Embracing AIDS:
History, Identity, and Post-AIDS Discourse

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This is the way the world ends
Not with a bang but a whimper.
—T.S. Eliot

I met Dallas during happy hour at the Compound, a Denver gay bar at Broadway and First streets. Beer and wine were a dollar, shots fifty cents when the blue light was flashing. In a culture oriented toward appearances, where the visual is often the *sine qua non* of identity, what caught my attention—and caused people across the crowded room to turn their heads—was Dallas’ voice. Half an octave higher than the tuba he played in a local brass ensemble, his voice was warm, resonant, cheerful, with an occasional offnote: a raucous laugh that filled the air, a word pronounced with emphasis on the wrong syllable. “HowDY,” he greeted me with irresistible enthusiasm, a welcome contrast to the snow and darkness covering the city on that day in late January of 1990.

When I met Dallas, I knew he had AIDS, information a friend whispered to me just before introducing us. It was one of those secrets that people told you in strict confidence in an era that hadn’t yet discovered protease inhibitors or antiretroviral drug cocktails. Dallas knew that I knew, but he never brought the subject up, and neither did I. That night, he mentioned that he and his mom would be walking together in the AIDS march to Cheeseman Park on Sunday, but that was all he said. Later, as I got to know Dallas better, the would-be music teacher told me about a few important trips that he took to visit friends or family members: one, to Phoenix to see his brother and to skip rocks with his nephew at Camel Back Reservoir; another, a fishing trip with friends to Louisiana, where he’d caught crawdads and rock lobster. Soon after that, Dallas started...
walking with a cane. He moved into his parents’ home, where I reached him by phone a few times.

The next thing I heard was that Dallas had died. None of his friends apparently were invited to the funeral—I didn’t find out about it until weeks after his death. Someone said Dallas’ parents wanted his services to be private, a decision every family has the right to make. Yet, I couldn’t help but wonder if they were just as reluctant to discuss his disease as others—even Dallas—had been. Then, just as now, there was a stigma attached to AIDS, often closely associated with gay men, the group in the U.S. first devastated by the disease. Perhaps by inviting their son’s gay friends to the funeral, his family would have had to acknowledge the reality of his life, just as they were now being forced to face the manner of his death. They would have had to confront, to admit, to remember AIDS and the agony it had brought to Dallas, to them, and to others.

In many ways, I have been searching for Dallas now for thirteen years, looking unsuccessfully in the places I had hoped to find him along with the memory of others who have died of AIDS. Yet, it seems that in articles about the gay community—for example, a special 2002 issue of College English on queer pedagogy, a recent book on queer theory and English studies published by NCTE, and popular writings about issues affecting the LGBT community—writers have consistently ignored AIDS while turning instead toward issues like same-sex marriage, gay bias in the classroom, and queer representations in literature. Why is it that in the two most recent publications treating queer studies in the field of composition, just one article (the last one in the book) discusses the disease? Why has GLQ, a journal of queer theory, featured only one article on AIDS in the past five years? How could such a crucial part of gay history have seemingly disappeared from the radar screen, mentioned only occasionally by the media? Why is it that Dallas’ life has been written out of history, buried beneath other stories that have been inscribed on top of it, stories that are, in the words of David Román, “not-about-AIDS”? The answer, I argue, is that the gay community and society at large have adopted a post-AIDS discourse—the discourse that arose when the media declared the “end of AIDS” (Román 1), signaling the introduction of a range of drug treatments that often make people think of the disease as a condition of managed care rather than as a terminal diagnosis. With post-AIDS discourse, however, individuals in the U.S. who foresee an end to the AIDS epidemic fail to address the disease on a global scale (where it remains an epidemic of unparalleled proportions), the continu-
ing problem of AIDS among U.S. minority communities (both gay and straight), and the significant portion of the gay male population (mostly young men between the ages of fifteen and twenty-four) for whom the number of HIV cases has held steady over the years and recently begun to rise again (Arnold). I argue that the use of the term “post-AIDS discourse,” which implies that we have “moved on” from the disease, does not capture the complicated issues that lie beneath the surface. Far from representing an accurate picture of the status of the AIDS epidemic, post-AIDS discourse actually depicts a deeper psychic need within the LGBT community. In an effort to distance itself from death, illness, and the stigmatization of AIDS, the gay community has used this discourse to draw a Maginot line around the disease, declaring an end to AIDS in a perhaps too-successful attempt to avoid linking a context of shame, fear, and horror with queer identity.

Rather than achieving its intended effect, however, post-AIDS discourse has been harmful to the gay community. Through a process of normalization, this discourse has worked to separate gay men and women from a crucial part of their past and ongoing history, treating AIDS at times as though it never actually happened. Paradoxically, the very disease that initially brought the gay community together and forged new alliances with mainstream society has now served to alienate that community from itself. I argue that instead of adopting current post-AIDS rhetoric, the gay community should embrace AIDS as part of its history—both past and present—a move that would serve to solidify its identity and give it a role in the global fight against AIDS. (The global AIDS epidemic itself involves another set of problematic issues that I cannot adequately address within the scope of this article.) I suggest there are enormous personal, political, psychological, and medical costs associated with the use of post-AIDS discourse, costs that have created a critical rift within the LGBT community and that, in their most serious manifestation, prevent the incentives necessary to find treatments and ultimately a possible cure for the disease.

The Development of Post-AIDS Discourse
I recently taught a course entitled “Gay Writing since Stonewall,” a survey of some of the key gay, lesbian, and transgender texts from the early 1970s to today. In both offerings of the course (which I co-taught the first time), one book in particular generated great controversy among students: John Rechy’s *The Sexual Outlaw*, a non-fiction account of sexually promiscuous gay men in mid-1970s Los Angeles, interspersed
with the author’s political arguments about the oppression of the gay community during that period. Many students said they were disturbed by the author’s explicit portrayal of promiscuous sexuality, as in the following description of one of many encounters involving “Jim,” the hustler Rechy claims to have based on his own life:

The silent identification is given in a glance by the new presence, a good looking bodybuilder. Jim’s hand drops lightly before his own groin; the man who just entered touches it. The young man who stood at the mirror has moved into the stall with the other. Aware that they may be interrupted at any moment, Jim and the other move into a vacant stall. Open mouths kiss, hands touch trunk-straining groins. The two bodies thrust against each other, oblivious to all danger. Mouths devour tongues, hands pull down trunks, touch hard muscles. Jim feels the other’s warm cum on his stomach, and his own cock stretches, bursts, pours out the withheld thick white liquid onto the other’s smeared cock. (33–34)

In their discussion of Rechy’s book, students argued that Jim had too many sexual contacts with mere strangers, that the depiction of gay promiscuity was unhealthy, and that the places occupied by men in the book—beach piers, parks, bathhouses, deserted streets and houses—were inherently unsafe. In addition to the graphic depiction of sexuality, students decried the lack of emotional attachment and wondered why gay men didn’t seek more stable relationships. More than anything else, students expressed concern about medical issues: about sanitary body parts, personal hygiene, and, especially, AIDS. One student wrote that she could not read any part of the book without constantly thinking about the threat of AIDS and HIV infection.

On several levels, the link students automatically drew between Rechy’s 1977 depiction of gay male sexuality and the thought of AIDS is understandable. None of the students in my gay writing classes has lived in a world without the specter of AIDS, at a time when the disease was not a part of their lives. Some remember friends or family members who died of AIDS, including one woman, a college junior, who writes poignantly about an uncle who fought against “the villains”:

My uncle was thirty-three and his legs were bruised from the needles that fed him energy to conquer the villains. He wore maroon sweatpants that drooped over his tenuous frame. . . . The simple reason my uncle discussed his villains with me was because he knew I understood. Our connection was unique and my independence and curiosity allowed me
to comprehend that AIDS had invaded our home and our relationship. I often wonder how our discussion would have progressed through the years had the villains not dictated his existence. (Gunner 2)

Staci Gunner’s journal reveals the complex nature of post-AIDS discourse; in writing about her uncle, she uses “the villains” as a metaphor for the AIDS virus, a way of avoiding a more direct representation of the disease. Other students wanted to distance not only themselves, but today’s entire gay community from AIDS, linking the illness to promiscuous practices they saw as part of a bygone era, as though the characteristics of sexuality depicted by Rechy stopped with the advent of the AIDS epidemic.

The students’ discomfort with sexuality, promiscuity, and desire is not surprising in our post-AIDS era. As sociologist Stephen Schecter explains in *The AIDS Notebooks*, the discussion of AIDS has often occurred in a way that brings about the “evacuation of sex from a disease so wrapped up with sex” (14). The attempt by students in the Stonewall course to attribute Rechy’s gay promiscuity to a former group of gay men, and the AIDS virus to unnamed “villains,” corroborates this very phenomenon. Gender theorist Judith Butler suggests that the tendency to remove discussions of sex from gay identity is related to an already present link between disease and homosexuality that was exacerbated by the AIDS crisis: “[If] homosexuality is pathological from the start,” Butler writes, “then any disease that homosexuals may sometimes contract will be uneasily conflated with the disease that they already are” (“Sexual” 357). What is different about AIDS, however, is that the disease brought the notion of pathology to a new level, compelling the gay community to resist a medical construction of its identity in ways it had never done before.

In many respects, it seems that the gay community’s distancing of the medical discourse of AIDS from the discourse of sexuality can be traced to the arrival of antiretroviral drug therapies. In his much-discussed (and often critiqued) 1996 article, “When Plagues End: Notes on the Twilight of an Epidemic,” former *New Republic* editor Andrew Sullivan declared the “end of AIDS” in a clear attempt to erase the association of homosexuality with AIDS, just as new drugs were offering hope for AIDS victims. In reality, of course, AIDS continued to account for many deaths within the gay community, notwithstanding the Lazarus-like effects of drug cocktails for some individuals. Regardless of the motives behind the end-of-AIDS declaration, the danger of this type of discourse is its
implicit premise that gays are somehow to blame for AIDS. According to Ellis Hanson, the effect of the AIDS epidemic in general was "to concretize a mythical link between gay sex and death" (324). In almost syllogistic fashion, then, erasing the association of gay sexuality with AIDS by declaring the "end of AIDS" worked to absolve gay men of a kind of culpability. The unfortunate effect of this strategy, however, was to write gays out of their own history, to deny lesbian and gay identities that historically were forged, at least in part, through medical terminology.

The Gay Community's Appropriation of Medical Discourse
In *The History of Sexuality*, Michel Foucault describes the shift in medical terminology that occurred in the nineteenth century, when lesbians and gay men first began to construct their identities in the vocabulary of the body, adopting terms that had previously been construed as strictly medical or legal. During this era, a medical vocabulary developed around the practice of homosexuality with such words as "deviation," "pathology," "inversion," and "perversion." Foucault suggests that these medical terms, first used in a pejorative sense, created a kind of reverse discourse: gay men and women appropriated the vocabulary as a way to deflect the medical community's depiction of them as "diseased," and, in the process, they reconstructed their very identities. By adopting words like "invert" and "deviant" to describe themselves, gays and lesbians of the Victorian age transformed what medicine labeled as aberrant practices into the basis for an identity.

Foucault goes even further back in history to trace the productive nature of gay identity. He suggests that the end of a general threat of death from epidemics and famines in the eighteenth century resulted in a shift of state power to the maintenance and production of life. Along with the production (and reproduction) of life, the government turned its interest to the category of "sex" as its object of study. Butler contends, however, that the advent of the AIDS epidemic calls into question this historical construction of gay identity. She states that with the return of the AIDS epidemic, "sex" became constructed not only as a mechanism for the production of life, but also, through regulation, as a mechanism for the production of death ("Sexual" 359–60). At the heart of this embodiment of death is the figure of the male homosexual, who, Butler writes, "is figured time and again as one whose desire is somehow structured by death, either as the desire to die or as one whose desire is inherently punishable by death" (346).
Butler argues that in the medical and juridical discourses that surround AIDS, the homosexual subject becomes inverted into the figure of the bearer of death. Homosexuality gets constructed as part of a discursive tradition that "figures the male homosexual as already always dying, as one whose desire is a kind of incipient and protracted dying" (358). Butler suggests that in the discourse that attributes AIDS to homosexuality a linking that occurred frequently during the early part of the AIDS epidemic and arguably continues today we see evidence of that same tradition, with significant political consequences. The power of the government to administer scientific and technological resources works to circumscribe decisions about how those resources will be allocated and, ultimately, that is translated into decisions about who lives or dies. Butler suggests that the "innocent victims" of AIDS are thus separated from those who "deserve it" (361) and, consequently, that there is an inversion of power: resources are either withdrawn or allocated in a way that effectively leads to the production of death rather than life. Arguably, this is the scenario enacted with AIDS, a disease for which resources have historically been denied or withheld from various groups.

In light of the affiliation of gay males and death, which resulted in the withholding of material resources, the AIDS epidemic presented a crisis of confidence for the gay community. Even though AIDS has never been a "gay disease," as some characterized it at first, governmental agencies tended to construct HIV and AIDS as part of gay male identity, with harmful consequences. In an effort by some to reverse the predominant association of the disease with one particular group gay males the movement became desexualized and depoliticized in ways that signaled a reconstitution of queer identity. Thus began a process of assimilation in which members of the gay community started to articulate their political agenda in terms of typically heterosexual aims and practices: gay marriage, civil unions, gay parental rights, and so on. While these initiatives are clearly important in their own right, they are notable for their lack of association with AIDS or HIV. In the midst of a worsening epidemic, the gay community, faced with losing rights they had gained through years of asserting an identity of difference, adopted instead a strategy of assimilation. That strategy effectively renders AIDS a non-problem: by declaring the plague "over," the gay community was ostensibly able to get on with other (more) important business.

Unfortunately, the political strategy adopted by parts of the LGBT community risks disenfranchising that community and society as a whole from the reality of the AIDS epidemic and its medical consequences. The
diminishing influence of groups like ACT-UP in the 1980s and early
1990s has separated the community from the activism that was once a
crucial aspect of its identity, especially as the nature of the AIDS
epidemic changed from one of crisis to one understood as a chronic health
problem (Warner 76). The strategy has also signaled an abandonment of
the power the gay community acquired over a long period of time through
challenging medical classifications. One example is the successful effort
to end the American Psychiatric Association’s designation of homosexu­
ality as a mental illness, a change that did not occur until 1973. As AIDS
activist Michael Lynch writes, allowing the medical profession to define
the gay community comes at a heavy price:

Like helpless mice, we have peremptorily, almost inexplicably, relin­
quished the one power we so long fought for in constructing our modern
gay community: the power to determine our own identity. And to whom
have we relinquished it? The very authority we wrested it from in a
struggle that occupied us for more than a hundred years: the medical
profession. (qtd. in Treichler 18)

AIDS activist and scholar Douglas Crimp suggests that the “turn away
from AIDS” can be traced to the moment the epidemic was first identified
in 1981: “Whether as denial that it was really happening, that it was
happening here, that it was happening to people like us, or as denial of its
gravity and scope, the fearsomeness of AIDS always induced this
tendency to disavowal” (9). He cites Sullivan’s article, “When Plagues
End,” as particularly representative of the end-of-AIDS mentality harm­
ful to the gay community. In the article, published in the New York Times
Magazine, Sullivan speaks of AIDS as a survivable disease and a matter­
of-fact occurrence of gay life. He writes, “The difference between the end
of AIDS and the end of many other plagues: for the first time in history,
a large proportion of the survivors will not simply be those who escaped
infection, or were immune to the virus, but those who contracted the
illness, contemplated their own deaths and still survived” (58). Sullivan’s
discussion suggests another form of disavowal a denial of the serious
consequences of the disease, even with the medications that prolong life:
the different but related horrors experienced by many of those who live
with the disease on a daily basis.

Crimp argues that post-AIDS discourse has divided the gay commu­
nity in another way: by dichotomizing men as “the good gays and the
bad,” in an internalized oppression similar to what Butler suggests has
happened historically during times of plague. In his book *Sexual Ecology*, Gabriel Rotello envisions a post-AIDS discourse that stigmatizes those who engage in practices that may lead to HIV infection: “Indeed, the gay world may experience a general cleavage between those who adopt a lifestyle of sexual restraint and those who drift further into acceptance of a homosexuality that is inevitably diseased and death-ridden” (287). According to Rotello’s binary division, Crimp points out, the real difference is now between those who have an excuse for contracting HIV (“they didn’t know”) and those who either “slip” or become infected through unsafe sex (“it’s your own fault”) (287). Much like the figure of the homosexual as the bearer of death, the gay community itself has reified the same divisions of good and bad, illness and health. Scholars like Crimp suggest that one response to this historical tendency to create binary divisions can be found in the scholarship of queer theory.

**The Role of Queer Theory**

From what we trace as the first coining of the phrase “queer theory” its use by film theorist Teresa de Lauretis in a June 1991 edition of the journal *Differences: A Journal of Feminist Cultural Studies* the term has maintained a somewhat uneasy alliance with the discourse surrounding the epidemic of AIDS. The issue of *Differences* edited by de Lauretis appeared shortly after Butler’s *Gender Trouble*, the groundbreaking book that established the important aspect of queer theory called “performativity,” the notion that gender identity is not a stable essence, but is in fact performed, and thus might be defined as “that aspect of discourse that has the capacity to produce what it names” (“Gender” 33).

Yet, while Butler’s work informed some early AIDS activism, particularly the politics of representation of groups like Queer Nation, those who write and theorize about AIDS today have generally not taken up the notion of performativity. Instead, the discussion of AIDS has followed a different trajectory, one in which the discourses of sexuality and desire so central to establishing the basis of gay identity have become distanced from the discourses of disease and death. The result, the emergence of post-AIDS discourse, has effectively worked to normalize gay identity in a manner that can best be described as heterosexist. In the process, post-AIDS discourse has posited conservative voices that herald the “end of AIDS” against more theoretical voices that challenge such an ahistorical and apolitical reading of the AIDS epidemic. While Butler’s notion of performativity has not been envisioned in ways that directly address the material aspects of the AIDS epidemic either among the gay
male population in the United States or on the global scale of the disease some scholars suggest her theory may deserve a second look for the potentialities it offers, particularly in combating the homophobia associated with the disease.

Judith Butler's Notion of Performativity. In Gender Trouble, Butler asks how gender and sexuality operate, both individually and within the larger culture. She characterizes the book as "a feminist genealogy of the category of women," borrowing the concept of genealogy, and a large portion of her theoretical basis, from Michel Foucault (9). Butler spends part of the book deconstructing the binaries of gender, suggesting that according to society's heterosexist representation of anatomical sex, "bodies with one anatomical configuration desire bodies with the 'opposite' configuration" (Turner 109), a scheme that has both social and linguistic implications.

As David Gauntlett has succinctly stated, at the heart of Butler's project is her argument that "sex (male, female) is seen to cause gender (masculine, feminine) which is seen to cause desire (towards the other gender)." Butler attempts to break down those links, making gender and desire "flexible, free-floating and not 'caused' by other stable factors" (Gauntlett). Identity, then, becomes a series of acts, gestures, and enactments produced on the surface of the body that is, performed rather than being connected to any inherent "essence." As Butler states, "There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results" (Gender 33). In terms of its importance to queer theory, the notion of performativity suggests that the definition of identity is broad and, like "postmodernism," often non-referential. As David Halperin suggests, "Queer is by definition whatever is at odds with the normal, the legitimate, the dominant. There is nothing in particular to which it necessarily refers. It is an identity without an essence" (62).

While Butler's notion of performativity may have had the effect of freeing gender and sexuality from the hegemonic constraints of a culture accustomed to looking at everything in terms of male/female (and other) dichotomies, feminists criticized the theory because they felt it did not properly consider the materiality of the body. According to her critics, Butler's construction of gender as the repetition of signs allows for the very linguistic determinism that feminists found to be unacceptable when they criticized patriarchal systems. Butler responded to this critique by claiming that our conceptions of the body are socially constructed and
come into use through language, an argument she develops in *Bodies That Matter*. Despite her response, however, it is clear that Butler's notion of the body as performative does raise concerns for those who study the theoretical issues surrounding AIDS. The fluid nature of identity outlined by a theory of performativity does not address the materiality of the body with respect to HIV and AIDS. It does not account for the actual material conditions of those who, once they have contracted HIV, are often identified as "other" in ways related to sexuality and viral infection status.

Despite his assertion that queer theory achieves its force by calling into question stable and coherent identities, Crimp's conclusion that queer theory is therefore "fundamentally ... antihomophobic" does not address the problem posed by post-AIDS discourse (289). I argue that queer theory has not been successful as a way to theorize gay issues surrounding AIDS. While Crimp suggests that the failure is attributable to conservative gay journalists and others who have accepted the "normalization and vilification of anyone whose way of life might challenge an uncritical compliance with institutionalized norms" (288-89), the real problem, I argue, is that the notion of shifting identities does not adequately address the abjection of homosexuality, by gays and straights alike, in light of AIDS. Crimp himself describes this concern when he writes, "The abjection of homosexuality is not a simple matter of ignorance to be overcome with time, education, and 'progress,' but a deep-seated psychic mechanism central to the construction of normative subjectivity and thus of social cohesion" (300-01). Whereas gay, lesbian, bisexual, and transgender individuals resisted that normative subjectivity for years, the pressure to conform to it in light of the AIDS epidemic has not been changed by the shifting identities made possible by queer theory. In fact, queer theory, in the possibility it offers to liberate characterizations of gender and sexuality, seems to increase the likelihood of a normative post-AIDS discourse, one that constructs selves that are not-about-AIDS. Thus, ironically, the queering of AIDS has brought about just the opposite of its intended purpose.

*The Dangers of Assimilation.* The AIDS crisis represents one of the defining moments in queer history, and the response of the gay community to the disease offers an opportunity to examine how a community altered its fundamental identity in response to a rhetorical situation. If indeed the LGBT community's identity was once founded upon difference and the transformation of difference (as inverts, perverts, and so on) into political power post-AIDS discourse suggests that identity is now
founded upon assimilation, the sense that gays should be just the same as everyone else. Yet, this assimilationist model necessarily denies the existence of an epidemic and the staggering toll it took and continues to take on a community. Furthermore, it denies the existence of a marginalized group of people. While the gay community may have made an adept rhetorical move in characterizing the world as “post-AIDS” and thereby distancing itself from the disease, the rhetorical effect of declaring the end-of-AIDS has been to normalize gay relationships along the lines of heterosexual ones. As Crimp argues, this has the effect of making a kind of uneasy truce with mainstream society:

Those who call for a complete reconstruction of gay culture seem to forget that the social norms they consider responsible and civilized are the very norms that have always stigmatized and shunned us, and against which we had to find an alternative. Why should we adopt them now? Why should we abandon the life-affirming and pleasure-filled world that we have created, where we have learned genuine responsibility to one another, for a world that only grudgingly tolerates us? (297–98)

Crimp suggests that assimilation is a harmful rhetorical strategy that by adopting the rhetoric of the group that has traditionally oppressed the LGBT community, gays and lesbians risk losing everything for which they have fought. This results in part from the fact that, by deploying post-AIDS discourse, the community has lost the exigent circumstance the reality of the AIDS epidemic that allowed it to make political and health-related gains in the first place. The LGBT community has uncritically replaced the discourse of AIDS with the normative discourse of social cohesion.

What Crimp does not suggest is that post-AIDS discourse is harmful not only because it seeks normalization without considering the consequences, but also because it seeks to distance a community from a tragic—but-defining part of its past that is crucial to that group’s present moment. The gay community should embrace AIDS because denying it connotes a belief in a shameful past (see Warner) and prevents the full engagement in discussions that could prevent further infection today. What’s more, in employing post-AIDS discourse, the gay community—often characterized as a privileged, white, middle-class group—constructs as “other” those in minority communities or in countries around the world most afflicted by the disease, not to mention younger queers who may fail to take the threat of illness seriously while hearing others herald the end of
AIDS. Even before the recent national focus on gay marriage and equality came to the forefront, the AIDS epidemic had essentially fallen into a state of neglect. I contend, however, that it is still the most important concern for the queer community. To avoid it through post-AIDS discourse is a form of self-betrayal, a denial of self-identity in an attempt to reconstruct gay identity through the very heterosexist context that has refused to acknowledge it in the past.

The Future of Post-AIDS Discourse: Embracing AIDS

In an area of Los Angeles off West Pico Boulevard, near the Simon Wiesenthal Plaza, stands the Museum of Tolerance, an institution dedicated to the memory of survivors of the Holocaust and to eradicating racism and bigotry from society. Upon entering the museum, visitors are greeted by Nobel prize recipient Elie Wiesel’s words, “I shall never forget,” inscribed as a reminder of the horrors Wiesel witnessed in Nazi concentration camps. While some may agree with Andrew Sullivan that “[t]oo much has been made of the analogy between AIDS and the Jewish Holocaust,” they might agree with his concession that “in so far as each catastrophe changed forever the way a minority group was viewed by the world, the two have eerie parallels” (56). Recently, Ann Cvetkovich has gone even further, arguing that AIDS has become a “national trauma, standing alongside the Holocaust, the Vietnam War, World War I, and other nation- and world-defining events as having a profound impact on history and politics” (160). I argue that it is crucial to draw one additional parallel between AIDS and other “national” traumas: like the Holocaust and war, the AIDS epidemic should be remembered by generations to come. As the existence of the Museum of Tolerance, the Holocaust Museum in Washington, D.C., the Vietnam War Memorial, and similar monuments demonstrates, the role of memory is crucial in preventing the repetition of events as well as in developing the determination not to let those events escape from social consciousness. Commemoration is also important in recording the history of a group of people.

The gay community, I argue, should adopt the same attitude toward AIDS that Jews (and others) have adopted toward the Holocaust: steadfastly refusing to allow the disease to fade from memory either its own memory or the public’s. In short, the LGBT community should embrace AIDS, claim it as its own tragedy, and acknowledge it as a plague that continues to affect its own community as well as communities throughout the United States and the world. By taking up the cultural work of AIDS, the gay community could be a leader in educational and service efforts
and lend the world its expertise. Most of all, it could help the world to remember and learn from this trauma. As Cvetkovich so aptly states, “Trauma serves as a point of entry into a vast archive of feelings, the many forms of love, rage, intimacy, grief, shame, and more that are part of the vibrancy of queer cultures” (7). The queer community could accomplish this goal through various forms of commemoration: museums, monuments, and, importantly, writing about AIDS. Cvetkovich suggests that AIDS’ unique status as a form of trauma challenges traditional understandings of memory and gives rise to new sites of representation:

Trauma puts pressure on conventional forms of documentation, representation, and commemoration, giving rise to new genres of expression, such as testimony, and new forms of monuments, rituals, and performances that can call into being collective witnesses and publics. (7)

For years, of course, the NAMES Project has maintained and displayed the AIDS Memorial Quilt, a patchwork of memories of victims lost to the epidemic that has clearly played a pivotal role in the way the disease and its victims have been remembered. In its unique mode of representation through its display in various locations the quilt “performs a postmodern ritual of memorial” (Blumberg 292), serving as one of the new genres of expression mentioned by Cvetkovich. However, the ephemeral nature of the quilt makes it different from other potential forms of memorial and, at least on a certain level, calls into question its effectiveness as a permanent site of mourning and memory. As Crimp asks adroitly in *Melancholia and Moralism*, “Does a visit to the quilt or the media’s approving attention to it, assuage the guilt of those who otherwise have been so callous, whether that callousness takes the form of denial or of outright disgust?” (198). He adds, “Does it provide a form of catharsis, an easing of conscience for those who have cared and done so little about this great tragedy?” The proposals I make are not intended to diminish the power or importance of the quilt, but simply to ask whether such a monument to AIDS is adequate, especially today when, given its more limited visibility and the sometimes prohibitive costs associated with its display, it serves as a transitory reminder of AIDS trauma. The relative invisibility of the quilt brings to mind the indelible message of ACT-UP: that is, in the case of AIDS, “silence = death.”

Another important form of memorializing, of course, is writing, and throughout the queer community there has been a great deal of memoir,
fiction, documentary, film, and performance art about AIDS. Generally speaking, however, and certainly in the field of composition, there has been little writing about AIDS. For example, in a recent issue of *College English* entitled "Lesbian and Gay Studies/Queer Pedagogies," a volume about the intersections of queer theory and pedagogy, the AIDS epidemic is briefly mentioned just once, in a short e-mail exchange an author inserts as evidence of family intolerance. Marcia Blumberg’s piece on the NAMES Project AIDS Memorial Quilt from a recent NCTE collection, in which she reads the quilt rhetorically through a process of "rememoration," is one exception. I submit, however, that the neglect of AIDS in most scholarly writing in the humanities today stands as evidence of the silencing tendencies of post-AIDS discourse. Given that other issues of importance to the queer community are considered important enough to call for an issue of *College English* and an edited NCTE collection, it is difficult to interpret the dearth of writing about AIDS as anything but a manifestation of post-AIDS discourse.

As Ann Cvetkovich demonstrates, it is important to archive accounts of trauma as part of developing a queer public culture. What does that mean for composition? How can the paucity of writing about AIDS serve as an invitation to the field to look more closely at the importance of the disease in any discussion of queer theory or lesbian and gay studies? In suggesting that composition studies should write about AIDS, I am proposing that the field should study the epidemic, examine its history, the way it has been taken up or not taken up by academic institutions, the media, and the medical community. Furthermore, it seems that in any turn toward the social in the field of composition—in discussions of race, class, gender, ethnicity, disability, and sexual orientation—it would be instructive to write about AIDS, including its general absence in the literature.

For her part, Cvetkovich creates an archive through an oral history project about lesbian participation in the ACT-UP movement. I suggest another alternative: the construction of a permanent online archive, similar in scope to a project I started while working with Denver's Project Angel Heart, an organization that serves meals to people with AIDS or HIV. Through a Project Angel Heart online listserv, volunteers, staff workers, and people with AIDS had a chance to tell their stories. The fact that not everyone in the composition classroom will have had experiences similar to Project Angel Heart's volunteers or the students in my Stonewall course does not preclude the possibility of reading and writing about AIDS in meaningful ways. The availability of alternative forms of media
oral history, film, documentary, performance, to name a few is a place to start in writing about AIDS in the field.

If it is true that no one lives today without the specter of AIDS, then clearly it is more a part of everyday life than any other modern disease. Given its continuing impact in the United States, its pandemic status globally, and the history of its devastating effect on the U.S. gay community, I argue that we can ill-afford not to address AIDS within the field of composition to write about it, discuss it, and address it as a discourse that is not “post” but ongoing.

Uncovering the Palimpsest
A few years ago, as I found myself packing for a move to upstate New York, I came across a set of address books, collections of names and phone numbers that I could never bring myself to throw away. As I flipped through the pages, I saw Dallas’ name and phone number penciled in lightly under “D.” I also found other entries: Henny and his partner, Andy, who was going blind when I saw him last in Long Beach; Chris, known for his barbecues and bonfires at an old country farm, who seemed completely healthy before he suddenly succumbed to dementia and moved to a hospice; David, who blurted out his diagnosis over breakfast at a Louisiana diner, his hair now gray, his face now old and anguished. I remember so many men—smart men, young men, strong men, with sunken cheeks and hallowed eyes, the dead, the almost dead, the dying. What has become of their memory? Who is, or will be, left to bear witness to their lives, to those they loved, to the suffering they experienced? How many more people might become exposed to HIV because they have not heard these stories or known of these lives?

I would argue that if it is painful for a living, dynamic gay community to look back to the heyday of an epidemic—to a time when AIDS, disease, and death were daily (often synonymous) words—it is more painful to cover them over or simply replace them with a more acceptable script. I am writing to urge that AIDS not become a palimpsest, gradually effacing the memory of a nation that did not respond quickly and sometimes not kindly to the disease. The history of AIDS is still being written. If we embrace that history, those who have fought AIDS and are fighting it now, gay and straight, in America and around the world, will never be forgotten.

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Notes

1. My claim must be qualified somewhat. While AIDS scholarship has, with a few exceptions, moved out of writing in the humanities, it has migrated into other fields, such as health care, social work, and other areas of the social sciences. See, for example, Botnick.

2. I am grateful to Traise Yamamoto of the University of California, Riverside, who suggested that Cvetkovich's book might prove important to my project. I would also like to acknowledge the encouragement of UCR English Department Chair George Haggerty, with whom I discussed parts of this article on the way to the airport.

3. I want to acknowledge the tremendous work of groups like the Gay Men's Health Crisis that have done (and continue to do) so much to educate people about the disease.

4. As this article goes to press, it is a time of great social ferment in our country. While gay men and women line up outside city courthouses to get married, conservative groups protest the constitutionality (and morality) of this right nearby. Like many others, I am drawn to the promise of justice and equality. Yet, at a moment of many potential gains, I urge us to remember the past (and continuing) losses.

5. While they did not hear Dallas' story, four individuals whom I have had the pleasure of calling friends during my four years at Syracuse listened and responded thoughtfully to an early draft of this article during our "road trip" to the CCCC convention in Chicago: Susan Adams, Justin Bain, Mary Queen, and Amy Robillard. I thank Mary for reading a subsequent draft of this article and offering enormously helpful suggestions. I also want to thank Margaret Himley for guiding much of my scholarship on post-AIDS discourse and queer theory. An excellent scholar, insightful reader, and supportive mentor, Margaret also happens to be one of the most generous persons I have met. I am grateful as well to Jim Zebroski, who has supported this project since the beginning and who helped me complicate many of my ideas when we taught a gay writing class together. I appreciate Jim's warmth, wit, and infinite goodwill; he is missed by so many of us at Syracuse, where this project has been an important part of my intellectual "journey." Parts of this essay also found a receptive audience at Montclair State University, where Emily Isaacs, Sally McWilliams, Larry Schwartz, and Greg Waters and his terrific students in English 100 listened attentively and participated enthusiastically.

Works Cited


