

Fighting the American HIV/AIDS Epidemic of the 1980s and 1990s with Theater

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Living with AIDS is like living through a war which is happening only for those people who happen to be in the trenches. Every time a shell explodes, you look around and you discover that you've lost more of your friends, but nobody else notices. It isn't happening to them. They're walking the streets as though we weren't living through some sort of nightmare. And only you can hear the screams of the people who are dying and their cries for help. No one else seems to be noticing. [...] It's more than just a disease, [AIDS is what] ignorant people have turned into an excuse to exercise the bigotry they have always felt.

— Vito Russo, “Why We Fight”

Introduction

An extensive theatrical canon of works about HIV/AIDS played a critical role in fighting the American HIV/AIDS epidemic of the 1980s and 1990s. Examining several works in the theatrical canon, the specific reasons theater was so effective in fighting AIDS were varied and dynamic, depending on the text of the production, the community creating the production, and the cultural context immediately surrounding the production. HIV/AIDS theater built community among HIV-positive and high risk people, educated audiences of all social groups, and created a life sustaining sense of purpose for those involved in its production. By depicting people with HIV/AIDS and people at higher risk of getting HIV as dynamic and multidimensional subjects, HIV/AIDS theater legitimized the experience of having HIV/AIDS and encouraged empathy towards this experience, in short, destigmatizing HIV/AIDS. Because the AIDS epidemic was so thoroughly fueled by stigma, fighting the stigma meant fighting the spread of the disease itself.

This paper will be a chronological overview of some works of theater that fought the epidemic, chosen to exemplify a much broader canon due to their diversity of theme and genre. These works include both the first and last AIDS theater pieces to achieve mainstream commercial and critical success, as well as highly localized and community based AIDS theater pieces which remain completely unpublished. As previously discussed, AIDS theater cannot be

divorced from the context of its creation; therefore, in some cases, particular productions of a show will be analyzed in order to explore theater's impact on a specific and localized level. The theater works featured are *As Is* (William Hoffman), *The Normal Heart* (Larry Kramer), *AIDS/US* (Artists Confronting AIDS), *People With AIDS* (The AIDS Theatre Project), and *Rent* (Jonathan Larson).

Background

For information about what HIV/AIDS is, see appendix A.

The American HIV/AIDS epidemic encompasses the two decades after HIV was first discovered (1981–2001), when HIV was being transmitted at a particularly high rate, and was particularly correlated with AIDS, opportunistic infection, and death (“AIDS Public Use (Vintage 2001) Request.”). From the official beginning of the epidemic—a *New York Times* article from July 3, 1981 entitled “Rare Cancer Seen in 21 Homosexuals” by Lawrence K. Altman—HIV/AIDS was a highly stigmatized disease constructed as specific to homosexuals (“Homophobia and HIV”). While people of nearly *every* sexuality, gender, race, class, and nationality have gotten HIV, men who have sex with men constituted the majority of American HIV/AIDS diagnoses in 1981–2001 (“AIDS Public Use (Vintage 2001) Request”), and continue to do so to the present (“U.S. Statistics”). In fact, AIDS was originally medically known as GRID—Gay Related Immunodeficiency (Altman, “New Homosexual Disorder Worries Health Officials”). According to AVERT, an international AIDS service organization,

LGBT people face specific challenges and barriers, including violence, human rights violations, stigma, and discrimination. Criminalisation of same-sex relationships, cross-dressing, sodomy and ‘gender impersonation’ feeds into ‘social homophobia’ — everyday instances of discrimination — and both factors prevent LGBT people from accessing vital HIV prevention, testing, and treatment

and care services. [...] The percentage of young men who have sex with men who are able to access cheap condoms, information about how to prevent HIV and other sexually transmitted infections (STIs), HIV and STI treatment is extremely low (“Homophobia and HIV”).

In other words, the disproportionate rate of men who have sex with men getting HIV/AIDS can be attributed, at least in part, to homophobic institutions.

The American government and media are examples of institutions whose homophobic behavior created massive barriers in the fight against HIV/AIDS. The beginning of the epidemic was in 1981; President Ronald Reagan wouldn't even say the word “AIDS” out loud until 1985, by which time over 12,000 Americans had already died (Fitzsimons). Here is a transcript of an exchange between White House press secretary Larry Speakes and journalist Lester Kinsolving having to do with HIV/AIDS. This conversation took place during a White House press briefing in 1984, by which point, over 4,200 Americans had died:

Journalist: Is the president concerned about this subject, Larry?

Press secretary: I haven't heard him express concern.

Journalist: That seems to have evoked such jocular reaction here. [Press pool laughter.]

Unidentified person: It isn't only the jocks, Lester.

Unidentified person: Has he sworn off water faucets now?

Journalist: No, but I mean, is he going to do anything, Larry?

Press secretary: Lester, I have not heard him express anything. Sorry.

Journalist: You mean he has expressed no opinion about this epidemic?

Press secretary: No, but I must confess I haven't asked him about it. [... Laughter.]

Ah, it's hard work. I don't get paid enough (Lopez).

After several press conferences, as soon as it was evident Kinsolving was about to ask a question, before he could even speak, he was bombarded with laughter and homophobic gesturing from both other journalists and from the press secretary (Lopez). According to Larry Kramer in an unnumbered introductory page of *The Normal Heart*, during the first *nineteen* months of the epidemic, The New York Times wrote about a total of *seven* articles about it, none

of which made it to the front page of the paper. In all of these instances, thousands of Americans had already died, hundreds of thousands more were about to, and the people whose job it was to protect them treated it as an outrageous joke largely because those Americans were perceived to be gay.

The fact that such a strong perception of causality between sexuality and suffering persists despite the large logical gap of women who have sex with women making up far fewer HIV diagnoses than straight people (“AIDS Public Use (Vintage 2001) Request”) may speak to Vito Russo’s words that AIDS was “an excuse for bigoted people to exercise the bigotry they’ve always felt” (“Why We Fight”). In the words of Douglas Crimp, “No insistence on the facts will render that discursive construction [the conceptualization of AIDS as a syndrome affecting gay people who deserved it] obsolete [...]. The idea of AIDS as a gay disease occasioned two interconnected conditions in the United States: that AIDS would be an epidemic of stigmatization rooted in homophobia and that the response to AIDS would depend in very large measure on the [...] gay movement” (59). In other words, the AIDS epidemic was rooted in stigma, and fighting the stigma surrounding HIV/AIDS and those who were getting it would fight the disease itself.

Although from this point onwards the AIDS epidemic will generally be described in the past tense because this thesis focuses on theater from the most deadly, chaotic, and terror-filled period of AIDS history, when the rate of people being diagnosed with HIV and dying with AIDS grew alarmingly each year, it would be a disservice to the over one million people currently living with HIV in America—1 in 7 of which are unaware of their status—to continue this discussion without their lived experiences in mind (“U.S. Statistics”). Indeed, HIV/AIDS still

unnecessarily and disproportionately pervades the communities of gay people and people of color for the same reasons it did in 1981–2001. Reliable drugs have been developed for preventing and treating HIV—in fact, HIV-positive people with an undetectable viral load due to treatment live typical human lifespans and cannot transmit the virus in any way (“Undetectable = Untransmittable”). However, a lack of access to healthcare and education fuelled by discrimination ensures that for many communities (particularly in the South), HIV/AIDS is still as urgent a health crisis in the United States as it was in 1981–2001, and the fight against it, although advancing in important aspects, is far from over (“U.S. Statistics”).

As Is

American playwright William Hoffman’s comedic romance about the HIV/AIDS crisis *As Is*, first performed in 1985 by New York City’s Circle Repertory Company, was the first play about HIV/AIDS to achieve mainstream commercial and critical success. It won the 1985 Drama Desk Award for outstanding new play, the 1985 Obie Award for distinguished playwriting, and was nominated for three Tony awards.

As Is surrounds the mental health of Rich, a gay man with AIDS, who states early in the play that if he had AIDS, he would “get a gun... Slash my wrists with the grain... Subway tracks? Or maybe I’d mix myself a Judy Garland: forty reds and a quart of vodka” (27). When Rich later becomes hospitalized because of his AIDS-related opportunistic infection, he attempts to follow through on his previous intention to kill himself by manipulating a man who is romantically interested in him, Saul, to provide sedative drugs he can use to commit suicide. *As*

Is concludes with Saul not getting the sedative pills requested, and Rich finding value in the life he has left together with Saul.



Exhibit 1: Two actors in the original cast of *As Is* (Will Kohler).

As Is is notable for its comedic and ostensibly apolitical tone. Although some may see humor as fundamentally incompatible with sensitive descriptions of the AIDS epidemic and of suicidality, Hoffman challenges this assumption. In the introduction to the published script, he writes:

All around me there was illness and death. I fell into a depression. So, sometime in 1982, as a sort of a therapy, I started to express my feelings on paper. [...] I also began to realize that among the people with AIDS that I was meeting, those with a sense of humor were doing better than those without. I permitted the play to be funny. I found that audiences [...] responded to the humor. It enabled them to accept the pain of the sadder material (xiii–xv).

Hoffman used *As Is* as a tool for “facing [his] own worst fears” (xv) of living and dying with AIDS. The characters, much like the playwright, use dark humor to cope with terrible circumstances, pulling humor from the macabre and the absurd:

RICH. Say, have you heard about the miracle of AIDS?
BROTHER. What?
RICH. It can turn a fruit into a vegetable (79).

The source of this humor is not that Rich has AIDS, but that he flippantly reclaims a slur (“fruit”) in a wordplay that likely would make some people uncomfortable for how brutally honest Rich is about the trauma he is experiencing. As described earlier, Hoffman said that humor “enabled [audiences] to accept the pain of the sadder material” (xv). He may have meant in moments like this—by laughing along with Rich, they may also open up to the pain which is making the joke necessary, grounding them back in the urgency of the subject at hand.

Focusing on the internal world of a man who is traditionally respectable except for his sexuality—as opposed to focusing on external political circumstances or more marginalized members of the gay community—could be the reason why *As Is* went mainstream while its predecessors, moderately successful for their times, did not. The approachable tone of *As Is* may have invited harder-to-reach audiences inward to consider its central message: AIDS does not render human life worthless.

The Normal Heart

The Normal Heart, written by renowned and controversial gay activist and author Larry Kramer, was first performed in 1985 in New York City’s The Public Theater. Kramer is a notable figure in the gay rights movement for writing several provocative and influential books and plays about the gay community and later going on to found ACT UP, an organization which uses civil disobedience for radical AIDS activism and is still active today (Banales). *The Normal Heart* came out one month after *As Is*, and has achieved even stronger commercial success. This play has been produced over six hundred times all over the world and holds the record for the longest running play at The Public Theater, according to an unnumbered introduction page in the

published script. It also has a movie adaptation starring Mark Ruffalo, Julia Roberts, Jim Parsons, and Jonathan Groff (“The Normal Heart (TV Movie 2014)”).

The Normal Heart is the autobiographical story of how playwright Larry Kramer founded and was later evicted from the first major HIV/AIDS service organization in the world—GMHC, or Gay Men’s Health Crisis (“Governor Cuomo Announces New Data”). Kramer shares the stories of GMHC and his loved ones in *The Normal Heart* to emotionally back his main political message, that the American government is directly responsible for the AIDS epidemic and must be held accountable (v). *As Is* is an exploration of the psyche and internal emotional struggles of a man with AIDS; *The Normal Heart* is primarily an exploration of gay politics during the early 1980s.

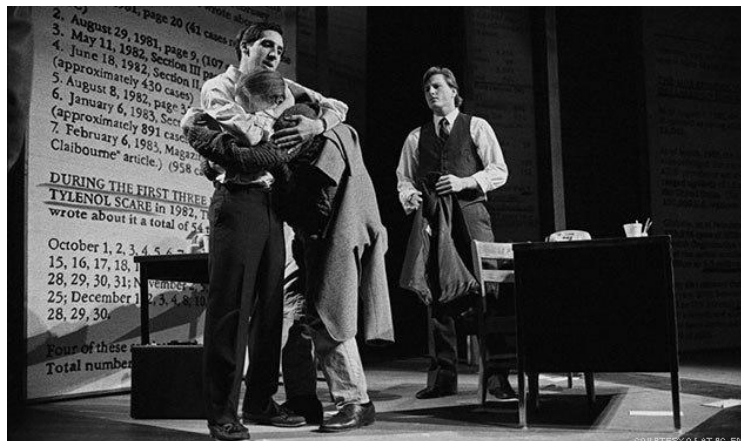


Exhibit 2: Actors in the original 1985 Public Theater cast (Pizzoli).

A central question in *The Normal Heart* is how to do activism—specifically, will gay people be given more rights and respect if they are seen as fundamentally the same as straight people, or if they break with the straight world entirely and establish their own communities? *Are* gay people fundamentally the same as straight people to begin with? Kramer, via the character meant to represent him, Ned (v–vi), believes convincing the straight world that gay people are

not different by disavowing “promiscuous” sexual practices and becoming hypervisible, thereby demonstrating the normalcy of most gay people to the straight world, is the best way to advocate for gay rights. This position tinges *The Normal Heart* with controversy. This is not an instance of evaluating figures of the past through the lens of present political arguments. Kramer’s/Ned’s opinions become so intolerable towards most members of the AIDS service organization he co-founded that he is eventually kicked out of it. *The Normal Heart* has been both intensely praised and intensely criticized, with much of the praise coming from critics and audiences to whom the play was a politically thorough and emotionally charged introduction to the modern gay community, and much of the criticism coming from critics and audiences who were already familiar with gay politics and disagreed with the assimilationist theories of activism the work is tinged with (Bianco).

The Normal Heart at Southwest Missouri State University

Considering *The Normal Heart*’s effect on different audiences, we see that the same text of HIV/AIDS theater fights the AIDS epidemic in different ways depending on the localized context of its performance. Students who put on *The Normal Heart* at Southwest Missouri State University in 1989 were met with bomb threats, petitions, and anti-gay rallies. One pro-*Normal Heart* student, Brad Evans, even had his house burned down by people who opposed the production. They destroyed all of his possessions and killed his two pet cats. Supporters of Evans gathered with signs reading “a normal heart loves and accepts.” Despite—or perhaps because of the intense backlash—tickets to *The Normal Heart* at this university sold out. Larry Rottmann, an English instructor at the university, states, “Opening night went extremely well, and virtually

all of those attending the sold-out performance agreed that it had been a moving and educational, though disturbing, experience. The audience left the theater subdued, many still dabbing at damp eyes” (“The Battle of ‘The Normal Heart’”). This shows how one text can have vastly different impacts on different audiences.

Original Research: Screening *The Normal Heart* at Renaissance

Wishing to quantitatively test whether a work of AIDS theater made a positive impact on audiences, the author screened *The Normal Heart* on two separate occasions at Renaissance School, surveying audiences before and after they watched the film. *The Normal Heart* was chosen due to both convenience and content; it was necessary that the work of theater have a film adaptation. This narrowed options to *The Normal Heart*, *Angels in America*, and *Rent*. *Angels in America* was too long to screen in its entirety. *Rent*, as will later be discussed, does not provide as in-depth of a view about the AIDS epidemic as does *The Normal Heart*. Therefore, the 2014 movie adaptation of *The Normal Heart*, which is very faithful to its source text, was screened.

Participants were asked to rank how much they agreed with the following statements on a scale from one to five, one being strongly disagree and five being strongly agree:

1. I know what HIV/AIDS is.
2. I know how to prevent HIV/AIDS.
3. The next time I might be exposed to HIV, I will do everything in my power to avoid acquiring it.
4. Anyone can acquire HIV regardless of their morality.
5. I would feel as comfortable and safe as I do now if a person in this room had HIV/AIDS.
6. In the future, I will discuss HIV/AIDS with my friends, family, or partner.

Next, participants were asked to briefly respond to the following two questions, producing their own short free response answers:

7. Briefly describe a typical person with HIV/AIDS in terms of demographics and personality.
8. Briefly describe the societal response to AIDS in America from 1981–2001.

There were nine participants in total, one of whom came to both of the two screening dates. Two of these participants were teachers, two were non-school friends of the author, and five were Renaissance School students. One third of the participants were openly LGBTQ. Only one participant was over forty years old.

Responses to the survey must not be applied to a larger population with complete surety due to the small sample size, as well as the self-selecting nature of the participants. However, results from the survey showed that after watching *The Normal Heart*, participants had stronger empathy for people with AIDS and stronger intent to protect themselves and others from getting HIV than they did before the movie.

Mean Survey Data Before and After Screening

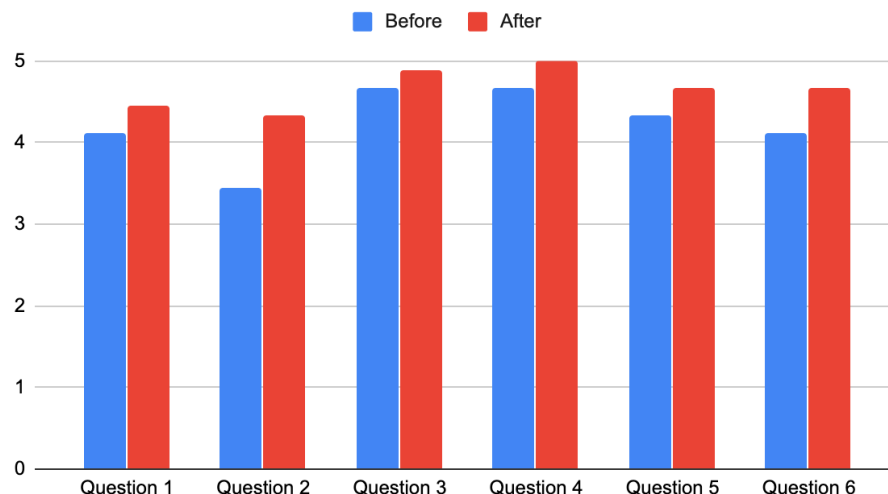


Exhibit 3: mean survey data before and after screening, where the closer the mean response is to five, the stronger the participants felt informed, empathetic, or inclined to take action.

As the graph shows, participants entered the study already feeling empathetic, informed, and inclined to take action against HIV/AIDS. However, the screening solidified their pre-existing feelings, especially that “anyone can acquire AIDS regardless of their morality” (question 4) and “next time I might be exposed to HIV I will do everything in my power to avoid acquiring it” (question 3). Perhaps the most promising result of this study is that people left more inclined to talk to others about HIV/AIDS (question 6).

There is reason to believe that participants judged themselves significantly higher on “I know what HIV/AIDS is” (question 1) and “I know how to prevent HIV/AIDS” (question 2) than they should have. From observational data giving a short presentation (composed of information compiled from hiv.gov, the CDC, AVERT, and Planned Parenthood) to participants after they took the second survey, it was clear that most participants’ knowledge of HIV/AIDS stopped at the fact that it was sexually transmitted. The abundance of a lowercase S in written answers (as in, singular AID, plural AIDs, or sometimes possessive AID’s) supports this. Only one participant, excluding teachers, was aware of the difference between HIV and AIDS, or that HIV can be transmitted by blood (needles). No one knew about PrEP, PEP, or TasP (U=U). No one could approximate the number of AIDS deaths in America, or the number currently living with HIV. One participant even asked if the Kaposi’s Sarcoma lesions shown in the film are an artistic rendering of HIV—that is, if the filmmakers metaphorized how people with AIDS are seen as “other” through these lesions; in reality, discolored patches of skin are just what the particular opportunistic cancer factually looks like. Interestingly, openly LGBTQ participants greatly overestimated the number of deaths due to AIDS in America (guessing as high as five

million), and other participants greatly underestimated the number (guessing as low as two thousand). The real number is about 650,000 (“U.S. Statistics”).

The one participant who *did* have some specific knowledge about HIV/AIDS, a young bisexual man interested in activism, still had much to learn about the AIDS epidemic. Even though he already knew how he felt coming into the study (pre-screening survey: “Reagan said f[***] the gays and everyone died”), he did not have *examples* of governmental apathy having to do with AIDS, despite his strong feelings about the subject—he was likely trusting the opinions of others in his activist social circle. He reflected that he left the screening significantly more informed.

The participant who came twice wrote that *The Normal Heart* was “a deep and moving movie” and that they had plans moving forward to be “more active in spreading awareness and being informative,” even adding that they had spoken to some people about HIV/AIDS between the first and second screenings. Another participant who responded to the prompt “briefly describe the societal response to AIDS in America from 1981–2001” with “I don’t know as much as I should!” responded to the same prompt after the screening with “Lacking. Problematic. Callous. Devastating. Inhumane.” Many participants cried at some point during the screenings, and one hugged the author for some time afterward.

Two conclusions can be drawn from this data. The first is that if the high school aged participants provide even a semi-accurate representation of American high school students, it is clear that the AIDS epidemic as a historical event is in the process of being forgotten—among LGBTQ people and straight/cisgender people alike. This may be alarming because over one million people live with HIV in America, and tens of thousands get diagnosed every year. New

HIV diagnoses contemporarily and historically are overwhelmingly composed of young people (“U.S. Statistics”). The othering and marginalizing of LGBTQ people implicit in the American pre-college curriculum and the continued scientifically inaccurate cultural association between AIDS and gay men keeps teenagers of all races, sexualities, and genders away from potentially lifesaving information about HIV/AIDS. The second conclusion is that *The Normal Heart* as a sample work of AIDS theater informed those who watched it, increased their empathy towards people with AIDS, increased their outrage at the government for its insufficient response, made them more inclined to protect themselves from HIV, and made them more inclined to talk to others about HIV to pass along what they had learned.

AIDS/US and People With AIDS

So far, focus has been on how theatrical texts connected with audience members and changed their opinions about AIDS. However, AIDS theater could also serve a very different purpose—one just as critical and useful in fighting the epidemic—to unite the cast and crew around the shared goal of producing a show, giving them community and purpose. Nothing better exemplifies this than theater collectives such as Artists Confronting AIDS and the AIDS Theatre Project.

AIDS/US premiered in April 1986 in Los Angeles and belongs to the collective Artists Confronting AIDS. The original *AIDS/US* brought the stories of a group of thirteen people involved in the AIDS crisis—seven of whom had AIDS—to the stage. The “playwrights,” perhaps more accurately described as play editors, James Pickett and Michael Kearns,

interviewed these people and organized actual self-descriptions of their lives into a play. Each person played themselves on stage (Román, 72).

Regarding the motivation behind this project, Pickett recalls, “At the time, we were scared. We were *very* scared. I think part of the motivation for forming the company was ‘I don’t want to go through this alone.’ ‘Are other people feeling this way?’” (Román, 73). Kearn explains, “Yes, we’re doing it for the audience, and yes, we hope to educate, and heal, and all those other wonderful words, but we’re educating ourselves, getting in touch with who we are among ourselves.... That focus is our experience *before* we open. The play can be deemed a success *before* a critic or audience ever comes to see it” (Román, 74–75).

The project was rebooted several times with different groups of people with AIDS, including *AIDS/US II*, *AIDS/US/Women*, and the like. Although there was interest in a published script or perhaps some kind of adaptation for public TV, members of each edition of *AIDS/US* refused. Kearns explains, “[Many of the people with AIDS in the company would say:] ‘I’m staying alive to do next week’s show.’ Well on video you don’t have to stay alive to do next week’s show” (Román, 81). As such, the actual text of these works is lost.

People With AIDS belongs to the People With AIDS Theater Workshop (later the AIDS Theatre Project) formed in 1987 under the leadership of playwright Seth Glassman (“AIDS Theatre Project Records”). The play follows the same format as *AIDS/US*—interview transcripts of real people with AIDS recounting their life experiences. *People With AIDS* also foregrounded the sense of shared purpose creating a work of theater gives a community. The AIDS Theatre Project shared Artist Confronting AIDS’ view that successful performance was an added benefit, but not the desired purpose of their work.

The director of *People With AIDS*, Nick Pippin, explained in a New York Times article, “The expectation then was that once you were diagnosed with AIDS, you would just drop out, go home and sit and die. [...] I thought sitting around was a waste of our lives, a waste of our talents and our abilities, and a waste of ourselves. [...] This tends to keep people healthier longer” (Hays). This is supported by the article’s description of Frank Brown, an actor in the production, “‘There’s no role I could play that is more important.’ [...] his life is a happy one at this point, he added. He fills his house with fresh flowers every day, he knits sweaters for his friends, he is learning to play the guitar and he plans to adopt a cat” (Hays). Brown also says that “More than getting anything off my chest, [the value of the play is in] teaching people that we are people. We sit in the audience for about half an hour while everyone’s coming in. Then we get up and go onstage, and they see that we look just like everyone else” (Hays).

For people involved in *AIDS/US* and *People With AIDS*, the act of creating a piece of theater provided important purpose and emotional support that seemed, according to those involved, to keep participants with AIDS alive longer. The audience benefited from being in a room with real people with AIDS—for example, learning that AIDS is not contagious via infected air and that people with AIDS don’t look any different from people without AIDS unless they have a severe opportunistic infection. Perhaps audience members who may have hesitated to approach people with AIDS within the scope of everyday interaction, or who simply had no opportunity to do so, were more inclined to explore their subconscious feelings behind the safety of a fourth wall. More than their effects on audiences, these works demonstrate that the community-building experience of actually creating a play can be highly effective in fighting HIV/AIDS.

Rent

Pulitzer, Tony, Obie, and Drama Desk award-winning rock musical *Rent*, written by Jonathan Larson, premiered on Broadway at the Nederlander Theatre in April 1996. The story, allegedly adapted from Puccini's opera *La Boheme*, follows a friend group of young bohemians in New York City's East Village as they attempt to pursue their creative goals and romantic interests despite living in poverty and being severely affected by the AIDS epidemic ("Rent").

Rent has won almost every major theater award, earned multiple film productions, and has been produced and revived countless times in both professional, student, and community theater capacities. When *Rent* premiered in 1996, it only got two uncomplimentary reviews in all of New York (Schulman, 10). Somehow, a musical about AIDS has garnered enough international cultural currency for people who haven't even heard of the show to know the melody to its lyrics—"five hundred twenty-five thousand six hundred minutes." *Rent* not only found purchase in the mainstream theater landscape, but also became influential within that landscape, ushering in an era of edgier pop rock musicals in both the more experimental sphere (*Next to Normal*, *Spring Awakening*) and the more mainstream sphere (*Heathers*, *Dear Evan Hansen*, arguably *Hamilton*). The style and content of *Rent* vastly changed what mainstream Broadway musicals were expected to do and be (Gioia). This type of success for a musical having to do with the AIDS epidemic has helped to normalize HIV/AIDS and has brought the stories and experiences of HIV-positive characters to an astoundingly large audience.

However, *Rent*'s success is complicated by issues of LGBTQ representation. Writer Jonathan Larson died days before *Rent*'s opening night of "a more than foot-long tear inside his

aorta” (Rosenthal). Many mistake Larson’s untimely death as being related to AIDS and read into his work as if the AIDS content were written from personal experience—in reality, he was never HIV-positive. He was also, to the best of current knowledge, not gay (Gideonse). *Rent* has been criticized for its treatment of its LGBTQ characters, from centering a story of the AIDS epidemic around a straight man, to double standards regarding resurrecting straight characters who died of complications due to AIDS (but not gay characters who died the same way). Some critics also find that *Rent* subtly but persistently implies that poverty is a choice, and that it erases inequalities between members of its diverse main cast that would be far more influential in real life (Gideonse; Schulman).

However, the most troubling aspect of *Rent* is that a large amount of its plot and characters may be plagiarised from the novel *People in Trouble* by lesbian author Sarah Shulman (Schulman, 12–13). On declining to sue Jonathan Larson’s billion dollar estate, Schulman remarks, “I have never been a person who really wanted a lot of money. [...] What I’ve always dreamed of and wanted for my life was to have my work be evaluated fairly on the basis of its merit and not be excluded from American literature because of its lesbian content” (Schulman, 22). However, it must be remarked that although *Rent* may include plagiarised elements and problematic ideas about social justice, it also includes the most characters of color and female main characters out of any of the works discussed, which are, generally speaking, made up overwhelmingly of white men. This fact is more a reflection on who had the resources to write, produce, and publish work than a reflection on the true proportions of HIV/AIDS diagnoses among diverse demographics. In this regard, *Rent* is much more accurate.

The impact of *Rent* must be considered holistically, weighing the HIV/AIDS normalization and ushering in of more musicals to do with topics such as diversity and sexual health against the spread of its potentially harmful implicit messages about poverty and gayness.

Rent at Live Arts

The author joined a local production of *Rent* at Live Arts Theater in Charlottesville, Virginia during the summer of 2019, which coincided with the first three months of thesis-related AIDS epidemic research; in fact, this thesis idea occurred due to the presence of *Rent* at this local theater. In a journal kept during these months, I write:

I knew going into this project would probably make me upset at times—not the work itself, of course, but some of the information I would learn while doing it. The more voices I listen to who went through this disease, who saw half their friends die of this disease, the deeper the horror ingrains in me. I don't really have anyone to talk to about it who I wouldn't have to be teaching in some respect. Why isn't this something everyone knows about? I think of myself as a person who doesn't get sad, who gets angry, but honestly, I am simply sorrowful for every one of those 650,000 people. And then I walk into the theater—the band launches into a raucous acoustic rendition of the whole show complete with maracas and sleigh bells and the stage manager knowing every line by heart. Mark hangs upside down from the edgy urban set scaffolding. I feel like I am moving forward with good company.

My feelings of connection facilitated by creating *Rent* during these months are echoed by other members of the cast. Before every show, a tradition arose, introduced by director Ti Ames, for each participant in the production to share affirmations with other participants. These affirmations included (verbatim, from personal notes), “Ever since we started talking, you became one of my favorite people. You’re like a little brother to me. I just love you so much.” “Live in my house. I’ll be your shelter.” “I feel so at peace with everyone here.” “You have made an amazing space for us to just be who we are.” “You *are* my angel in America.” The official

ritual before getting ready for places was when the cast members gathered into a circle, held hands, and were led by the director in chanting “I am light, I am love, I am here” with increasing intensity until it built up to a yell.

The production intentionally highlighted queer and trans actors of color where a more traditional *Rent* would place white cisgender actors. The company sings in the first number, “How do you leave the past behind when it keeps finding ways to get to your heart? It reaches way down deep and tears you inside out ‘til you’re torn apart” (11). These lyrics took on a new layer of meaning when sung by a circle of marginalized young people seldom given permission to express their bold feelings about a past which still haunts how their country treats and perceives them to this day. In a personal interview with Ames, the director, they admit “many of my trans actors didn’t want to go home” after rehearsal. Having a black transgender director to look up to was arguably transformative for members of the production in these circumstances—Ames’ self-care and affirmation traditions remained religiously and carefully practiced by the cast and crew even when Ames was not present.

Ames was determined to use their role as director to bring out the potential for progressive racial discourse in *Rent* which many other productions neglect. Ames takes issue with one character being robbed by what the script describes as “thugs,” arguing that “thug” is a racialized term and that it would be more realistic for the character in question to be subject to police brutality. Ames also added a piece of blocking in the song “Will I?” which, despite not adding or removing words to/from the show, participates in a sophisticated conversation about the intersection of race, class, gender, and the AIDS epidemic. A black woman sees a white male police officer and hesitates before stepping closer. The officer takes off his vest and hat, the two

distinguishing aspects of his uniform. The black woman gives him a nod, which Ames describes as meaning “I recognize your existence”—it is not a gesture of camaraderie, but of basic respect for human life. Together, both characters begin a round which the whole company eventually joins about having HIV/AIDS—“Will I lose my dignity? Will someone care? Will I wake tomorrow from this nightmare?” (Larson). By foregrounding a unifying round which captures the emotions of every single character at once with a microcosm of American social inequity, Ames draws our attention both to the totalizing nature of the AIDS epidemic, from which no one is safe due to their privileged identity, and to the large power imbalance between these two characters which shows that despite having the same virus and feeling similarly enough to be able to sing the same lyrics, their experiences are by no means the same.

This reiterates what was demonstrated by *The Normal Heart*, *AIDS/US*, and *People With AIDS*—the text is not always as important as the community which forms around producing the text, and a theatrical work’s potential to fight the AIDS epidemic can heavily depend on the context of its production.

Conclusion

Theater has served an important and largely unacknowledged role in fighting the AIDS epidemic. David Román explains:

Since the earliest years of the epidemic, gay men have used performance primarily for three specific yet inter-related purposes: first, as an educational means to challenge the misconceptions about AIDS; second, to build and sustain a communal response to the epidemic; and third, to pay tribute to those who have died. Most AIDS performances do not aspire to canonicity. Instead AIDS performances challenge our understanding of AIDS so that we better learn to cope with its effects (xxiv).

Performance was a way to educate, to grieve, to agitate, and to galvanize. Theater—its creation and its viewing—fought the overwhelming isolation and dread that permeated the emotional lives of HIV-positive people and groups at high risk of getting HIV during the AIDS epidemic.

Throughout the earliest months and years of the epidemic, Román explains, “performance became the primary means for AIDS service organizations to raise money for research and direct services, distribute information and educate local constituents, and recruit volunteers to strengthen a grassroots community response to AIDS” (19).



Exhibit 4: people hold up signs representing the numbers of people with AIDS in a demonstration in support of people with AIDS in Central Park, New York City, August 8, 1983 (Allen Tannenbaum / Getty Images file).

The above image metaphorizes the power of AIDS performance. In it, people hold up signs representing the numbers of people with AIDS in a demonstration in support of people with AIDS in Central Park, New York City, August 8, 1983. Román argues “The tendency to conflate all deaths into a monolithic AIDS fatality, already in place in 1983, was staunchly resisted by the display of these numbers” (30). Theater works in the same way as this protest—it takes a numerical figure too large and abstract to empathize with and transforms it into one individual human, plus one individual human, and so on. In the words of Román, “the numbers

have names, and these names had lives. These lives were rich in experience, personal interest, and whim; in dynamic concepts of self-identity, desire, and faith; in pleasures, quirks, and codes; and in loves, fantasies, and dreams” (26).

In “The Parasocial Contact Hypothesis,” Edward Schiappa, Peter B. Gregg, & Dean E. Hewes propose that “if people process mass-mediated parasocial interaction in a manner similar to interpersonal interaction, then the socially beneficial functions of intergroup contact may result from parasocial contact” (1). In other words, they hypothesize that people respond to interaction with characters in media in the same way they respond to interaction with real people. To test this, they conducted three studies, two involving media with gay men (*Six Feet Under*, *Queer Eye*), and one involving media with transgender people (comedian Eddie Izzard). In all three studies, participants who consumed the LGBTQ media showed lower levels of prejudice against LGBTQ people. The hypothesis was generally supported, “suggesting that parasocial contact facilitates positive parasocial responses and changes in beliefs about the attributes of minority group categories” (1). To apply these findings to AIDS theater, representations of HIV/AIDS likely changed the beliefs of audiences about the attributes of people with HIV/AIDS. Evidence from screening *The Normal Heart* supports this claim.

Live theater is of particular importance in the matter of HIV/AIDS representation. According to a New York Times article from June 1987, “There still have been no major novels or films dealing with AIDS [...] it is theater artists who remain at the forefront in addressing the subject” (Shewey). The article continues:

These plays are significant in that they assert the theater’s ancient function as a public forum in which a community gathers to talk about itself. What’s happening onstage and what’s happening in the audience is sometimes so similar that the script seems to disappear. It often becomes a mere pretext for an assembly of individuals collectively seeking information, seeking an outlet for anger, anxiety

and grief, seeking to bolster a shaky sense of communal identity in order to face medical horrors and political backlash still to come. However history may judge their literary merits, plays about AIDS have an immediate social value in dealing with an issue so close to home (Shewey).

In a time of such emotional isolation, there was particular importance in being physically surrounded by others who were also going through the same grief, anger, fear, and shock. Ames, director of Charlottesville's *Rent*, says in a personal interview that the value of theater is that it removes distractions from audiences that other media can't—when one goes to the theater, they can't use their phone, talk to their friends, or do anything other than give attention to the action on stage.

The in-person nature of theater was doubly important for works such as *AIDS/US* and *People With AIDS* which actually featured people who had AIDS. The audience learned that HIV was not contagious through air, skin-to-skin contact, or sharing bathrooms. Weekly performances gave cast members events to stay alive for, which wouldn't be possible through the one-time creation of a film, book, or television show. William Hoffman tells the *New York Times*:

Lots of people don't think gay people are human, in a literal sense. They think they're animals. When they come to a show like 'As Is' and see gay people portrayed like them, they see that AIDS is like the cancer their mama had or the heart failure their son had, and they start to be able to translate it into something they know. At one performance on Broadway, an obviously straight guy was crying in the lobby afterwards, and I heard him say over and over again, 'I didn't know. I didn't know.' In a way, that's my deepest wish – to make AIDS more ordinary, to make people understand that it's not a moral affliction, it's another disease (Shewey).

The list of theater pieces explored in this thesis is by no means exhaustive. Román explains that “so many of the performers, playwrights, spectators, critics, tech people, and others participating in the collective production of AIDS performance have already vanished along with their performances” (xiii). Due to both the disappearing nature of AIDS history and the informal,

localized nature of many AIDS performances, it is impossible to create a perfect sampling from the AIDS theater canon. There are dozens more plays, musicals, monologues, vignette series, performance art pieces, and the like which played an important role in fighting the AIDS epidemic—for example, *Fierce Love*, *Angels in America*, *Elegy*, *Falsettos*, *Night Sweat*, *AIDS! The Musical!*, *One*, *Warren*, *The A.I.D.S. Show*, *My Night with Reg*, and *The Baltimore Waltz* (see appendix), as well as dozens of localized community theater productions whose texts were lost along with their creators. It could even be argued that any destigmatizing representation of homosexuality fought the AIDS epidemic by fighting the logic that people who had AIDS “deserved it” due to perceived immorality linked with sexual behavior. These pieces were excluded due to lack of accessibility or lack of time. Further research would explore female, African-American, and Latinx theatrical response to HIV/AIDS in more depth, as well as how theatrical response has evolved post-*Rent*, throughout the 2000s and 2010s.

AIDS theater fought the epidemic in a multitude of ways. William Hoffman’s *As Is* relieved tension and isolation during a time of panic, grief, and hopelessness, and urged people with HIV/AIDS to keep fighting. Larry Kramer’s *The Normal Heart* spread the information and the political outrage necessary to galvanize audiences and move forward and out of denial and shock. *AIDS/US* and *People With AIDS* gave people with HIV/AIDS a chance to tell their stories, a community to rely on, and a cause to live for. *Rent* brought the AIDS epidemic into the mainstream commercial theater canon. Collectively, theater about HIV/AIDS acted to construct a strong response to perhaps the most stigmatized lethal virus in American history.



Exhibit 5: An AIDS Candlelight Vigil in Phoenix, Arizona, 2019 (phxvigil.org).

Someday, the AIDS crisis will be over. Remember that. And when that day comes—when that day has come and gone, there'll be people alive on this earth—gay people and straight people, men and women, black and white, who will hear the story that once there was a terrible disease in this country and all over the world, and that a brave group of people stood up and fought and, in some cases, gave their lives, so that other people might live and be free. So, I'm proud to be with my friends today and the people I love, because I think you're all heroes, and I'm glad to be part of this fight.

— Vito Russo, “Why We Fight”

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Appendix A: What is HIV/AIDS?

HIV stands for Human Immunodeficiency Virus, a virus that attacks the immune system, the system responsible for keeping the body healthy by fighting off other diseases. One can get HIV from unprotected vaginal, anal, or oral sex, from the breast milk of an HIV-positive person, and from transfusing blood with an HIV-positive person in any way (including by sharing needles). Additionally, HIV-positive pregnant people will give birth to HIV-positive babies. There is absolutely no risk of getting HIV from hugging, touching, or kissing an HIV-positive person (given no parties involved are bleeding), or from sharing public toilets, swimming pools, food, or utensils with HIV-positive people. Once HIV has rendered the immune system essentially completely incapable of fighting off germs and diseases, the body has

AIDS—Acquired Immune Deficiency Syndrome. No one can be infected with AIDS—only HIV (“What are HIV and AIDS?”). AIDS is a syndrome that occurs after the body has been infected with HIV for some time without effective treatment. Some people experience a short sickness easily mistaken for a common cold or flu immediately after getting HIV. After this, HIV is completely asymptomatic (painless and invisible) for up to ten or more years, so unless one has been properly tested, one cannot know whether or not one has it (Mayo Clinic Staff). People with *untreated* AIDS typically become debilitatingly ill, often with (but not limited to) pneumonia, thrush, or a skin cancer called Kaposi’s Sarcoma. These “opportunistic infections” are usually deadly to people with untreated AIDS (“AIDS and Opportunistic Infections”).

Appendix B: The Baltimore Waltz

Paula Vogel’s *The Baltimore Waltz* first premiered in the Alley Theatre in Houston, and later was produced in an off-broadway theater in New York City in 1992. At first glance, this play follows Anna, a woman with “ATD,” and her brother Carl as they embark on a romanticized, Hollywood action movie style trip across Europe. Later it is revealed that the Europe trip is only a fantasy which Anna, who is perfectly healthy, is sharing with her brother Carl, who has AIDS, to distract him and make him feel better as he dies.

The Baltimore Waltz is important as a work of AIDS theater due to its abstracting AIDS into its core themes of plague and stigma. The play never explicitly says the word AIDS, which by 1992 the audience was likely to already have strong preconceptions about. Instead, AIDS is explored through “ATD,” which seems to be targeting single schoolteachers:

ANNA. I can’t believe that my students would transmit something like this —

DOCTOR. You have no idea. Five-year-olds can be deadly. It seems to be an affliction, so far, of single schoolteachers. Schoolteachers with children of their own develop an immunity to ATD ... Acquired Toilet Disease.

ANNA. I see. Why hasn't anybody heard of this disease?

DOCTOR. Well, first of all, the Center for Disease Control doesn't wish to inspire an all-out panic in communities. Secondly, we think education on this topic is the responsibility of the NEA, not the government. And if word of this pestilence gets out inappropriately, the PTA is going to be all over the school system demanding mandatory testing of every toilet seat in every lavatory. It's kindling for a political disaster (12–13).

Through this delicate metaphor, audiences who perhaps were not understanding of a sexually transmitted disease which was passed along by predominantly gay men were given a new window through which to understand the circumstances of the AIDS epidemic. A disease capable of differentiating between single and married schoolteachers seems as random, ridiculous, and impossible to us as a disease apparently capable of differentiating between gay and straight men did to people in the early 1980s. Ana's doctor expecting the National Education Association to educate about ATD mirrors how the American government and media let gay activist groups like GMHC do the documentation and education work they were meant to be doing. *The Baltimore Waltz* has tremendous value due to its sensitive and clever metaphors which can offer fresh understanding of the AIDS epidemic.

Appendix C: Original Research Data

BEFORE MOVIE

1. I know what HIV/AIDS is.

Mean 4.1111111

Median 5

Individual responses: 5, 2, 5, 3, 4, 3, 5, 5, 5

2. I know how to prevent HIV/AIDS.

Mean 3.4444444

Median 4

Individual responses: 2, 3, 5, 5, 2, 1, 4, 5, 4

3. The next time I might be exposed to HIV, I will do everything in my power to avoid acquiring it.

Mean 4.66666

Median 5

Individual responses: 5, 4, 5, 5, 5, 4, 5, 5, 4

4. Anyone can acquire HIV regardless of their morality.

Mean 4.66666

Median 5

Individual responses: 5, 5, 5, 5, 3, 4, 5, 5, 5

5. I would feel as comfortable and safe as I do now if a person in this room had HIV/AIDS.

Mean 4.33333

Median 5

Individual responses: 5, 3, 5, 5, 3, 3, 5, 5, 5

6. In the future, I will discuss HIV/AIDS with my friends, family, or partner.

Mean 4.11111

Median 5

Individual responses: 2, 2, 5, 4, 5, 4, 5, 5, 5

7. Briefly describe a typical person with HIV/AIDS in terms of demographics and personality.

They're completely normal, like anyone else. It isn't like they have the black death where it kills you in no time. I'm sure some of my friends have HIV.

A lot of gay men and Brown people (less developed countries)

There is no "typical" person with HIV/AIDS.

Someone who has sex a lot? Not really based on personality or demographics I guess.

They're normal/everyday people.

I don't know.

I guess they're most likely to be a gay man? I really doubt there's any correlation to personality. Also if you don't use condoms or get tested then that's not great.

No typical person, anyone unfortunate enough to be exposed.

Oof I feel like this question sets us up for failure (which makes it a good question). I think the typical answer would be gay and/or sexually "promiscuous" (ew I hate that

word) men. I (think I) know that anyone is at risk of HIV and AID through unprotected sex. Some STDs can also be transmitted nonsexually.

8. Briefly describe the societal response to AIDS in America from 1981–2001.

Everyone be blaming it upon the gays when it first came out (no pun intended) as a disease. That's pretty much all I know.

Keith Haring's art.

Society's understanding and response to AIDS in America has evolved as the condition has become better understood and more widespread. However, fear and a lack of understanding still create stigma and barriers to the prevention and treatment of AID'S.

I don't know much about it except for the Live Aid benefit concert and Freddie Mercury fund. I know it is studied a lot and researchers are trying to find a good treatment. I guess society has a general distaste or stigma towards people with AIDs since it's an STD and one could seemingly make an assumption about their character.

It was hard for those who had AIDs to get treated. Either there wasn't any treatment or doctors weren't willing to help.

I don't know.

Reagan said f[***] the gays and everyone died. We still don't talk about it enough. The devastation it caused, how hard it was and still can be to get treatment, how to prevent it, and the social elements of poor treatment of the infected.

Horror at first as it was unknown what was causing it, then worse as the gay community was hit hardest (?) and many people shunned them ?

I don't know as much as I should! I know that it was heartbreaking; people suffering from AIDS & HIV were vilified, and their disease and dignity as human beings was diminished. HIV/AIDS was often used to shame gay men. There was also much fear due to lack of research.

AFTER MOVIE

1. I know what HIV/AIDS is.

Mean 4.4444

Median 5

Individual responses: 5, 5, 5, 4, 2, 5, 4, 5, 5

2. I know how to prevent HIV/AIDS.

Mean 4.33333

Median 5

Individual responses: 5, 5, 5, 5, 4, 2, 4, 4, 5

3. The next time I might be exposed to HIV, I will do everything in my power to avoid acquiring it.

Mean 4.88888

Median 5

Individual responses: 5, 5, 5, 4, 5, 5, 5, 5, 5

4. Anyone can acquire HIV regardless of their morality.

Mean 5

Median 5

Individual responses: 5, 5, 5, 5, 5, 5, 5, 5, 5

5. I would feel as comfortable and safe as I do now if a person in this room had HIV/AIDS.

Mean 4.66666

Median 5

Individual responses: 4, 5, 5, 5, 5, 3, 5, 5, 5

6. In the future, I will discuss HIV/AIDS with my friends, family, or partner.

Mean 4.66666

Median 5

Individual responses: 5, 5, 5, 4, 4, 4, 5, 5, 5

7. Briefly describe a typical person with HIV/AIDS in terms of demographics and personality.

Weak, little to no energy.

Anyone... Regardless of age, race, gender, sexuality... Anyone...

There are demographics that proportionally have higher rates of infection, but there is no "typical" person. Anyone can have HIV/AIDS.

Maybe gay but could be straight too. Someone who has had sex.

Human, I'm not sure most of Gay

I don't know.

Basically anyone.

Still mostly gay men but not even close to exclusively. [Indescifable] sex is a definite risk factor.

8. Briefly describe the societal response to AIDS in America from 1981–2001.

The government was very passive and did little to make changes to stop the epidemic. Society did not see people with AIDS as the same their bro as straight men (I'm not sure what I'm trying to say here but they weren't treated equally)

They blamed it on gays and ignored it. Even when they said it would be "top priority," they cut funding. Although awareness is spreading, it's not where it should be.

AIDS has become more widely spread and, as it has spread, is no longer viewed as the problem of a single group. However, there is still a lot of work to do.

At first it was rejected by society to even be significant but awareness increased over time and it is now acknowledged to be the legitimate illness it is.

Quite [sic]

According to the film, the authority kept putting it on the side.

Lacking. Problematic. Callous. Devastating. Inhumane.

Not only did Reagan do nothing, but people treated the infected like lepers. They were denied services and accommodation and treated like s[***] exploited.

Special: one person came twice

Please reflect on your perceptions of HIV/AIDS from last screening to this one. What motivated you to come twice? Have you pursued further info about HIV/AIDS on your own or shared the info you learned?

I don't think my perceptions have changed since last time. I did talk briefly with a few people mainly focusing on this being for you senior thesis but also touching on awareness for HIV/AIDS. I overall think this is a deep and moving movie and as such I think I wanted to see what I could pick up coming back and watching it a second time.

What was it like seeing this again after being more informed about HIV/AIDS? Any new revelations? Changes between this time and last time? Other comments/plans going forward?

I think I picked up more of the story this time. There were words I missed the first time that I picked up the second time which were key to understanding the plot. I don't think I have any plans moving forward; maybe being more active in spreading awareness and being informative.

Appendix D: Miscellaneous

Since 1993, the United States is supposed to have a Director of National AIDS Policy appointed by the president to coordinate the governmental aspects of the fight against AIDS, but this post is currently vacant and has been since 2017. The Director of National AIDS Policy is head of the Presidential Advisory Council on H.I.V. and AIDS, which may have up to 25 members; however, six of these members resigned in protest of Trump and the rest were dismissed by Trump in 2017. There is currently *no* Presidential Advisory Council and no Director of National AIDS Policy (Stevens, Victor).

It took seven years after HIV was first discovered before the first drug to fight it was approved by the U.S. Food and Drug Administration—AZT, which is no longer in use due to its unreliability and many undesirable side effects (Park).

The emotional health of people with and affected by AIDS was just as important as the physical health of these groups; in fact, emotional and physical health were closely related. AIDS stigma sometimes led people to suicide, such Richard Herbaugh in December 16, 1982, when the twenty-nine-year-old gay man diagnosed with AIDS-related Kaposi's Sarcoma earlier that day hanged himself in San Francisco's Golden Gate Parkway. His suicide note begins as a playscript, "Greetings family and friends: Act 2 Scene IV: the curtain closes. Thank-you, everyone, thank you. [...] I am weak and no one to touch, to hold, to cry on. Oh my loneliness [sic]" (Román, 22; Lorch). Even people who were in such despair they would take their own lives used performance to call attention to AIDS (and thus fight it) at every possible opportunity.