenon that captures a past and a present, a here and a there. In these plays, one's own HIV reality is forced to share a time and space with another. This powerfully signals an AIDS reality without a single point of arrival – a hopeful vision of coming together in order to move toward yet another generation.

*Which is more powerful: the word or the idea?
Gregg Bordowitz in The AIDS Crisis is Ridiculous*

*To produce is to draw forth, to invent is to find, to
shape is to discover. In bodying forth I disclose.
Martin Buber*

Chapter 4

Spinning Forward and Living Past Hope: Teaching the Corpus

While leading a seminar for upper-division undergraduate theater students on the American AIDS plays, I became haunted and angered by an article: “Brilliant, 41 and Lost to AIDS: The Theater World Asks Why.” It appeared in the theater section of the *New York Times* – partly an obituary, partly an indictment of the theater community for neglecting one of their own. A young, talented musical theater composer-lyricist, entering his prime, poised to be one of the greats, died of AIDS. The article documents his last few months as he furiously struggled to meet deadlines. He had stacks of projects with different collaborators in various states of incompleteness. There was the recent out of town opening of his new show that he was never able to attend and the resourceful ways he would deliver score rewrites to the production’s musical director while attached to a ventilator in a hospital ward. Giants of the theater world recalled seeing him wasting away over the last few months of his life. They noticed strange purple lesions on his face and a missing fire behind his eyes, but they were reluctant to invade the privacy of someone they knew as an exuberant but fiercely private man. The once-buoyant soul could barely ascend a flight of stairs without support, and the assumption of those around him was that he was ill but would soon be better. This might be the story of so many theater artists who died of AIDS

in the worst days of the plague. But what is maddening about this particular panegyric is not the familiar story, but rather the date of its publication – October 15, 2017.¹²¹

I cannot say that I knew Michael Friedman. We had a few shared friends, and I auditioned for him at least once, but our paths never crossed beyond that. I admired his work. His musical adaption of *Love's Labour's Lost* that graced the summer season at Central Park's Delacorte Theater in 2013 dusted off Shakespeare's most frivolous work and made it completely contemporary. His musical *Bloody, Bloody, Andrew Jackson* was something of a precursor to *Hamilton* in that it proved that written biographies of American historical figures could be viable source material for musical theater. That is likely where the comparison should leave off, as the tone of the two musicals could not be more dissimilar. But like *Hamilton*, *Bloody, Bloody* was a bona fide hit in its original Off-Broadway incarnation, and its recognition rocketed its composer-lyricist to the top of the New York theater's unofficial list of people to watch. The fact that the musical didn't perform nearly so well in its Broadway transfer didn't really diminish Michael's growing reputation. The Broadway incarnation of *Bloody, Bloody Andrew Jackson* was another case of a perfect, wacky and intimate American musical so well suited for a small theater, being slapped into a venue much too large to match the profit visions of certain producers.

There are at least two notable ways in which Michael's work figures into the corpus of American AIDS drama. In 2010, Signature Theatre Company produced the first major New York City revival of both parts of Kushner's *Angels in America*. With a starry cast in a

¹²¹ Michael Paulson, "'Brilliant,' and Lost to AIDS: The Theater World Asks Why," *The New York Times*, October 15, 2017.

jewel box of a theater, the anticipation was palpable, and ticket buyers lined up more than two days before the box office opened. The limited Off-Broadway run sold out in minutes. Michael composed an original musical score to accompany the seven-hour play. Also among the projects left unfinished at the time of his death was a sequel to the quintessential American musical about the American musical, *A Chorus Line*. Whereas the original musical, about a group of auditioning dancers, is set in 1975, the continuation that Michael was pursuing with several close collaborators would have been set a decade later, as that same generation of dreamers was ravaged by AIDS.

The unprecedentedly long original run of *A Chorus Line* is itself a case study in how plays not about AIDS become threaded into the fabric of the AIDS drama corpus. It was precisely at the median point of *A Chorus Line*'s fifteen year run when AIDS became known. Almost immediately, there were multiple AIDS deaths among the ranks of Broadway singers and dancers. The gritty sparkle of *A Chorus Line*, in which the characters sing and dance of sacrifice and survival, and in which they promise that they "won't forget, can't regret" giving their all for the love of their art, suddenly seemed anachronistic without mention of the plague that was robbing that very art of some of its most loving souls. At the same time, the setting in a time before AIDS may well have been a haven for those needing a matinee escape from the harsh daily reminders of the plague. Three of *A Chorus Line*'s five creators, director-choreographer Michael Bennett and book writers James Kirkwood, Jr. and Nicholas Dante, would die of AIDS before the show ended its original Broadway run. So AIDS is absent in the world of the text but indelibly present in the worlds of the audience and the playwright.

In Larry Kramer's 2014 screenplay adaptation of his 1985 play *The Normal Heart*, one man – a minor character in the play, a major character in the film – stands to eulogize another young man. He speaks of how funerals and memorials have become the social life of the time. He speaks of his own anger and how it seems that nobody is offering to help. Then he offers another thought, "We're losing an entire generation. Young men at the beginning, just gone. Choreographers, playwrights, dancers, actors. All those plays that won't get written now. All those dances never to be danced." This line is not spoken in the play, and its utterance in the film signals the distance traveled in the twenty-nine years between the two scripts. There was no time for sentimentality in 1985, when remembrance needed to be secondary to rage – a particular rage that galvanized a diminishing population. But three decades later, this line informs a different story. Melancholia, both primary and acquired, is a powerful state that provides space to consider what we lost, or in this case, what never was.

If Michael Friedman and his collaborators were to have completed their sequel project, perhaps conceived as *A Chorus Line 2: The Wrath of AIDS*, the AIDS musical might very well be the nexus for AIDS nostalgia, fear and melancholia. One can only speculate how this musical might have been received. Rage and sentimentality doubtlessly would have shaped the narrative. Michael's death from AIDS more than thirty years after the time in which the sequel to *A Chorus Line* was to have been set makes the metanarrative of the musical powerfully prescient. The impetus for the project was the unending need to redefine survival – art, creation in the face of death, hope springing from cynicism. But Michael's death likewise resonates with Kramer's sentimental departure. Kramer left out

composer from his list of professions where unique voices were being snuffed out one by one. It is thoroughly disquieting in the midst of AIDS cultural reticence and complacency, that in 2017, Kramer's line rings clear and present. Michael Friedman, a young man at the beginning, just gone. All those musicals that won't get written now.

Equally unnerving in the *New York Times* finger-pointing article about Michael's death are the voices that should have known better; this, at least if one considers the theater as a place where knowledge is transferred. Michael had health insurance as an employee of the Public Theater. He was officially listed as Director of Public Forum and Artist in Residence, but he was universally recognized as a creative force and an ideal collaborator. Oskar Eustis, The Public's artistic director, is quoted in the article remarking that this was "a real warning shot across the bow for anybody who thinks this disease isn't deadly anymore. It just killed one of the most brilliant and promising people in the American theater." Director Michael Greif is quoted saying, "I wish I could have done more. I wish I had known more. I wish I could have interceded more. I wish that I could have found a way to let Michael let me be a better friend to him, and I regret that I wasn't able to do that." Indeed. Michael reported for work daily to the very theater where the first mainstream American play about AIDS, *The Normal Heart*, premiered and extended to a record-breaking Public Theater run. Eustis is largely responsible for commissioning Tony Kushner's *Angels in America*, and he directed its premiere at The Mark Taper Forum in Los Angeles. Eustis was also was the director of Paula Vogel's second major AIDS play, *The Long Christmas Ride Home*. Greif is perhaps best known in musical theater circles as the original director of *Rent*, the most commercially successful AIDS play ever. And it was while

directing Signature Theatre's revival production of *Angels in America* that he first worked with Michael. These two directors seemingly knew Michael as well as any professional colleague did. They are among the most significant figures in American AIDS theater. I contend that the American stage has provided the location for one of the most significant understandings of the pandemic. How is it possible that Michael could have been in the most severe and final phases of HIV disease and these colleagues, these particular colleagues, either did not notice or did not intervene? Have the American AIDS plays and their caretakers become so contentedly secure in believing AIDS to be a thing of the past, that a "warning shot" is suddenly a necessity? Conveniently, theater artists have at their disposal thirty years' worth of plays ready to teach them about not only the history of the pandemic but also about how AIDS crystalized a need for interconnectedness and human compassion.

Yet no one is to blame.

Susan Sontag wrote, "It seems that societies need to have one illness which becomes identified with evil, and attaches blame to its "victims," but it is hard to be obsessed with more than one."¹²² According to *The New York Times* article, when Michael died on September 9, it was just nine weeks after his doctor told him that he had tested positive for HIV. While the immediate course of antiretrovirals began its lengthy process of stopping his virus in its various stages of replication, the medical options for his advanced and compounding illnesses quickly ran out. His immune system was gone. In those nine

¹²² Sontag, *AIDS and Its Metaphors*, 104.

weeks, Michael was first hospitalized for ten days and then sent home when marginal improvement showed a suggestion of recuperation. Three weeks before his death, Michael was readmitted to the hospital with acute respiratory distress syndrome. He spent the rest of his life in intensive care, intubated and sedated. The consensus among those close to him is that Michael waited too long to seek medical attention. While there are known cases of rapid AIDS progression, the incubation period between acute HIV infection and what was once called full-blown AIDS is typically several years. Eustis said, "As near as I can tell, he hadn't actually been to a doctor or gotten tested for a couple of years, and only in July did he find out that he was HIV positive. That's just staggering – staggeringly wrong of Michael, staggeringly upsetting."

The article goes on to describe the memorial service that followed one week after his death. With New York theater luminaries among the several hundred friends in attendance, Michael was remembered for his work, for his indomitable spirit, and for his humor. At one point between the silences involved in the Quaker service, playwright Eisa Davis posed a question, "I just wonder if Michael loved himself as much as we loved him?" In the wake of his death and because of its cause, those closest to Michael questioned his assessment of his self-worth. But how deeply does this questioning bore? If Michael loved himself more, then he would have sought medical treatment earlier. But he didn't know he was dying. If he loved himself more, then he would have been tested for HIV years earlier. The Centers for Disease Control estimate that one in five Americans with HIV are unaware of their status. If Michael Friedman loved himself more, then he wouldn't have put himself at risk for HIV. This is the exact moralizing that was fought compassionately by playwrights,

actors, and characters throughout decades of American AIDS plays. Full circle, those who led the fight on the theatrical front are now chinning the victims.

The risk in cultural incorporation of HIV/AIDS is its relegation to another time or place. In turn, AIDS becomes an abstraction, something not here and now, but then and there. Thus the consequence for how one should teach this topic involves a de-abstraction of HIV/AIDS. In order to fully convey the various ways in which the corpus of AIDS dramatic material represents the evolution of the pandemic, it is of utmost importance to introduce the material as something that relates to the here and now. It is here that disclosure of my own status might make my point clear. I do not view my HIV status as something I need to keep secret; my caveat, however, is that it is a piece of information that I alone control when to share. Others have remarked that in bringing my serostatus to my work, and, frankly, in conjoining it with a lifelong passion for the theater, that I have somehow done something brave. I say it is nontraditionally academic, perhaps, but not a matter of bravery. Shame and pride regarding my HIV status have long ago dissolved or buried themselves in some forgotten place. But unpacking the language of those who declare that public disclosure is something akin to an act of bravery, it is implied that disclosure is an act worthy of remark. In a sense, disclosure is an Austinian performative utterance. What once was unknown cannot ever again not be known. Therefore, the speaking of a word has changed the condition, not for me, the person living with HIV, but rather for the others for whom this is a new piece of information. The remarkable thing about the act of disclosure then is not that I have broken some sort of expected silence, but rather that it brings out the issue of why that silence might be expected in the first place. Certainly in the case of

HIV, a pervasive social stigma remains. As recently as October 2017, it was suggested in open forum by a member of the Georgia State Legislature that those who live with HIV might be best quarantined for the public good. As reported in *Newsweek*:

“It’s almost frightening, the number of people who are living that are carriers with the potential to spread,” (Betty) Price said during a Georgia House of Representatives committee meeting on access to health care in the state. “Whereas in the past, they died more readily, and at that point they’re not posing a risk. So we’ve got a huge population posing a risk if they’re not in treatment. I don’t want to say the quarantine word—but I guess I just said it.”¹²³

Before critiquing the fundamental miscarriage of information, it should be noted that Mrs. Price is a former anesthesiologist, a medical professional. CDC HIV guidelines now recommend treatment for all individuals diagnosed with HIV, regardless of baseline viral load or markers of immune system strength. The goal of treatment is to reduce the blood-borne levels of free copies of HIV virus to undetectable levels. This allows for immunoreconstruction and reduces the likelihood of transmission to a low level. Those who know their status and are being treated are substantially less likely to “spread” the infection than those who are undiagnosed. Who precisely was she suggesting should be quarantined? Even the most draconian health professional would understand Price’s logic to be fallacious. A quarantine protocol in the state of Georgia for those diagnosed with HIV would do nothing to stop the global pandemic. The representative’s suggestion merely perpetuated the very real stigma felt by those who live with HIV/AIDS.

¹²³ Christianna Silva, “People With HIV Should Be Quarantined, Says Georgia Lawmaker and Wife of Tom Price,” *Newsweek*, October 20, 2017.

The single most important thing I am able to do to fight HIV stigma is to disclose my status. In doing so, at least for that moment, HIV/AIDS ceases to be an abstraction. It is no longer something that devastatingly did happen at one time, nor is it something that can be geographically distanced by the separation of an ocean. When I inform an individual or a group that I am HIV-positive, or, as I prefer for empowering reasons, “I live with HIV,” the virus cannot merely be a clinically studied pathogen. AIDS is not a day of red-ribbon remembrance, or a quilt of commemoration. HIV is suddenly something other than an idea to be prevented or guarded against. In speaking the words, HIV is present and embodied. To repurpose Martin Buber’s words, in disclosing, I body forth.

Disclosure in this context is likewise a vital teaching element. In addressing the entire corpus of American AIDS drama, it is important to lean into that which makes the theater an irreplaceable medium. Theater is live; drama is living. In embodying characters on stage who live with or deal directly with HIV/AIDS, actors and the plays in which they are performing send the disease through a process of de-abstraction. In the world of the audience, within the shared space of the theater, audiences are confronted by the living presence of HIV/AIDS. In a real sense, this is the same confrontation that is brought about by face to face disclosure. In disclosing my status to others, I implicitly raise the question of why disclosure is itself significant. In sharing the space with characters living with AIDS, audiences must confront the reason why HIV/AIDS status is made a defining character trait or a central element of the play. They do so with their own cultural understanding of AIDS borne out of a contemporary medical, global and social reality. At least momentarily, the living presence on stage is the catalyst for this present-day transformation of AIDS from

abstract concept to a tangible and energetic presence. So too is drama a living document; it is reinvented with each production and every audience. And if not de-abstracted through a production process (since many AIDS plays – particularly second-generation AIDS plays – dramatize AIDS through allegory, metaphor or expressionism, one may argue that this aesthetically furthers abstraction), then AIDS is at least revisited with renewed perspective. As disclosure is a performative act that begs the question of serostatus remarkability, live theater is the event that demands a confrontation with AIDS abstraction by making it physically present.

The act of disclosure has been compared to the act of coming out, but they are very different events. Particularly in research and teaching contexts, disclosure is not a freeing act. It becomes a pedagogical necessity so that discussion may be grounded in the here and now. There may be a passing moment of shock, disgust or pity, but those are all human visceral responses and should not be judged. Once the moment passes, then and only then may engagement and discussion grounded in the present transform the idea of HIV into something real that impacts individuals.

Sometimes disclosure begins more than a discussion. In my current academic department, I share an office with other graduate students. The only constant in the shared space is an overlap of erratic schedules. But there came a time a couple years ago when my HIV status and the office arrangement nearly created friction. A particular officemate stopped appearing in our office. This person even arranged for their weekly office hours to take place in an alternate location. Unbeknownst to me until a chance encounter in the hallway, my colleague decided that while fighting a lingering cold, it would be wrong of

them, given my medical status, to potentially expose me to their illness. With no malice, this act of distancing and “professional courtesy” perpetuated the stigmatization of one living with HIV. This incident, however, had an easy fix. Some gaps in social knowledge are easily remedied by splitting a bottle of wine. But pervasive stigmatization is more difficult to combat.

A few months ago, I received an email requesting a meeting from a former student. I’m beginning to be accustomed to these requests when a student is in need of a recommendation letter. But she wasn’t someone I recalled being especially active in class discussion, so I began preparing for my first polite decline. But, it turned out that she had another need, and a selfless one at that. A close friend of hers, a young man who was living locally but not a part of our university community, had recently been diagnosed HIV-positive. I’m consistently surprised to find out that my own disclosure utterance sometimes translates to a different slate of responsibilities. He was fine, she said, “too fine.” A day earlier, she had gone with him to his first appointment with an infectious disease specialist, where she held his hand while “gallons” of blood were drawn. This was amusing to me as I recalled describing my first blood draw with the same exaggerated units of measure. Her friend would now have to wait two weeks for the baseline results which would determine a treatment protocol for his foreseeable future. She was certain that her friend’s attestation that he was “bummed, but fine with it” was a gross understatement. After commending her for her concern and talking through a bit of what would likely be the next medical steps, she asked if I would speak with her friend. At the time, I did not know the young man, and as I explained to her, I could only imagine what it’s like to be diagnosed in 2017 or at

nineteen years of age. But I said that if she gave him my contact information and he decided to be in touch that I would promise to answer the call. She left my office and I figured that was that.

Not quite three hours later, having already gone home for the day, I found myself back on campus, on a bench looking out over the lagoon. I was suddenly on the other side of the conversations I had had with my most trusted friends many years earlier. My job was to listen. “Bummed, but fine with it” seemed a fair assessment until the young man’s tears turned to sobs. Everyone deals with this sort of news in their own way. Neither platitudes nor remarks about how “this is not a death sentence” will settle in all persons newly diagnosed in the same way. Somehow after a brief eternity, he said to me, “this shouldn’t be a big deal, should it?” Trying to momentarily forget that when I was diagnosed, it was undoubtedly a big deal – but even then, it was not the same as the “deal” it once was – I clumsily said something that made him laugh. It might have actually been a lyric from the musical *Elegies for Angels, Punks and Raging Queens* (I may have even sung it at that moment), but it seemed enough to convey that it was “okay” that it felt like a big deal.

Of course HIV/AIDS is a big deal. It is something that millions of us who are HIV-positive deal with every day. There is a responsibility in the livability of HIV to acknowledge that not everyone has been as fortunate. Recognizing its importance places today’s HIV/AIDS reality in a continuum, positioned somewhere in the middle of the story of AIDS. In turn, declaring the importance of the disease for individuals and on the global stage is the necessary reminder that there is still much work to do: global access to treatment, destigmatization, vaccine, cure. Disclosing one’s status is both an opportunity and a

responsibility to be a part of the legacy of the AIDS movement, a movement that fought for lives and dignity.

Teaching the American AIDS plays to theater students is, like disclosure itself, an act that has the potential to help destigmatize an HIV-positive status. Plays are meant to represent real lives. AIDS plays represent lives dealing with illness, pain, marginalization and survival. A discussion of the plays involves discussing the disease. And discussion, once it begins and grows, is like disclosure. These are acts that cannot ever be undone. A dramaturgical investigation of AIDS in a play means discovering how the AIDS reality of the script differs from the students' world. Students in 2018 must reconcile HIV, the manageable chronic condition, preventable but incurable, with depictions of a mysterious fatal illness that insidiously made its way into marginalized communities. This all begins with an excavation of the contemporary understanding of HIV/AIDS. What is known? What is presumed? Where are the gaps in knowledge? What are the contemporary circumstances that might have prevented Michael Friedman from seeking treatment, or made my colleague think that it was necessary to vacate our shared office? What might a nineteen-year-old be going through after being diagnosed today? Then, how is this all different from the world represented in the play? Theater presents a distinct way of knowing HIV/AIDS in that the relationship between the audience and the text must be newly forged with each encounter – it must be re-forged or theater becomes an inert form of art. Theater is active. My relationship with *Love! Valour! Compassion!* is forever linked to my first reading of the play, but a student encountering the play today will first need to reconcile twenty-two years of changes in HIV treatment, prognoses, public policy, and AIDS

epidemiology. The balance in the play between the AIDS and the non-AIDS elements of the characters' lives may be viewed differently by students today. It is this re-invention that re-energizes the individual plays and allows them to deepen the understanding of AIDS for new audiences. Theater artists encountering AIDS plays for the first time are the ones to breathe new life into those plays. In this, perhaps I am the relic; my students will determine the real use-value of the corpus of AIDS drama.

The AIDS plays are acts of disclosure. Sometimes this act is literal, as in the case of Larry Kramer's sequel to *The Normal Heart*. But often the playwright's disclosure isn't of their own serostatus, but rather it is an implicit declaration that HIV/AIDS is an issue worthy of writing a play about. In the myriad of stories that are found in the American AIDS plays, there is a common element that lives are affected by the pandemic. Early plays may not have a name for the disease. Later plays may grapple with memory and continued stigmatization. But regardless of when a play was written, students in 2019 must first acknowledge the playwright's individual need to write his or her AIDS play. And eventually, after assessing their own individual and cultural understanding of HIV/AIDS, students must account for the distance between the world of the play and their own. Just as my act of disclosure creates a co-communicative responsibility to explore why HIV status needs a special conversation, studying an AIDS play requires a discussion of the importance of the play's topic – both when it was written and now.

Three separate concerns in teaching the corpus of American AIDS drama involve justifying the plays as 1) a means to understand the history of the pandemic, 2)

performances of memory and memorialization about and for those who have died, and 3) a connection to the global impact of the pandemic. All of these emerge when the plays are studied together, each one contributing another piece of critical understanding that reflects the evolution of AIDS cultural understanding. But imperative to building these connections is to first question the efficacy and the inherent value of theater as a means of responding to AIDS. Temporal positionality is a critical factor in assessing this efficacy. Early AIDS cultural theorists found a need to downplay the art of AIDS in favor of identifying the activist purpose behind the art. Douglas Crimp wrote in 1988:

Art does have the power to save lives, and it is this very power that must be recognized, fostered and supported in every way possible. But if we are to do this, we will have to abandon the idealist conception of art. We don't need a cultural renaissance; we need cultural practices actively participating in the struggle against AIDS. We don't need to transcend the epidemic; we need to end it.¹²⁴

Crimp was responding to David Kaufman's statement that the value in the creative response to AIDS was that it expressed feelings and demonstrated the indomitability of the human spirit. Kaufman said, "Art is what survives, endures, transcends; art constitutes our legacy. In this regard, AIDS is even seen to have a positive value."¹²⁵ To Crimp, these are clichés. He demanded that the flourishing of art as a result of AIDS be kept in check for what it was able to accomplish. The quality of art and the furthering of theatrical ventures were secondary to the art's participation in the movement. This was not to suggest that the theater and art of AIDS did not have a role to play, but rather that the role needed to be

¹²⁴ Douglas Crimp, *AIDS Cultural Analysis / Cultural Activism* (Cambridge, MA: The MIT Press, 1991 [First edition 1988]), 7.

¹²⁵ David Kaufman, "AIDS: The Creative Response," *Horizon*, vol.30, no.9, November 1987.

fully integrated with a need to engage outwardly. Crimp rightly questioned any reference to the impassioned collections of AIDS art as a document of the disease. The staggering number of people dying and the confusion of AIDS knowledge meant that any thoughts of collecting or assessing the aesthetic contributions of AIDS would mean energy taken from the fight and put into something of no value to the fight. It wasn't long into the fight, however, when, if not an aesthetic assessment of AIDS theater, then at least an appreciation of theater as a venue, was seen as a significant marker in the dissemination of AIDS knowledge. American AIDS plays on and off Broadway, meant that knowledge of the disease was being inextricably implanted within mainstream consciousness. Paula Treichler saw this dissemination as ultimately a financial encroachment on the movement:

But with the discovery that the agent associated with AIDS appeared to be a virus – indeed a novel retrovirus – what had seemed predominantly a public health concern (clinical and service-oriented) suddenly could be rewritten in terms of high theory and high science. The performance moved from off-off Broadway to the heart of the theater district and the price of tickets went way up.¹²⁶

Indeed, when AIDS became a topic in mainstream American plays, this did not alter the producing structure. Producers expected a return on their financial investment, even when the plays figured prominently in the AIDS movement.¹²⁷ Crimp and other theorists during the first generation of AIDS found both the business of theater and the art of theater immaterial outside the participation in the movement. This problematized a simple but

¹²⁶ Paula A. Treichler, "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification," 62.

¹²⁷ Profit expectation does not take away from the financial contributions of the mainstream theatrical community to the AIDS movement. Actors' Equity Association founded Equity Fights AIDS in 1987; the Broadway Producers' Group founded Broadway Cares in 1988 (the two merged as Broadway Cares/Equity Fights AIDS in 1993).

much larger question – what is AIDS? Beyond the physiological dimension of the virus, Crimp famously stated that, “AIDS does not exist apart from the practices that conceptualize it, represent it, and respond to it. We know AIDS only in and through those practices.”¹²⁸ Early AIDS cultural understanding involved an act of abstraction – the disease became a looming collection of ideas. But this is not always conducive to a study of theater. Plays may be inspired by ideas, but in the practice of theater, especially for actors, the plays represent actions not ideas. In teaching the corpus today, the history of the pandemic is realized as a series of actions, a movement toward a material consideration of AIDS. This leads the student to understand the actions provoked by the disease at each moment in the timeline.

In *The Cultural Front*, Michael Denning establishes that knowing the cultural works of a period is a substitute for having lived through that period. His premise unites culture and politics. The relationship established between the two builds an understanding of both. Using this as a template for understanding AIDS, the plays become a substitute for having lived through the first three and a half decades of the pandemic. This substitution is significant in teaching the material because it is likely that most students today were born long after AIDS entered cultural consciousness. They are likely to know AIDS within the frame of sexual health education strategies, and they are likely to have an opinion on HIV stigma, but the phases and events that led to their understanding might not be entirely known. What the corpus of AIDS drama offers that a history textbook cannot is the

¹²⁸ Crimp, *AIDS Cultural Analysis / Cultural Activism*, 3.

personal experience of the characters brought to life through the individual relationship built between the student and the play. Treichler wrote in 1988:

When they come to write the history of AIDS, socio-ethnologists will have to decide whether the “practitioners” of homosexuality or its heterosexual “onlookers” have been the more spectacular in their extravagance. The homosexual “life style” is so blatantly on display to the general public, so closely scrutinized, that it is likely we never will have been informed with such technicophantasmal complacency as to how “other people” live their lives.¹²⁹

The first American AIDS plays were written by gay men about gay men. While it quickly became necessary to break from a misconception that AIDS was a “gay disease,” part of the historical understanding of the pandemic involves reckoning with the cultural contributions that may initially have reinforced the association of the disease with that particular population. Students who are aware that HIV does not discriminate by sexuality will learn in the plays about the journey that proven fact took before entering a cultural curriculum. In other words, before AIDS can be “not-a-gay-disease” it must be understood why it once was a “gay disease.”

The Normal Heart is the story of how AIDS activism was born out of a need to destroy homophobic institutional apathy. Kramer indicts those with the power to help for withholding that help because the disease was showing up in a community that the powers hated. *As Is*, *Andre’s Mother* and *Love! Valour! Compassion!* each altered a public perception that the gay community was made up of self-hating highly-sexual self-servers. In place of that picture, the community is shown to be made of loving, caring and loyal men. There was a service in replacing the stereotype with another reductive trope. These plays

¹²⁹ Treichler, 50.

built a mainstream image of gay men that was palatable and easily received by a general public. Students today will need to discover the significance of those generalizations. The burgeoning AIDS movement that began with gay men required the involvement of all communities, but that involvement required some coaxing. Mainstream theater altered the perception of gay men. The theater is unique, however, in that it precludes generalization as the final word. While a top-line “what is this play about?” answer may attempt a universal, plays arrive at universal statement by way of character journey and actor choice. The general is discovered by way of the specific.

Likewise, a specificity found in the individual plays reflects the departure from the AIDS = gay association. Imani Harrington’s *Love & Danger* and Cheryl West’s *Before it Hits Home* are significant second-generation AIDS plays written by women of color who begin to shape the dramatic narrative in line with the epidemiological facts that communities other than gay men were just as susceptible to HIV infection. Lee Blessing’s *Patient A* realized the extreme narrative of the true story of criminal transmission. And even a later play such as Karen Hartman’s *Roz and Ray*, about the slow medical response to factor-8 transmission of HIV in children with hemophilia, continues to reconstitute the AIDS cultural narrative in line with epidemiological evidence. In teaching the plays, the expanding cultural understanding must be discussed in terms of filling a gap. Students and audiences must extrapolate a cultural need for the specific topic of each AIDS play.

The topical specificities within the American AIDS plays also serve to build the prognostic history of the disease. In 1985 a diagnosis meant the patient would die, doctors were seldom able to offer more than palliative care. This is the medical reality of *As Is*. It is

likewise the world represented in David Rabe's *A Question of Mercy*, where medical ethics raises the idea of assisted suicide as a means of palliation. By the late 1980s, systemic protocols for opportunistic infection were codified and AZT was approved for treatment. These factors did not alter the fact that an AIDS diagnosis meant an impending death, but there was enough medical knowledge, including many doctors with AIDS experience, so that patients could proceed with a measure of hope that wasn't seen in the early plays. Victor Bumbalo's *Adam and the Experts* ends with the patient declaring that he is going to try to live. The final words of *Angels in America* are a blessing of "more life" – a universal declaration of hope and persistence. *Rent* ends with an un-*La Bohème*-ish flourish with Mimi not dying but returning from the white light to embrace another day. By 2005, *Loaded* and *In the Continuum* reflect character worlds in the HAART era. With access to treatment, their central characters were likely to be long-term survivors of manageable chronic HIV. It is important to recognize that it is the entire corpus that dramatically establishes this medical arc. A single play has a single world of the text, so they must be read at least in groups in order for students to glean the understanding of the shifts in prognoses for patients with HIV.

AIDS cultural history is a study in AIDS cultural urgency. *The Normal Heart* practically screams 'Urgent!' in every scene, but it was an urgency predicated by the fact that no one was listening to those screams. And the early AIDS plays, it may be argued, are about AIDS from start to finish. Later plays that have become known as AIDS plays are far less direct than *The Normal Heart* and its contemporaries. *Angels in America* and *Rent* are perhaps the quintessential plays about AIDS. But *Angels* also takes on Reagan-era politics,

religious hypocrisy, and the downfall of McCarthy-era villains. *Rent* is set amidst the AZT-dependent medical reality, and AIDS is indelibly a part of the musical throughout, but it is also about artistic freedom, contemporary bohemian values and a counter-culture of anti-neglect. These larger topics emerge out of AIDS within the plays, but it becomes reductive to qualify either play with the label of “AIDS play.” *Let Me Down Easy* and *Mothers and Sons* bury AIDS further in larger conversations about healthcare and personal memory – they are still AIDS plays, but perhaps less so. A study of the downward arc of AIDS prominence within the plays details the journey away from AIDS urgency and into a growing AIDS acceptance.

A discussion of the AIDS plays as a means of understanding AIDS history, then, must reconcile with a definition of history itself. Students will need to move away from AIDS - the abstract idea, and into AIDS - the lived reality. This is done, at least in part, by studying the plays as historical documentation. Cultural impact, then, requires a return to abstraction – but a new one invested with the historical knowledge. Perhaps this re-abstraction is the aftermath of any work of art, but it feels strangely inadequate emerging out of the historiographic representation of lived events found in the AIDS play. At the very least, following a discussion of AIDS history, the ‘idea’ of AIDS is reconstituted, having been infused with the personal stories found within the plays. This is not a disservice to the AIDS movement. With respect to Douglas Crimp’s 1988 comments on an assessment of a cultural renaissance due to AIDS, the corpus of drama is a significant indicator of AIDS finding its way as a topic in traditional dramatic forms. This may not be a renaissance per se, but at a certain difficult-to-determine point, it became necessary to look at the works of

AIDS art, not just for what they might do to end the epidemic, but also for what they did/do to get us all through the epidemic. Crimp did not view “transcend” as a useful verb for AIDS art, but looking at the collected works, the corpus does indicate a transcendence of a sort. The plays move beyond a single AIDS reality. When combined, the corpus represents not only AIDS history, but also how AIDS reached a point when it could have a history at all. This is, of course, a history with no conclusion. While William H. McNeill’s first edition of his seminal history of epidemics, *Plagues and Peoples*, was published before AIDS (he would add an updated preface in 1998), he vividly paints the picture of a universal relationship between infectious disease and history:

In any effort to understand what lies ahead, as much as what lies behind, the role of infectious disease cannot properly be left out of consideration. Ingenuity, knowledge, and organization alter but cannot cancel humanity’s vulnerability to invasion by parasitic forms of life. Infectious disease which antedated the emergence of humankind will last as long as humanity itself, and will surely remain, as it has been hitherto, one of the fundamental parameters and determinants of human history.¹³⁰

There are chapters yet to come in the AIDS historical narrative, and how humanity chooses to deal with them will indeed be significant. There will be plays written that reflect these forthcoming chapters of AIDS history.

While the plays represent particular times, their true temporal value comes from populating those times with living characters. Actors embody with a corporeal reality characters who occupy the represented time. Even when students are reading scripts,

¹³⁰ William H. McNeill, *Plagues and Peoples* (New York, NY: Anchor Books, 1998 [Originally published 1977]), 295.

rather than studying live performances of those plays, understanding the corporeality of the performance is key. A necessity in studying the AIDS plays is knowing that the characters inhabit the experience of individuals who lived through the represented times of the play. This is sometimes literal, as in *The Normal Heart* or in *Let Me Down Easy*. But this holds true for fictional characters drawn by the playwrights as well. An actor will approach a fictional role in an AIDS play with the same zeal and connection to the actual represented time as they would a character drawn from real life. The mystique of theater is often in its ephemerality, that it disappears the moment the curtain falls. But what disappears? It is the living presence of the characters that ceases to exist when the performance ends. AIDS plays are particularly potent in that the vanishing of the life on stage parallels the disappearance of people who died of AIDS. The plays, therefore, are a type of conjuring that calls forth the presence of those who have been lost – a living memorial to the souls claimed by the plague. When the performance ends, it is a sort of reenactment of the loss of those people and a revisiting of the mourning experienced by those left behind. With the AIDS plays, the theater is simultaneously a place of embodied memorialization and a location of memory.

The axiom is that memorials are erected so that one will never forget, but in actuality memorials often seem to give permission not to remember. As time passes, or as one generation replaces another, the relationship with the memorialized diminishes until it is lost. A different practice is observed, however, when one considers the theater as a place of memorialization. As a living art, the theater infuses the act of memorialization with life, however momentary. In performance, an AIDS play re-remembers a past while disallowing

the un-remembering by members of the audience. Audiences connected with the specific times represented in the plays are forced to confront their own relationship with that time, evoking memory of both the time past and those who did not survive the time.

Memorialization of those lost can be both active and static. On one hand, it is seen as an active way of dealing with grief. On the other, it is viewed as an enshrinement, not of the dead, but rather a perpetuation of the grief itself – a mourning period that never concludes. When dealing with the AIDS pandemic, the need and desire to memorialize those lost to the disease serve to separate those who experienced AIDS back then from those whose first-hand experience with HIV/AIDS does not involve losing scores of friends and loved ones. Some AIDS cultural theorists consider the act of drawing forth memory for memorial purposes to be a destructive force for both the individual and the activist movement. Heather Love suggests that this twists the individual into a cycle of melancholia:

The effort to recapture the past is doomed from the start. To reconstruct the past, we build on ruins; to bring it to life, we chase after the fugitive dead. Bad enough if you want to tell the story of a conquering race, but to remember history's losers is worse, for the loss that swallows the dead absorbs these others into an even more profound obscurity.¹³¹

Love's bleak language, labeling the dead as history's losers, treats the participants in the AIDS movement kindly only when their grief manifests as action. To maintain a sense of profound loss means losing one's self in the grieving process, and therefore memorialization is performative only within the grieving individual. To the rest of the world, a memorial is

¹³¹ Love, *Feeling Backward: Loss and the Politics of Queer History*, 21.

an exercise in the inert. But memory of loss can be a powerful motivator too, and it has the potential to find an important place in the act of moving forward. Out of the losses experienced as the result of the pandemic, individuals as well as communities overcame a struggle to articulate both the story of and the meaning of AIDS past. There has been a question in the AIDS movement since its beginning, and especially since the advent of the HAART era: do we treat AIDS as a thing of the past, to be remembered and learned from? Or do we treat today as a passing moment in a continuing fight against AIDS? Even in the midst of intense personal grief, a collected relationship to HIV/AIDS has always been invested in social possibility – a present and future of connected interests beyond temporal separations. Christopher Castiglia and Christopher Reed suggest that observance of loss and remembrance of those lost stagnates survivors:

To acknowledge loss, however, is not to concede to the debilitating alienation that is conventionally assumed to characterize its survivors. Loss may be marked by silence and loneliness, bereavement and thwarted hopes. What is lost seems to vanish forever into an inarticulate void from which emerges nothing save the occasional memorial abstraction, fixed in the finite cast of a defeated ideal, rather than a living potential. To lose is to be translated into the victor's language, to become part of an eclipsed era, an ill-fated ambition, a relic in a display of what must not be tried again. Stunned and saddened, survivors scan their surroundings for any sign of a person loved, a world maintained, and find instead the victor's desires translated into the cheerful veneer of everyday life, uncontested, unconflicted, and ungrieved.¹³²

Here melancholia is the result of viewing a world that hasn't properly grieved. Castiglia and Reed continue to equate survivors and their grief as being in opposition to those who have won, as if to say that living through the epidemic does not mean coming out of it. This

¹³² Castiglia and Reed, *If Memory Serves*, 25.

suggests a refined temporality where past and present unite, but their union becomes a time in which survivors of AIDS may become stuck. In response to their claim that, through grief, the lost person or time vanishes into an inarticulate void, I suggest that playwrights are uniquely equipped to handle that articulation. Plays are crafted with words kairotically chosen to manage the otherwise inarticulate void. Characters speak the words that we, the audience, often wish we had considered. The theater is the location where active mourning can pull the memories out of the void. A living presence on stage serves to embody the memory and to literally make it speak once again. The individual may experience a fleeting revisit to their relationship with the representation of the lost time. But mourning is also complex, for we do not just individually mourn the one who is lost, we also mourn collectively. It is out of this collectivity, fueled by rage and remembrance, that the AIDS movement emerged. José Muñoz observed the potentiality in melancholia:

. . . it is a mechanism that helps us (re)construct identity and take our dead with us to the various battles we must wage in their names – and in our names.¹³³

When observed with a need for hope, melancholia serves to bridge the past to the present. Perpetual mourning can coexist with a fight for something better. This is the force behind AIDS activism.

The theater is potentially a player in the grieving process, and many of the AIDS plays can be read as efforts to deal with mourning. Many of the playwrights observed the decimation of entire communities due to AIDS. Some were the sole survivor of their group of friends. And some wrote their plays while dying themselves. If studying a play meant

¹³³ Muñoz, *Disidentifications: Queers of Color and the Performance of Politics*, 74.

simply studying a script, then it is entirely possible that the AIDS plays are acts of memorialization just as prone to perpetuating a sense of grief and melancholia as any other evocation of memory. A character dying of AIDS in a script will forever be dying of AIDS if one considers script and play as synonymous. But a script presents the words, not the moment. It is pedagogically necessary to not stop at studying the script. Plays are meant to be performed, seen and heard. It is this process that makes memorialization in the theater active, instantaneous, evocative and ephemeral. It is there, it is felt, then it is over. When we consider the theater as a place of living memorial to a time lost, then leaving the theater means bringing forth the vanished time into the present. Melancholia for AIDS past, at least in the pejorative sense, cannot exist when observed in conjunction with the theater. The curtain comes down eventually, and that particular act of mourning comes to an end.

In her exploration of performance as a utopian enactment, Jill Dolan asks, “Is it too much to ask of performance, that it teach us to love and to link us with the world, as well as to see and to think critically about social relations?”¹³⁴ She begs the question in order to grapple with two distinct modes of theatrical understanding. A play is either viewed as something that draws you in, encouraging an empathetic connection with the characters and action, a source of individual joy and sorrow reflecting one’s own state of being in the world, or a play is an object of critical analysis designed to make you think. An AIDS play answers Dolan by saying, “No. It is not too much to ask.” One play can make us both feel and think and still send us out into the world ready to effect change. The difficulty in this duality, however, is that it may not do all of that for all people. The experience of sharing

¹³⁴ Dolan, *Utopia in Performance: Finding Hope in the Theater*, 23.

time and space with a group of people in an audience does not mean that the individual's experience is duplicated within every member of the audience. Exactly the opposite – we all relate to a play in our own ways. When viewed as the performance of living memorial, the AIDS play answers the complexity of collected mourning by exposing it as an assortment of individual experiences. As the end of the play signals the end of the living memorial and forces the audience to return to their lives, the varied ways in which the individual members of the audience will re-enter the world prevent the play as a memorial from perpetuating a collected melancholia.

While serving to memorialize those who were lost to AIDS and to recall a time that passed, the performance of AIDS plays uniquely handles the outcome of memory and grief. First in scripting the story, the play articulates the loss. Second, in embodying the characters that represent the time, the plays serve as a living connection with that time. Third, through the ephemerality of performance, the conclusion of the play resists an unending cycle of melancholia. Finally, the makeup of audiences at public performances of AIDS plays blurs the demarcation between those who have grieved and those who are too young to have grieved for a time before AIDS. When the members of the audience leave the auditorium, they will individually process their experience with the play. But for the duration of the play, the experience of bearing witness to a time past is shared by all members of the audience. Those for whom the play represents a moment in their lives, one perhaps they have yet to pull through, are seated with people learning about the represented AIDS reality by way of the play. In this blending, the theater brings together individuals who need the play for different reasons. The living memorial of the play serves

to erase the temporal divisions that separate different audiences affected by HIV/AIDS in different ways.

Even with a complete picture of how the evolution of HIV/AIDS cultural understanding is reflected in the corpus of American AIDS plays, the total impact of the disease is only slightly made visible. Generally speaking, American AIDS plays tell the story of AIDS in the United States – how it first became known, the beginnings of the AIDS activist movement, a redefining of the gay population, incremental advancements by researchers, and the political storm of both neglect and legislative corrections to that neglect. Today, the WHO estimates that 38.9 million people are living with HIV/AIDS. Of those, it is estimated that 56% have access to ART treatment. There are an estimated 2 million new HIV infections each year. One million people die of AIDS globally every year, bringing the total number of people who have died of AIDS-related illnesses since the first recorded case of AIDS to 35 million. The American AIDS plays do not completely tell this story. With respect to the global state of HIV/AIDS, the pedagogical necessity in teaching the corpus of American AIDS drama is to discover how plays told from the American perspective manage to shed light on the response to AIDS worldwide.

First is a point of global clarity. AIDS in the United States is a part of the global state of HIV/AIDS. American theater is a part of world theater. Theater studies, as a field of teaching and scholarly pursuit, has kept pace with the advancement of the humanities in that the trend is to move away from the “west and the rest” mentality that might lump American theater with a western tradition, leaving a study of drama and theater traditions

from the rest of the world in a catch-all “world theater” course. Undergraduate curricula in theater departments (including my current one) have undergone a global redesign, often separating out theater history and dramatic literature by region. In some respect, this builds up new borders while attempting to tear others down. Global theater students might as well study African strategies of HIV prevention that use theater and performance in order to understand how theater and AIDS intersect. I state categorically that I believe this to be an immensely impactful line of theater education, and these performances are powerful methods of AIDS awareness. This just happens to not be the precise corpus of material that I am writing this dissertation about. But I suggest that the American story of AIDS told in the plays does serve as a part of the larger global story. Forgiving an intrusion of western medicine, the world epidemiological account of AIDS began with a CDC report of cases of Kaposi’s sarcoma (KS) and pneumocystis pneumonia (PCP) in gay men in the United States. As tracking efforts moved forward for the next several years to identify the virus and its methods of transmission, historical epidemiology moved backwards to retroactively identify how and where the pandemic began. The years of panic and mobilization within American urban settings depicted in *The Normal Heart* were not merely the onset of AIDS in the United States, the play is a reflection of the years that began the global response to a pandemic that had likely been raging off the grid for decades.

The gradual cultural understanding that AIDS was endemic not only to homosexual men was a necessity on the activist front, and it is seen even in the earliest American AIDS plays. “Not a gay disease” importantly shifted the impact away from an already marginalized community and informed the public of the known extent of the particular

virology. As medical professionals were made aware of what to look for, AIDS was observed to be prevalent in other communities. By the end of the years depicted in *The Normal Heart*, AIDS was known in homosexual men, hemophiliacs, recipients of transplants and transfusions, and disproportionately in communities of Haitians. For a gay man in the early 1980s, informing his family of his diagnosis often meant simultaneously coming out as gay. A gallows-humor joke of the time found its way into Hoffman's *As Is*: "What's the worst thing about getting AIDS? Trying to convince your parents that you're Haitian." Macabre on the surface, this joke recognizes the effort to inch away from equating AIDS with communities of gay men.

When read as a form of activism attempting to influence audiences to support a movement that was desperate to influence public policy, the AIDS plays may correlate with policy victories. The office of New York City mayor Ed Koch scrambled to announce a multiplication of the city's official response to AIDS on the same day that *The Normal Heart* opened in 1985. Wendy Wasserstein's *The Heidi Chronicles* recognized the role of the ongoing feminist movement in the fight against AIDS with a depiction of pediatric AIDS. With its Broadway opening in 1989, the play chronologically coincides with congressional debate over the Ryan White CARE Act named after the Indiana teenager who contracted HIV from Factor VIII blood products used as treatment for hemophilia. The bill, signed into law in August 1990 by President Bill Clinton, is the largest federally funded program for Americans living with HIV/AIDS. It mandated all states to initiate AIDS Drugs Assistance Programs (ADAPs) to provide treatment for low-income Americans with HIV/AIDS. Today, one in three Americans with HIV receive their medication through a state managed ADAP.

While it was in development for more than three years, when President George W. Bush enacted the President's Emergency Plan for AIDS Relief (PEPFAR) in 2003, it was the largest monetary commitment by a single nation to ever join in the global fight against a disease. Nearly eight million individuals with HIV/AIDS in resource-poor settings across the globe have received treatment as a result of PEPFAR. Bush's announcement of the program in January of that year abutted with the December 2003 broadcast of the film adaptation of *Angels in America* – making 2003 the “most visible year for AIDS since 1996” per *The New York Times*. Anna Deavere Smith conducted the interviews for her play *Let Me Down Easy* while debate over the Patient Protection and Affordable Care Act was shaking the United States Capitol. In the play, she explicitly ties together U.S. health care policy with the global AIDS crisis. American AIDS plays are acts of activism that speak to U.S. AIDS policy. The United States AIDS policy is felt worldwide.

In connecting the American AIDS plays to the global pandemic, I feel especially content in having chosen to use the word ‘corpus’ to identify this body of work. Taken from the Latin for body, it resonates in multiple ways. It serves as a conjoiner of a collection of texts, but the connection to the physical human body is a reminder that AIDS is a disease that attacks human beings. Additionally, a body consists of many parts, organs and systems. When I suggest that the corpus of American AIDS plays is a way of knowing the evolution of the pandemic, I acknowledge that the sum does more than its parts. Some of these plays, while emerging from the American perspective, find their centers in a global reality that extends beyond U.S. national borders. *Let Me Down Easy* includes both American and African experiences with AIDS in its narrative about illness, death and policy.

Danai Gurira and Nikkole Salter's *In the Continuum* similarly tells the story of HIV on both continents bringing to light the disparate situations faced by the characters as a result of similar diagnoses. Other third-generation American AIDS plays follow suit with their contemporaries by utilizing AIDS in the dramatic narrative, albeit in a peripheral way. Both *The Overwhelming* by J.T. Rogers and *Prymate* by Mark Medoff are set in Africa with American characters whose reason for being in the setting is AIDS clinical outreach. While these particular plays may offer only a glimpse into the global reality of AIDS, their settings are significant as parts of the corpus. They help to dissolve my own suggestion that the plays serve to tell the story of AIDS in the United States. Rather, they reconstruct the corpus as a piece of the story of the global pandemic. It is significant too to note that the later plays set with a backdrop of AIDS signify the general acceptance that AIDS is ongoing, global and devastating – these particular parts of the corpus ignore HIV/AIDS in the U.S. setting entirely. Again, the whole speaks louder than the parts as far as what the corpus of American AIDS drama is able to accomplish.

Among the few plays I have included in my chronology as representing a burgeoning fourth-generation of American AIDS plays is a work-in-progress by American playwright Frances Ya-Chu Cowhig titled *The King of Hell's Palace*. The play tells the story of a rampant period of HIV infection in China as the result of American pharmaceutical exploitation in the development of Factor VIII. Her play represents a significant expansion of AIDS depictions by American AIDS plays. In the play, the U.S. interests connected to the AIDS crisis are not local and they are deadly. But the play still manages to humanize those who become infected, even when in the world of the text it represents corporate criminal negligence. I

suggest in my chronology that this shares a quality with other fourth-generation plays by mining the pandemic for untold stories. Perhaps this means that the depiction by American plays of AIDS history on the domestic front feels moderately complete, and now the corpus needs to grow and to deliberately involve international impact in the U.S. cultural narrative.

I have often wondered if the American AIDS plays resonate with those who live with HIV/AIDS in other national settings. There are anecdotes about exchange productions of *The Normal Heart* and *Angels in America* on every continent, but presumably the plays didn't make international debuts in order to expose the local situation of AIDS so much as to feature significant American plays for companies and theaters with American interests. I have yet to encounter evidence to the contrary. However, out of a new friendship, I was informed of an unexpected connection between the global AIDS crisis and the collection of American plays. I recently met Sergei. He and I are the same age, we both currently live in California, and we were both diagnosed with HIV in the same year (within a week of one another, to be precise – these things sometimes matter substantially). Sergei, however, was diagnosed in his home country of Russia. He immigrated to the United States four years ago because of HIV. As he explained, the treatment options available to him in Russia were older formulations, did not take into account viral resistance, and most frustratingly could not be dispensed with regularity. He experienced frequent disruptions in his treatment because the demand for his particular regimen outpaced the national supply of the medication. It should be noted that a disruption of treatment means non-adherence to the treatment. In turn, non-adherence is what allows the virus to genetically mutate so that it develops resistance to that particular treatment combination. Disruptive anti-retroviral

treatment perpetuates treatment resistance. Treatment-resistant strains of the virus may be passed to others. This is all too common in many international settings. With a background in computer language, Sergei was fortuitously welcomed and hired as a Russian expert for an internet company. As a result, and as he quoted his American doctor who is “privileged to practice medicine in the United States,” Sergei’s immigration meant steady access to currently accepted treatment protocols. As a graduate student, I have grown accustomed to explaining the material I am using to write this dissertation. Because of our national origins, I was unsurprised that Sergei was unaware of the first two titles I mentioned: *The Normal Heart* and *Rent*. But then, when our conversation turned toward films, the connection became apparent. *Love! Valour! Compassion!* was, apparently, the first gay American film he ever saw. *Angels in America* has become a once per year staple for Sergei since settling in California. And, most surprisingly, the film adaptation of Paul Rudnick’s *Jeffery* is the only instance of an AIDS comedy he had ever seen. Putting a nick in the glass of cinematic magic, I informed him that all three films were adapted from plays. In the midst of heated debate on U.S. immigration policy, it seems fitting to remember that the United States has often been a harbor for refugees of all sorts, including medical refugees. When individuals with HIV immigrate to the U.S. (a legal impossibility from 1993 to January 2010, when President Barack Obama rescinded the HIV immigration ban), their stories of HIV/AIDS outside of U.S. borders serve to further the collective understanding of the pandemic. Occasionally, the American plays (or at least their film treatments) serve to share the American story with them in return.

Finally, and possibly most significantly, regardless of the national setting of the world of the text, plays about AIDS serve an important function in fighting statistical fatigue. It is common, without visible signs of HIV in the daily lives of most Americans (a status quo that often invites those with HIV to conceal their status), the American plays about AIDS serve to personalize the disease. Characters in the plays, both American and otherwise, live with HIV and die from AIDS. This is a consistent embodied reminder that HIV can be anywhere. When considered in conjunction with misconceptions that AIDS is a thing of the past, or a thing that devastates only the developing world, the living presence on stage serves as a potent reminder of the living and current presence of HIV/AIDS throughout the world.

In June 1987, Elizabeth Taylor, the national chairman of the American Foundation for AIDS Research, made an appearance at a star-studded cocktail party at Sotheby's in New York City to collect a \$400,000 check from art dealer Leo Castelli. The contribution, in Castelli's words, was "just a modest beginning," and the event served as a kick-off for Art Against AIDS. As Taylor accepted the check, she graciously acknowledged the potential for the art world to contribute more than just money to the fight against AIDS. "Art lives forever," was her idealistic sentiment. Ostensibly this was a celebration of the possibility that making works of art might raise awareness and create impressions of the plague that would withstand the test of time. There is a perceived durability in some arts, that once the works are complete, they are eternal. But not all art has the same relationship with time. Visual art may endure, but performance is ephemeral. I choose to believe that Taylor

wasn't just speaking about visual art. Her platitude inferred that all art needed to live, because people were dying. Life in the face of death. Hope instead of despair. The theater is a place where art is given life. A single play is made anew with every performance. A new production of a familiar play reinvents that play in the here and now. Studying plays should not be merely a practice in recognizing the world of the text. When performed or studied, the American AIDS plays are windows through which the pandemic as it was then and as it is today are mutually illuminated.

Susan Sontag was cynical when she stated her view of what happens when those who believe themselves to be safe regard the pain of others:

People are often unable to take in the sufferings of those close to them. For all the voyeuristic lure – and the possible satisfaction of knowing – this is not happening to me, I'm not ill, I'm not dying, I'm not trapped in a war – it seems normal for people to fend off thinking about the ordeals of others, even others with whom it would be easy to identify.¹³⁵

On one hand, perhaps in the darkened auditorium, an audience is drawn into voyeurism while watching a play. From a seat in the center balcony, an individual audience member may underline their belief that they are safe from HIV infection, that AIDS has no place in their world, and that the time that screamed for activism is ended. This is passivity. Martin Buber might label this as “experience” – unaffected, the individual retains an I-It relationship with the play. But theater is live, as such it does not lend itself to passivity. Pedagogically necessary, and perhaps taught through example, the student must not remain passive when encountering an AIDS play. Being truly present means allowing

¹³⁵ Sontag, *Regarding the Pain of Others*, 99.

oneself to be affected. Finding one's own place in a play is not just the purview of an actor. All individuals who make the play their own discover the heartbeat of theatrical relationships. Studying theater means simultaneously observing the life of a play and instilling that play with life: this is an I-You relationship in which both are capable of changing the other. While the takeaway from any play is an individual's enterprise, as a teacher I look to my students and expect their willingness to find themselves in the play. HIV/AIDS is an inescapable part of their world.

Typical undergraduate students are either in, or are about to be in, the age demographic deemed most at risk for HIV infection. I do not profess that a study of the corpus of American AIDS drama is a strategy for prevention. To some individuals, it may serve that function. Since the first appearance of ACT-UP's now famous slogan Silence = Death, awareness has always been deemed the first step in fighting HIV/AIDS. Reading the AIDS plays means cultivating an awareness. This cannot be without value. But in its most useful form, studying theater means a meeting of one's own life with the lives depicted in the play. HIV/AIDS becomes a present reality. Retaining its presence then means recalling the lived experience of the play. Like visual art, performance endures in its reinvention. Studying the corpus of drama written about and in response to HIV/AIDS means an enduring consciousness of AIDS.

Nothing is better for teaching the act of developing critical consciousness and human generosity than theater. Because everything that is on stage isn't. And everything that isn't also is. To be drawn into the action of a play is to be a part of it. Having lived

through the moment of pure theatrical relationship means accepting the possibility of having been changed as a result. In its momentary life, the play exposes a perfection of transience. This happens to be the thing that I find most exciting as an actor, as an audience member, and as a theater scholar. The play, on some level, is never finished. It is incomplete and then it's gone forever. Kushner wrote of this ineffable temporality by saying, "We live in a world where we have such a strong relationship to inorganic commodities that pretend to this kind of completion."¹³⁶ But a play exists for an unrepeatable moment and then endures forever within changeable memory. Perhaps I am a lucky one. I was diagnosed with HIV at a time and in a place of privilege. I was told on the day of my diagnosis that if I take care of myself, I may anticipate a normal life expectancy. "Normal" is a bland word that suddenly meant the world. I lived through times and have passed through places where those facing a similar diagnosis would not have heard the word "normal." In contemplating the ways in which I, as a teacher, might share with my students the ways the AIDS plays teach about the pandemic, I have a responsibility to share my experience – both in living with HIV and in finding my place in the continuum through the AIDS plays. I view this as the performance that follows the performance. The perpetuity of theater casts ourselves in its continuation. Paul Woodruff describes this type of audience inversion where the watchers become the watched:

Theater is the art of finding human action worth watching, and it mostly does this by finding human characters worth caring about. We need to practice that art, on both sides – to find people worth watching and, for ourselves, to make ourselves worth watching when

¹³⁶ Tony Kushner quoted in "The Ascent of Angels in America: Signature Theatre Company celebrates Tony Kushner's Gay fantasia on National Themes."

we need to be watched. . . Willing or not, at one time or another, each of us will be among the watchers and the watched.¹³⁷

If my experience in learning about my acquired history through the theater is valuable, then it is worth sharing. When that happens in a learning environment, then the experience shifts into action: discussion, conversation, discerning the value of the world of the play. I benefit from the sharing. Martin Buber understands this delightful reality of teaching:

Relation is reciprocity. My You acts on me as I act on it. Our students teach us, our works inform us. The “wicked” becomes a revelation when they are touched by the sacred basic word. How we are educated by children, by animals! Inscrutably involved, we live in the currents of universal reciprocity.¹³⁸

The theater is a perfect medium for instruction, as many successful teachers know. To borrow from Stanislavsky, it invites the student to find their magic “if” – if I lived in that moment, if then was now, if there was here. HIV/AIDS is one of the most horrific things to ever happen to this world and its people. As the plays teach of the human impact of the plague, theater, in its incomplete-ness, demands a recognition that the age of AIDS is not over.

¹³⁷ Woodruff, *The Necessity of Theater*, 22.

¹³⁸ Buber/Kaufmann, *I and Thou*, 67.

Bibliography

Individual Plays

Barrett, Andrew. *Circuitry*. New York, NY: Samuel French, Inc., 2007 (original production 2006).

Blessing, Lee. *Patient A*. New York, NY: Dramatists Play Service, Inc., 1993.

Bowne, Alan. *Beirut*. In *Plays by Alan Bowne*. New York, NY: Broadway Play Publishing, Inc., 1997 (original production 1987).

Bumbalo, Victor. *Adam and the Experts*. New York, NY: Broadway Play Publishing, Inc., 1990 (original production 1989).

Crowley, Mart. *For Reasons That Remain Unclear*. In *3 Plays by Mart Crowley*. Los Angeles, CA: Alyson Publications, 1996 (original production 1993).

Cowhig, Frances Ya-Chu. *The King of Hell's Palace*. Unpublished. 2017.

Deavere Smith, Anna. *Let Me Down Easy*. Unpublished. 2011.

Dietz, Steven. *Lonely Planet*. New York, NY: Dramatists Play Service, Inc., 1994 (original production 1993).

Durang, Christopher. *Laughing Wild*. New York, NY: Grove Press, 1988 (original production 1987).

Fierstein, Harvey. *Safe Sex*. New York, NY: Atheneum, 1987.

Finn, William and James Lapine. *Falsettos*. New York, NY: Samuel French, 1995.

Gorman, Christopher. *A Letter from Ethel Kennedy*. New York, NY: Dramatists Play Service, Inc., 2003 (original production 2002).

Greenberg, Richard. *The Assembled Parties*. New York, NY: Dramatists Play Service, Inc., 2014 (original production 2013).

Greenberg, Richard. *Eastern Standard*. New York, NY: Grove Press, 1989 (original production 1988).

Gurira, Danai and Nikkole Salter. *In the Continuum*. New York, NY: Samuel French, Inc., 2007 (original production 2005).

Gurney, A.R. *The Old Boy*. New York, NY: Dramatists Play Service, Inc., 1992 (original production 1991).

Hartman, Karen. *Roz and Ray*. Unpublished. 2015.

Hoffman, William M. *As Is*. New York, NY: Dramatists Play Service, Inc., 1985.

Kaufman, Moisés. *The Laramie Project*. New York, NY: Vintage Books, 2001 (original production 2000).

Kondoleon, Harry. *Zero Positive*. New York, NY: Dramatists Play Service, Inc., 1989 (original production 1988).

Kramer, Larry. *The Destiny of Me*. New York, NY: PLUME, 1993 (original production 1992).

Kramer, Larry. *The Normal Heart*. New York, NY: Samuel French, Inc., 1985.

Kramer, Larry. *Two Plays: The Normal Heart and The Destiny of Me*. New York, NY: Grove Press, 2000.

Kushner, Tony. *Angels in America: A Gay Fantasia on National Themes, Part One: Millennium Approaches*. New York, NY: Theatre Communications Group, 1993 (original production 1990).

Kushner, Tony. *Angels in America: A Gay Fantasia on National Themes, Part Two: Perestroika*. New York, NY: Theatre Communications Group, 1994 (original production 1991).

Lucas, Craig. *Small Tragedy*. New York, NY: Samuel French, Inc., 2005 (original production 2003).

McNally, Terrence. *A Perfect Ganesh*. New York, NY: Plume, 1995 (original production 1993).

McNally, Terrence. *Corpus Christi*. New York, NY: Grove Press, 1998.

McNally, Terrence. *The Lisbon Traviata*. In *Three Plays by Terrence McNally*. New York, NY: Plume, 1990 (original production 1989).

McNally, Terrence. *Love! Valour! Compassion!* New York, NY: Plume, 1995 (original production 1994).

McNally, Terrence. *Mothers and Sons*. New York, NY: Dramatists Play Service, Inc., 2014 (original production 2013).

McPherson, Scott. *Marvin's Room*. New York, NY: Plume., 1992.

Medoff, Mark. *Prymate*. New York, NY: Dramatists Play Service, Inc., 2005 (original production 2004).

Pendleton, Austin. *Uncle Bob*. New York, NY: Dramatist Plays Service, Inc., 1995.

Pintauro, Joe. *Raft of the Medusa*. New York, NY: Dramatists Play Service, Inc., 1992 (original production 1990).

Potts, Elliot Ramon. *Loaded*. Unpublished. 2009.

Rabe, David. *A Question of Mercy*. New York, NY: Dramatists Play Service, Inc., 1997.

Roberts, Mark. *Parasite Drag*. New York, NY: Dramatists Play Service, Inc., 2009 (original production 2007).

Rogers, J.T. *The Overwhelming*. New York, NY: Dramatists Play Service, Inc., 2008 (original production 2006).

Rudnick, Paul. *Jeffrey*. New York, NY: Dramatists Play Service, Inc., 1995 (original production 1992).

Russell, Bill and Janet Hood. *Elegies for Angels, Punks and Raging Queens*. New York, NY: Samuel French, Inc., 1996 (original production 1989).

Silver, Nicky. *Pterodactyls*. New York, NY: Dramatists Play Service, Inc., 1994 (original production 1993).

Swados, Robin. *A Quiet End*. New York, NY: Samuel French, Inc., 1991 (original production 1986).

Vogel, Paula. *The Baltimore Waltz*. New York, NY: Dramatists Play Service, Inc., 1992 (original production 1990).

Vogel, Paula. *The Long Christmas Ride Home: A Puppet Play With Actors*. New York, NY: Dramatists Play Service, Inc., 2004 (original production 2003).

Wasserstein, Wendy. *The Heidi Chronicles*. New York, NY: Dramatists Play Service, Inc., 1990 (original production 1988).

West, Cheryl L. *Before It Hits Home*. New York, NY: Dramatist Play Service, Inc., 1993 (original production 1991).

Wilson, Lanford. *Sympathetic Magic*. New York, NY: Dramatists Play Service, Inc., 1998 (original production 1997).

Anthologies of Plays and Performances

Chesley, Robert. *Hard Plays/Stiff Parts: The Homoerotic Plays of Robert Chesley*. San Francisco, CA: Alamo Square Press, 1990.

Finley, Karen. *Shock Treatment*. San Francisco, CA: City Lights Books, 1990 (2015, expanded edition).

Jones, Therese (editor). *Sharing the Delirium: Second Generation AIDS Plays and Performances*. Portsmouth, NH: Heinemann, 1994. Contents:

- Holsclaw, Doug. *The Baddest of Boys*. original production 1992.
- Kearns, Michael. *Myron, A Fairy Tale in Black and White*. original production 1993.
- Pickett, James Carroll. *Queen of Angels: A Tragical Comedy or Comical Tragedy Full of Intrigue & Plenty of Dancing. Angry Scenes! Deceptions! Songs! And Arousals of Love! Demons That Fly Across the Stage With a Chorus of Naked Queers!* original production 1992.
- Sod, Ted. *Satan and Simon Desoto*. original production 1991.
- Jones, Wendell and David Stanley. Music by Robert Berg. *AIDS! The Musical*. original production 1993.
- Bumbalo, Victor. *What Are Tuesdays Like?* original production 1993.
- Miller, Tim. *My Queer Body*. original performance 1992.

Harrington, Imani and Chyrell D. Bellamy (editors). *Positive/Negative: Women of Color and HIV/AIDS – A Collection of Plays*. San Francisco, CA: Aunt Lute Books, 2002. Contents:

- Rodriguez, Sandra. *Prologue: Loves that Kill*.
- Cruz, Migdalia. *Mariluz's Thanksgiving*.
- Rivera, Carmen. *Delia's Race*.
- Garcés, Michael John. *now and then*.
- Tirado, Cándido. *Ilka: The Dream*.
- Delgado, Louis. *Epilogue: Elba's Birthday*.
- Harrington, Imani. *Love & Danger*.
- Welle, Dorinda. *Allah appears as an eyelash in Brooklyn*.
- Sweet Potato Pie. *I'se Married*.
- Cruz, Migdalia. *So . . .*
- Golden, Mario. *One Less Queen*.
- Ramirez, Alfonso. *The Watermelon Factory*.
- Atkins, Q.V. *Dolly: Old Lady, Love, and Life*.
- Apará, Kulwa. *Like Mama Like Daughter*.
- Brown, Zelma. *Numb*.
- Youngblood, Shay. *Black Power Barbie*.

- Bealy, Joanne. *Elegy*.
- Marijo. *Ashes to Ashes*.
- Miyagawa, Chiori. *Nothing Forever*.
- Sule, V. Thandi. *I Got You Under My Skin*.

Kramer, Larry. *Women in Love and Other Dramatic Writings*. New York, NY: Grove Press, 2002. Including:

- *Just Say No* (original production 1988 / published version production 1999).
- The Farce in Just Saying No: An Essay.

Miller, Tim. *Body Blows: Six Performances*. Madison, WI: The University of Wisconsin Press, 2002.

Osborn, M. Elizabeth (editor). *The Way We Live Now: American Plays and the AIDS Crisis*. New York, NY: Theatre Communications Group, 1990. Contents:

- Wilson, Lanford. *A Poster of the Cosmos*. original production 1988.
- Sontag, Susan. *The Way We Live Now*. 1986. Adapted for the stage by Edward Parone. original production 1989.
- Greenspan, David. *Jack*. original production 1987.
- McNally, Terrence. *Andre's Mother*. original performance 1988.

Philosophy

Benjamin, Walter. *Illuminations: Essays and Reflections*. Harry Zohn, trans., Hannah Arendt, ed. New York, NY: Schocken Books, 1968 (Published in German in 1955).

Buber, Martin. *Between Man and Man*. Ronald Gregor-Smith, Translator. New York, NY: Routledge Classics, 1947.

Buber, Martin. *I and Thou*. Ronald Gregor-Smith, Translator. New York, NY: Charles Scribner's Sons, 2010 (Published in German in 1923).

Buber, Martin. *I and Thou*. Walter Kaufmann, Translator. New York, NY: Simon & Schuster, 1970 (Published in German in 1923).

Cavell, Stanley. *Philosophy the Day After Tomorrow*. Cambridge, MA: The Harvard University Press, 2005.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. A.M. Sheridan Smith, translator. New York, NY: Vintage Books, 1994 (Published in French in 1963).

Levinas, Emmanuel. *Totality and Infinity: An Essay on Exteriority*. Alphonso Lingis, translator. Pittsburgh, PA: Duquesne University Press, 1969 (Published in French in 1969).

Merleau-Ponty, Maurice. *Phenomenology of Perception*. Translated by Donald A. Landes. New York, NY: Routledge, 2012 (originally published in French in 1945).

Rousseau, Jean-Jacques. *Politics and the Arts: Letter to M. D'Alembert on the Theatre*. Allan Bloom, translator. Ithaca, NY: Cornell University Press, 1960.

Sontag, Susan. *Illness as Metaphor and AIDS and Its Metaphors*. New York, NY: Farrar, Straus and Giroux, 1990 (after 1977 and 1988).

Sontag, Susan. *Regarding the Pain of Others*. New York, NY: Picador, 2003.

Critical Theory

Ahmed, Sara. *Queer Phenomenology: Orientations, Objects, Others*. Durham, NC: Durham University Press, 2006.

Albuquerque, Severino J. *Tentative Transgressions: Homosexuality, AIDS and the Theater in Brazil*. Madison, WI: The University of Wisconsin Press, 2004.

Auslander, Philip. *Presence and Resistance: Postmodernism and Cultural Politics in Contemporary American Performance*. Ann Arbor, MI: The University of Michigan Press, 1994.

Bersani, Leo. *Homos*. Cambridge, MA: Harvard University Press, 1995.

Browning, Barbara. *Infectious Rhythm: Metaphors of Contagion and the Spread of African Culture*. New York, NY: Routledge, 1998.

Browning, Barbara. *Samba: Resistance in Motion*. Bloomington, IN: Indiana University Press, 1995.

Campbell, Catherine. *'Letting Them Die' – Why HIV/AIDS Prevention Programmes Fail*. Bloomington, IN: Indiana University Press, 2003.

Castiglia, Christopher and Christopher Reed. *If Memory Serves: Gay Men, AIDS and the Promise of the Queer Past*. Minneapolis, MN: University of Minnesota Press, 2012.

Cohen, Cathy J. *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago, IL: The University of Chicago Press, 1999.

Cohen-Cruz, Jan. *Local Acts: Community-Based Performance in the United States*. Piscataway, NJ: Rutgers University Press, 2005.

Connerton, Paul. *How Societies Remember*. Cambridge: Cambridge University Press, 1989.

Couser, G. Thomas. *Recovering Bodies: Illness, Disability and Life Writing*. Madison, WI: The University of Wisconsin Press, 1997.

Crimp, Douglas – editor. *AIDS Cultural Analysis / Cultural Activism*. Cambridge, MA: The MIT Press, 1991 (First edition 1988).

Crimp, Douglas. *Melancholia and Moralism: Essays on AIDS and Queer Politics*. Cambridge, MA: The MIT Press, 2002.

Denning, Michael. *The Cultural Front: The Laboring of American Culture in the Twentieth Century*. Verso, 1997.

Dolan, Jill. *Utopia in Performance: Finding Hope in the Theater*. Ann Arbor, MI: The University of Michigan Press, 2005.

Gere, David. *How to Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS*. Madison, WI: The University of Wisconsin Press, 2004.

Goffman, Erving. *Stigma: Notes on the Management of Spoiled Identity*. New York, NY: Simon & Schuster, Inc., 1963.

Gould, Deborah B. *Moving Politics: Emotion and ACT UP's Fight Against AIDS*. Chicago, IL: The University of Chicago Press, 2009.

LaCapra, Dominick. *History and its Limits: Human, Animal, Violence*. Ithaca, NY: Cornell University Press, 2009.

Love, Heather. *Feeling Backward: Loss and the Politics of Queer History*. Cambridge, MA: Harvard University Press, 2007.

MacDougall, Jill and P. Stanley Yoder – Editors. *Contaminating Theatre: Intersections of Theatre, Therapy and Public Health*. Evanston, IL: Northwestern University Press.

Marra, Kim and Schanke, Robert. *Staging Desire: Queer Readings of American Theater History*. University of Michigan Press, 2002.

McNeill, William H. *Plagues and Peoples*. New York, NY: Anchor Books, 1998 (Originally published 1977).

Muñoz, José Esteban. *Cruising Utopia: The Then and There of Queer Futurity*. New York, NY: New York University Press, 2009.

Muñoz, José Esteban. *Disidentifications: Queers of Color and the Performance of Politics*. Minneapolis, MN: University of Minnesota Press, 1999.

Nyong'o, Tavia. *The Amalgamation Waltz: Race, Performance and the Ruses of Memory*. Minneapolis, MN: University of Minnesota Press, 2009.

Phelan, Peggy. *Mourning Sex: Performing Public Memories*. New York, NY: Routledge, 1997.

Reed, T.V. *The Art of Protest: Culture and Activism from the Civil Rights Movement to the Streets of Seattle*. Minneapolis, MN: University of Minnesota Press, 2005.

Román, David. *Acts of Intervention: Performance, Gay Culture and AIDS*. Indianapolis, IN: Indiana University Press, 1998.

Woodruff, Paul. *The Necessity of Theater: The Art of Watching and Being Watched*. New York, NY: Oxford University Press, 2008.

Analytical Texts

Bourgault, Louise M. *Playing for Life: Performance in Africa in the Age of AIDS*. Durham, NC: Carolina Academic Press, 2003.

Kearns, Michael. *The Drama of AIDS: My Lasting Connections with Two Plays That Survived the Plague*. Portsmouth, NH: Heinemann, 2009.

McDonnell, Evelyn and Katherine Silberger – Interviews and Text. *Rent: Book, Music and Lyrics by Jonathan Larson as Directed by Michael Greif*. New York, NY: Rob Weisbach Books, 1997.

Schulman, Sarah. *Stagestruck: Theater, AIDS and the Marketing of Gay America*. Durham, NC: Duke University Press, 1998.

Films (Dramatic)

A Home at the End of the World. DVD. Directed by Michael Mayer. Hollywood, CA: Warner Independent Pictures, 2004.

Alive and Kicking or Indian Summer. DVD. Directed by Nancy Meckler. Screenplay by Martin Sherman. Channel Four Films, 1996.

An Early Frost. DVD. Directed by John Erman. Story by Sherman Yellen. Teleplay by Ron Cowen and Daniel Lipman. NBC, 1985.

And the Band Played On. DVD. Directed by Roger Spittiswoode. Screenplay by Arnold Schulman. HBO Films, 1993.

Andre's Mother. DVD. Directed by Deborah Reinisch. Written by Terrence McNally. American Playhouse, 1990.

Angels in America. DVD. Directed by Mike Nichols. Screenplay by Tony Kushner. HBO Films, 2003.

As Is. Directed by Michael Lindsay-Hogg. Written by William M. Hoffman. Brandman Productions, Inc., 1986. Collection of the Paley Center for Media.

Breaking the Surface. DVD. Written by Greg Louganis, Eric Marcus and Alan Hines. Directed by Steven Hilliard Stern, 1997.

Crocodile Tears. DVD. Directed by Ann Coppel. Screenplay (based on his Play Satan and Simon DeSoto) by Ted Sod. Culture Q Connection, 1998.

The Cure. DVD. Directed by Peter Horton. Written by Robert Kuhn. Metro-Goldwyn-Mayer, 1995.

Dallas Buyers Club. First Run. Directed by Jean-Marc Vallee. Screenplay by Craig Borten and Melisa Wallack. Truth Entertainment and Voltage Pictures. 2013.

The Event. DVD. Directed by Thom Fitzgerald. Written by Thom Fitzgerald, Steven Hillyer and Tim Marback. ThinkFilm, 2003.

For Colored Girls. DVD. Directed and screenplay by Tyler Perry. Based on the play *For Colored Girls Who Have Considered Suicide / When the Rainbow is Enuf* by Ntozake Shange. Randal Kleiser. 34th Street Films, 2010.

In the Gloaming. Directed by Christopher Reeve. Story by Alice Elliott Dark. Teleplay by Will Scheffer. HBO Productions, 1997. Collection of the Paley Center for Media.

It's My Party. DVD. Directed by Randal Kleiser. Written by Randal Kleiser. United Artists, 1996.

Jeanne et le Garçon formidable (Jeanne and the Perfect Guy). DVD. Directed and Written by Olivier Ducastel and Jacques Martineau. Canal+. 1998.

Jeffrey. DVD. Directed by Christopher Ashley. Screenplay by Paul Rudnick. Workin' Man Films. 1995.

Kids. DVD. Directed by Larry Clark. Screenplay by Harmony Korine. Killer Films, 1995.

Latter Days. DVD. Written and Directed by C. Jay Cox. Funny Boy Films, 2003.

Life Support. DVD. Directed by Nelson George. Written by Nelson George, Jim McKay, Hannah Weyer. HBO Films, 2007.

The Living End. DVD. Directed by Gregg Araki. Culver City, CA: Strand Releasing, 1992.

Longtime Companion. DVD. Directed by Norman Rene. Written by Craig Lucas. MGM Home Entertainment, 1990.

Love! Valour! Compassion! DVD. Directed by Joe Mantello. Written by Terrence McNally. Fine Line Features, 1997.

My Brother. . . Nikhil. DVD. Directed and Written by Onir. 2005.

The Night Larry Kramer Kissed Me. Written and Performed by David Drake. Directed by Tim Kirkman. Montrose Pictures, 2000.

Nine Lives. DVD. Directed and Written by Dean Howell. Based on the play by Michael Kearns. Shimmer Films, 2004.

The Normal Heart. Written by Larry Kramer. Directed by Ryan Murphy. HBO Films, 2014.

One Week. DVD. Directed by Carl Seaton. Written by Carl Seaton and Kenny Young. 2000.

Parting Glances. Streaming. Written and Directed by Bill Sherwood. Rondo Productions, 1986.

Pedro. DVD. Directed by Nick Oceano. Written by Dustin Lance Black and Paris Barclay. Wolfe Video, 2008.

Peter's Friends. DVD. Directed by Kenneth Branagh. Written by Rita Rudner and Martin Bergman. Samuel Goldwyn Company, 1992.

Philadelphia. DVD. Directed by Jonathan Demme. Written by Ron Nyswaner. Tristar Picture, 1993.

Philomena. Directed by Stephen Frears. Screenplay by Gabrielle Tana, Steve Coogan and Tracey Seaward. BBC Films, 2013.

The Reception. DVD. Directed by John G. Young. Written by John G. Young. Black Water Films, 2005.

Rent. DVD. Directed by Chris Columbus. Book, Music and Lyrics by Jonathan Larson. Screenplay by Stephen Chbosky. 1492 Pictures and Columbia Pictures, 2005.

Rent: Filmed Live on Broadway. DVD. Directed for the Stage by Michael Greif. Directed by Michael John Warren. Book, Music and Lyrics by Jonathan Larson. Screenplay by Stephen Chbosky. Columbia Pictures, 2008.

Roy Cohn/Jack Smith. DVD. Directed by Jill Godmillow. Performed and Developed by Ron Vawter. Produced by Jonathan Demme. Good Machine, 1994.

The Ryan White Story. Netflix Streaming. Directed by John Herzfeld. Written by Phil Penningroth and John Herzfeld. ABC, 1989.

Sweet Jane. DVD. Directed and Written by Joe Gayton. OversSeas Filmgroup, 1998.

Test. DVD. Directed and Written by Chris Mason Johnson. 2013.

Tout contre Léo (Close to Leo). DVD. Directed by Christophe Honoré. Written by Diastème and Christophe Honoré. Picture This, 2002.

World and Time Enough. DVD. Directed and Written by Eric Mueller. 1 in 10 Films, 1994.

Yesterday. DVD. Written and Directed by Darrell Roodt. HBO Films, 2004.

3 Needles. DVD. Directed by Thom Fitzgerald. Written by Thom Fitzgerald. Bigfoot Entertainment, 2005.

The 24th Day. DVD. Written and Directed by Tony Piccirillo. Warner Brothers, 2004.

Discography

The AIDS Quilt Songbook. Harmonia Mundi, USA., 1994.

Corigliano, John. *Of Rage and Remembrance and Symphony No. 1.* National Symphony Orchestra. Leonard Slatkin, Conductor. RCA Victor, 1996.

Corigliano, John. *Symphony No. 1.* Chicago Symphony Orchestra. Daniel Barenboim, Conductor. Erato Disques S.A., 1991.

Elegies for Angels Punks and Raging Queens: London Cast Recording. Written by Bill Russell, Music by Janet Hood. First Night Records, 1993.

Galás, Diamanda. *Plague Mass.* Mute Records Ltd., 1991.

Galás, Diamanda. *The Singer.* Mute Records Ltd., 1992.

Galás, Diamanda. *Vena Cava.* Mute Records Ltd., 1993.

Heartbeats: New Songs from Minnesota for the AIDS Quilt Songbook. Innova Recordings, 1988.

Historical, Epidemiological and Organizational Data

Kramer, Larry. *Reports from the Holocaust: The Making of an AIDS Activist.* New York, NY: St Martin's Press, 1989.

Shilts, Randy. *And the Band Played On: Politics, People and the AIDS Epidemic.* New York, NY: St. Martin's Griffin, 2007 (Originally Published 1987).

"A Timeline of HIV/AIDS." hiv.gov (formerly aids.gov). 2016. <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>.

"Global HIV/AIDS Timeline." *The Henry J. Kaiser Family Foundation.* 2016. <https://www.kff.org/global-health-policy/timeline/global-hivaids-timeline>.

"History of HIV and AIDS Overview." Avert. June 2017. <https://www.avert.org/professionals/history-hiv-aids/overview>.

"HIV Data and Statistics." *World Health Organization.* 2016. <http://www.who.int/hiv/data/en>.

"HIV and AIDS Timeline." *National Prevention Information Network (NPIN)/Centers for Disease Control and Prevention.* 2017. <https://npin.cdc.gov/pages/hiv-and-aids-timeline>.

"HIV/AIDS: A Timeline of Steady Progress." amfAR, The Foundation for AIDS Research. 2016.

Events, Interviews and Specific Productions

Angels In America by Tony Kushner – Signature Theatre Company (New York City, NY: Off-Broadway). Directed by Michael Greif. Featuring: Christian Borle, Zachary Quinto, Frank Wood, Robin Weigert. 9/17/2010 and 10/14/2010.

As Is by William M. Hoffman – The Studio Theatre at Theatre Row (New York City, NY: Off-Off Broadway). Directed by Walter J. Hoffman. Featuring: Jeff Auer, Todd Michael, Jason Griffith. 10/17/2010.

The Assembled Parties by Richard Greenberg – Manhattan Theatre Club at the Freidman Theatre (New York City, NY: Broadway). Directed by Lynne Meadow. Featuring: Jessica Hecht, Judith Light and Jeremy Shamos. 05/15/2013.

The Baltimore Waltz by Paula Vogel. Circle Repertory Theatre (New York City, NY: Off-Broadway). Directed by Anne Bogart. Featuring: Cherry Jones, Joe Mantello and Richard

Thompson. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 03/15/1992.

The Boy From Oz. Music and Lyrics by Peter Allen. Book by Martin Sherman. Imperial Theatre (New York City, NY: Broadway). Directed by Philip Wm. McKinley. Featuring: Hugh Jackman, Jarod Emick, Stephanie J. Block and Isabel Keating. 11/26/2003.

The Destiny of Me by Larry Kramer. Lucille Lortel Theatre (New York City, NY: Off-Broadway). Directed by Marshall W. Mason. Featuring: Jonathan Hadary, John Cameron Mitchell, Carole Shelley and Peter Frechette. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 12/30/1992.

Falsettos by William Finn and James Lapine. John Golden Theatre (New York City, NY: Broadway). Directed by James Lapine. Featuring: Michael Rupert, Stephen Bogardus, Chip Zien and Barbara Walsh. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 7/23/1992.

In the Continuum by Danai Gurira and Nikkole Salter. Primary Stages' 59E59 Theaters (New York City, NY: Off-Broadway). Directed by Robert O'Hara. Featuring: Danai Gurira and Nikkole Salter. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 10/27/2005.

John Glover – my interview (at his home in New York City). 05/14/2013.

“Larry Kramer and The Normal Heart” (moderated by Tony Kushner) at New York Historical Society Museum and Library. 06/26/2013.

Let Me Down Easy. Written and Performed by Anna Deavere Smith. Second Stage Theatre (New York City, NY: Off-Broadway). Directed by Leonard Foglia. 09/26/2009.

Loaded by Elliot Ramon Potts – Lion Theatre at Theatre Row (New York City, NY: Off-Broadway). Directed by Michael Unger. Featuring: Scott Kearns, Kevin Spirtas. 11/08/2009.

The Long Christmas Ride Home by Paula Vogel. Vineyard Theatre (New York City, NY: Off-Broadway). Directed by Mark Brokaw. Featuring: Mark Blum, Rady Graff, Enid Graham and Will McCormack. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 11/25/2003.

Love! Valour! Compassion! by Terrence McNally. Manhattan Theatre Club (New York City, NY: Off-Broadway). Directed by Joe Mantello. Featuring: Nathan Lane, John Glover, Justin Kirk and Randy Becker. Videotaped by the New York Public Library's Theatre on Film and Tape Archive. Taped 12/30/1994.

The Normal Heart by Larry Kramer – Golden Theatre (New York City, NY: Broadway). Directed by Joel Grey & George C. Wolfe. Featuring: Joe Mantello, Ellen Barkin, John Benjamin Hickey, Jim Parsons. 05/04/2011.

The Normal Heart: The 25th Anniversary Reading by Larry Kramer – Walter Kerr Theatre (New York City, NY: Broadway / Special Event). Directed by Joel Grey. Featuring: Joe Mantello, Glenn Close, Patrick Wilson, Jack McBrayer. 10/18/2010.

Rent by Jonathan Larson – New World Stages (New York City, NY: Off-Broadway). Directed by: Michael Greif. Choreographed by: Larry Keigwin. Featuring: Justin Johnston, Arianda Fernandez, Josh Grisetti, MJ Rodriguez. 02/23/2012.

Rent by Jonathan Larson – Nederlander Theatre (New York City, NY: Broadway). Directed by: Michael Greif. Featuring: Will Chase, Adam Kantor, Tracie Thoms, Eden Espinosa. 04/04/2008.

Artist's Statements

"A Letter From Larry Kramer" 2011.

"Diamanda Galás Responds to the Smithsonian's Removal of David Wojnarowicz's Work" December 3, 2010.

Life Writing

Holleran, Andrew. *Chronicle of a Plague, Revisited: AIDS and its Aftermath*. New York, NY: Da Capo Press, 2008.

John, Elton. *Love is the Cure: On Life, Loss, and the End of AIDS*. New York, NY: Little, Brown and Company, 2012.

Johnson, Anthony Godby. *A Rock and a Hard Place: One Boy's Triumphant Story*. New York, NY: Crown Publishers, Inc., 1993.

Jones, Cleve. *When We Rise: My Life in the Movement*. New York, NY: Hachette Books, 2016.

Monette, Paul. *Borrowed time: An AIDS Memoir*. San Diego, CA: Harcourt Brace & Company, 1988.

Monette, Paul. *Last Watch of the Night: Essays Too Personal and Otherwise*. San Diego, CA: Harcourt Brace & Company, 1993.

Nasdiij. *The Boy and the Dog Are Sleeping*. New York, NY: Ballantine Books, 2003.

Wojnarowicz, David. *Close to the Knives: A Memoir of Disintegration*. New York, NY: Vintage Books, 1991.

Musical Scores

The AIDS Quilt Songbook. Boosey & Hawkes, 1993.

Corigliano, John with text by William M. Hoffman. *Of Rage and Remembrance*. Milwaukee, WI: G. Schirmer, Inc., 2002.

Corigliano, John. *Symphony No. 1 for Orchestra (Full Score)*. Milwaukee, WI: G. Schirmer, Inc., 1990.

Fiction

Bram, Christopher. *In Memory of Angel Clare*. New York, NY: Donald I. Fine, Inc., 1989.

Cunningham, Michael. *A Home at the End of the World*. New York, NY: Picador, 1990.

Holleran, Andrew. *Grief*. New York, NY: Hyperion, 2006.

Monette, Paul. *Afterlife*. New York, NY: Crown Publishers, Inc., 1990.

Monette, Paul. *Halfway Home*. New York, NY: Kensington Publishing Corp., 1991.

Schulman, Sarah. *People in Trouble*. New York, NY: E.P. Dutton, 1990.

Articles and Essays

Altman, Lawrence K. "Rare Cancer Seen in 41 Homosexuals." *The New York Times*. July 3, 1981.

Brantley, Ben. "Paths that Crossed Again." *The New York Times*. March 24, 2014.

Browning, Barbara. "Breast Milk Is Sweet and Salty (A Choreography of Healing)" in *Of The Presence of the Body: Essays on Dance and Performance Theory*, André Lepecki, editor. Middletown, CT: Wesleyan University Press, 2004.

Capozzola, Christopher. "A Very American Epidemic: Memory Politics and Identity Politics in the AIDS Memorial Quilt, 1985-1993." *Radical History Review* 82, Winter 2002. Pg. 91-109.

Christensen, Jen. "A Rip in the Quilt." *The Advocate*. February 13, 2006.

Connor, Kimberly Rae. "A Common Geography of the Mind": Creating Sacred Space in the Autobiographical Writings of Paul Monette and the NAMES Project." *Journal of the American Academy of Religion*, Vol.68 No. 1, 2000. Pg.47-68.

Feingold, Michael. "Part of the Solution." *Village Voice*. April 30, 1985.

Fisher, James. "From Tolerance to Liberation: Gay Drama in the Mainstream from *Torch Song Trilogy* and *The Normal Heart* to *Angels in America, Love! Valour! Compassion!* and *Take Me Out*." *We Will Be Citizens: New Essays on Gay and Lesbian Theatre*. Edited by James Fisher. Jefferson, NC: McFarland & Company, Inc., 2008.

Green, Jesse. "The Man Who Was Immune to AIDS, But Not What Came After." *New York Magazine*. June 9-15, 2014.

Halkitis, Perry N. "Reframing HIV Prevention for Gay Men in the United States." *American Psychologist*. November 2010. 749-763.

Hawkins, Peter S. "Naming Names: The Art of Memory and the NAMES Project AIDS Quilt." *Critical Inquiry*, Vol.19 No.4. Summer 1993. Pg. 752-79.

Healy, Patrick. "A Playwright's Status Report." *The New York Times*. February 27, 2014.

Howe, Larence. "The AIDS Quilt and Its Traditions." *College Literature*, Vol.24. Pg. 109-24.

Isherwood, Charles. "Woman of 1,000 Faces Considers the Body." *The New York Times*. October 7, 2009.

Juntunen, Jacob. "Mainstream Theatre, Mass Media, and the 1985 Premiere of *The Normal Heart*: Negotiating Forces Between Emergent and Dominant Ideologies." *We Will Be Citizens: New Essays on Gay and Lesbian Theatre*. Edited by James Fisher. Jefferson, NC: McFarland & Company, Inc., 2008.

Martin, Randy. "Allegories of Passing in Bill T. Jones." *Dance Research Journal*, Vol.40 No.2. Winter 2008.

McKinley, Jesse. "Fight Over Quilt Reflects Changing Times in Battle Against AIDS." *The New York Times*. January 31, 2007.

Murphy, Tim. "Sex Without Fear." *New York Magazine*. July 14-27, 2014.

Paulson, Michael. "'Brilliant,' and Lost to AIDS: The Theater World Asks Why." *The New York Times*. October 15, 2017.

Silva, Christianna. "People With HIV Should Be Quarantined, Says Georgia Lawmaker and Wife of Tom Price." *Newsweek*. October 20, 2017. Online.

Stull, Gregg. "The AIDS Memorial Quilt: Performing Memory, Piecing Action." *Chicago Journals* 15, no. 2. 2001. Pg.84-89.

Trebay, Guy. "Lost to AIDS, but Still Friendled." *The New York Times*. December 13, 2009.

Treichler, Paula A. "AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification." In *AIDS Cultural Analysis / Cultural Activism*, Douglas Crimp – editor. Cambridge, MA: The MIT Press, 1991 (First edition 1988)

Weinberg, Jonathan. "Report from Washington – The Quilt: Activism and Remembrance." *Art in America*, Vol.80 No.12. December 1992. Pg. 37.

Poetry and Other Difficult to Classify Texts

Bordowitz, Gregg. *The AIDS Crisis is Ridiculous and Other Writings, 1986-2003*. Cambridge, MA: The MIT Press, 2004.

Mendel, Gideon. *A Broken Landscape: HIV and AIDS in Africa*. London, UK: Network Publishers Limited, 2001.

Monette, Paul. *West of Yesterday, East of Summer: New and Selected Poems (1973-1993)*. New York, NY: St. Martin's Press, 1994.

Documentary Films

Absolutely Positive. DVD. Directed by Peter Adair. P.O.V. for PBS, 1991.

The Announcement. Netflix Streaming. Written by Aaron Cohen. Directed by Nelson George. ESPN Films. 2012.

Common Threads: Stories from the Quilt. DVD. Directed by Rob Epstein and Jeffrey Friedman. New Yorker Films for HBO, 1989.

Does Anybody Die of AIDS Anymore? DVD. Directed by Louise Hogarth. 2002.

The Gift. DVD. Directed by Louise Hogarth. 2003.

How to Survive a Plague. First Run. Directed by David France. Public Square Films, 2012.

Living with AIDS. DVD. Directed by Tina Di Feliciano. 1987.

Nureyev: Dancing Through Darkness. DVD. Directed by Teresa Griffiths. Omnibus, 1997.

Pandemic: Facing AIDS. DVD. Directed by Rory Kennedy. HBO, 2003.

Sari's Mother. DVD. Directed by James Longley. 2006.

Silent Screen: Hollywood and the AIDS Crisis. Hosted by Charles Champlin. Bravo, 1991.

We Are Dad. Directed by Michel Horvat. Tavroh Films, 2005.

We Were Here: The AIDS Years in San Francisco. Directed by David Weissman. Docurama Films, 2011.

Exhibitions

ACT UP New York: Activism Art and the AIDS Crisis, 1997-1993. White Columns, New York City. 2010.

AIDS in New York: The First 5 Years. New York Historical Society. June 7 – September 15, 2013.

Keith Haring: 1978-1982. Brooklyn Museum. March 16 – July 8, 2012.

Gran Fury: Read My Lips. NYU Steinhardt School, New York City. January 31 – March 17, 2012.