

“Movement, Migration, and the Material History of the AIDS Closet”
by

Jordan Andrew Miles

A thesis submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Master of Arts

Auburn, Alabama
December 14, 2019

Copyright 2019 by Jordan Andrew Miles

Approved by:

Tiffany A. Sippial, Chair, Associate Professor, Department of History
Monique Laney, Associate Professor Department of History
Elijah Gaddis, Assistant Professor, Department of History

Abstract

This thesis explores the choices that people living with HIV and AIDS in the United States made to embody various identity constructions as a strategy for survival. While ‘coming out’ is often seen as a social goal, for some, ‘coming out’ was neither a goal, nor desirable given the contexts of community participation, care, and social belonging. Further, people often embodied fluid identities and made choices about their locations and movements, and carefully managed the language of their relationships in order to secure care and social belonging. This thesis also highlights the ways in which objects and spaces associated with sexual difference and/or HIV/AIDS were manipulated and modified in service of managing perceived identity formations.

Acknowledgments

I am deeply grateful to my advisor, Dr. Tiffany Sippial for her wisdom, generosity, and for reminding me that I cannot start sentences with “this.” I am also grateful to Dr. Elijah Gaddis who got me a job and the National Parks Service. I am also thankful for Dr. Monique Laney whose seminar discussions helped me figure out what I love about history, memory, and the politics of both. Heather Haley, my friend and graduate student captain was a kind and welcoming face who made grad school not the lonely place it is for many. I never would have studied history if it were not for Dr. Andrea Lowgren at Portland Community College, who has since become my dear friend and mentor. This project was inspired by my former colleague Gina V. I am grateful for her time, thoughtfulness and her tireless work on behalf of those living with HIV and AIDS. I must also thank my mom who is the best teacher I know. Finally, my handsome, patient, and wise partner Dr. Rajiv Mohabir has my love and gratitude for telling me I am smart when I am not feeling smart and for doing the dishes and walking the dog when I am writing. I am also deeply grateful to the people who were willing to tell their deeply personal stories, and for those who did the work of recording them.

Table of Contents

Abstract	ii
Acknowledgments	iii
Introduction	1
Chapter 1	6
Chapter 2	29
Chapter 3	54
Conclusion	71
Bibliography	73

Introduction

I am about the same age as HIV and AIDS in the United States. The first case of AIDS in the United States was in 1981. I was born in 1982. As AIDS approaches its fourth decade in the United States, it is useful to take stock of the facts of the epidemic. Between 1981-2010, there have been 658,992 deaths in the United States attributed to HIV/AIDS. In 2017, over 1.1 million people were living with HIV. In 2016, there were 39,782 new HIV diagnoses. In the same year, 18,160 people learned they had AIDS. While HIV is not nearly as deadly in the United States as it once was, in 2014, 6,721 deaths were directly attributed to HIV. HIV disproportionately affects people of color and men who have sex with men.¹ HIV is currently the sixth leading cause of death among black men ages 20-44.²

The place of HIV/AIDS in historical memory remains undefined. Epidemics at or exceeding the numerical scale of HIV have sometimes left only a small impact on American culture. Historian Nancy Bristow argues that despite the deaths of more than 675,000 Americans who died in the influenza epidemic of 1918, “the public culture of the United States did turn its back on the memory of this event.”³ Sheer numbers did not secure the 1918 pandemic a place in historical memory. Alfred Crosby in *Epidemic and Peace* wrote, “the destruction wrought by Spanish influenza is memorialized in reams of published statistics in every technologically advanced nation that was not in a state of chaos in 1918.”⁴ Despite this, Spanish flu “never inspired awe, not in 1918, and not since.”⁵ Despite recorded medical surveillance, and despite the

¹ CDC timeline, <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>

² CDC, “From the CDC-Leading Causes of Death by Age Group, Black Males-US 2015,” Centers for Disease Control and Prevention, April 16, 2018, <https://www.cdc.gov/healthequity/lcod/men/2015/black/index.htm>.

³ Nancy K. Bristow, *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic* (Oxford: Oxford University Press, 2016), 6.

⁴ Ibid.

⁵ Ibid.

scale of an epidemic, numbers alone do not necessarily encode an epidemic event in collective national memory.

In contrast to the flu pandemic of 1918, tuberculosis left dramatic impacts on public memory and material culture in American history. For example, tuberculosis changed perceptions of cleanliness and gendered domesticity and caused dramatic changes in the powers of public health officials leading to a change in the design of chairs and porches.⁶ The comparatively long length of incubation and convalescence for those infected with tuberculosis forced changes in the way homes were designed to encourage preventative therapy. The impact of tuberculosis on culture and its materiality is encoded within, and remembered through, these changed spaces and novel objects.

As someone who grew up alongside AIDS, it is hard to imagine the AIDS epidemic at risk of being forgotten; yet, we hardly remember the devastating impact of Spanish Flu one hundred years ago. One hundred years from now, will we remember AIDS? Sarah Schulman in *Gentrification of the Mind*, argues that we are already forgetting AIDS by not doing the work of remembering it.⁷

Schulman observes that 9/11 has eclipsed the public memory of AIDS. The 2,752 people who died in the World Trade Center have been remembered in both highly individualized and collective memorialization, whereas the New Yorkers who died of AIDS have been largely ignored. Noting the “benign” eulogies of Jesse Helms and Ronald Reagan, whose disastrous policies contributed to the deaths of thousands, she laments the lack of tangible memorials for the New Yorkers who died from AIDS. She writes:

⁶ Graham Mooney, “The Material Consumptive: Domesticating the Tuberculosis Patient in Edwardian England,” *Journal of Historical Geography* (Vol 42 October 2013), 152–66, 154.

⁷ Sarah Schulman, *The Gentrification of the Mind: Witness to a Lost Imagination*, First edition (Berkeley, Calif.: University of California Press, 2013), 3.

Where is our permanent memorial?

Not the AIDS quilt now locked up in storage somewhere, but the government-sponsored invitation to mourn and understand equal to Maya Lin's memorial to the dead in Vietnam? Where is our wall of white marble with the names of every New Yorker who died of government neglect, and blank tablets with room for more to come, surrounding a white marble fountain spouting water the color of blood? Where is our special prosecutor appointed by the president to investigate fifteen years of U.S. governmental indifference and its product --the global AIDS crisis?⁸

We need tangible objects and spaces to remember AIDS. One of the profound differences between the memory of tuberculosis and the flu of 1918 is that the material culture tuberculosis left behind has attracted study. While AIDS objects, such as pill organizers, do not represent grand cultural statements of collective remembering in the same way that a permanent memorial does, historians must do the work of studying and preserving AIDS objects in order to protect and curate the public memory of this epidemic.

This thesis examines the history and memory of HIV/AIDS through objects and places by examining the materiality of the closet, and the tension between visibility politics and closeting as a strategy for survival. Many people living with HIV/AIDS, especially LGBT people, had to carefully manage the performance of their identities in order to be accepted by communities that they relied on. Identity was often contingent on movements of people toward and away from places like churches, apartments, clinics, and bathhouses. I look at the varied individual and group performances and embodiments of identity constructions such as queerness, straightness, and HIV positivity through the contingency of place and space and the interactions of bodies and objects occupying those places. I also look at the manipulation of AIDS or AIDSed objects as sites or technologies of memory.

The closet operates in this thesis as both a physical space and as a lived experience. It is central to the strategy for survival for both queers and those living with

⁸Ibid, 8.

HIV/AIDS. The closet is not a given, or passive construct. Instead, closeting is the careful organizing of identity through the management of spaces and relationships. People manage who could know they were gay, or that they were HIV positive. The closet as a strategy demanded a great deal of work. It is borne of a purposeful effort that is encoded in spaces and objects that merit our careful attention as we seek to more fully understand the different kinds of labor involved in the performance of identities. There are several points of tension between binaries throughout each of the following chapters. Historiographically, there is a tension between the past and the present of AIDS. AIDS of the past and AIDS of the present are separate but not independent of each other. For example, it is hard to imagine gay sex in the present without the specter of AIDS, but it is also hard to remember the death toll of AIDS now that powerful antiretrovirals have dramatically curbed the mortality of the HIV virus.

In terms of space, there are tensions between rural and urban spaces, as well as between spaces where one could be out of the closet or forced to remain in the closet. For example, visibility was a central organizing strategy of activist movements around HIV/AIDS, but many queers and those living with HIV/AIDS had to remain invisible to survive. I have found that many of these binaries are not, however, as oppositional as they seem. Instead, the closet and out-ness are not stable ways of being; people moved in and out of the closet as needed and often those on the outside of a closet were active participants in its performative fiction. Family members often chose to look the other way when presented with compelling evidence of a loved one's sexual difference. Further, rural and urban spaces are not far apart or fully distinct, instead part of an interconnected geography navigated by people embodying fluid identities. Further, objects and the material artifacts of HIV/AIDS encode not just the history of visibility but are reminders of the important role that closeting played for many. The objects that were used in

service of both visibility and invisibility are lasting legacies of the experience of the AIDS epidemic.

Much of this research was drawn from archived oral histories and interviews I conducted personally. I also draw from memoirs and print journalism. It is impossible to verify the accuracy of much of this archive. Memory is fallible. People forget, embellish, omit, confuse and conflate. What I embrace about archives rooted in memory is that I can dispense with notions of historical objectivity. It is folly to think that history is produced independent of ideologies of the present. The task is not to prove or disprove the facts of memory but to foreground the relationship between the materiality and memory of HIV/AIDS. AIDS objects and studying how they were used reveals the importance of identity in surviving a viral epidemic.

Michel Foucault makes clear that subjugated knowledge or knowledge contained outside of the legitimated systems of knowledge production can be useful. The memories of nurses and social workers I interviewed often highlight different facets of HIV and AIDS than the empirical data can tell us. An interviewee's memories reveal what he or she perceived as important or noteworthy about an event, person, or place as well as their own relationship to those elements. For example, a nurse I interviewed foregrounded her efforts to protect her client's privacy. Of all her patients, responsibilities, and training, this role as protector of privacy was a theme she often returned to. The order of stories and the emphasis on the telling of certain stories by witnesses is as important as the facts contained within.

The first chapter is a study of the historiography of HIV/AIDS. There has been a dramatic increase in attention to the History of HIV/AIDS. But some of the most important scholarship is now decades old, but still highly relevant. Further, some of the older secondary texts reveal a great deal about the moment in which they were written.

Chapter One: Historiography

On February 12, 2019, President Donald Trump in the State of the Union address announced an intention to end the HIV/AIDS epidemic in America. In the speech, President Trump did not include many details of how this project would become public policy. There was no mention of cost or scope. The statement could either have been an earnest expression of intention to end AIDS in America, or it was a clever tactic to confuse left-leaning critics through pink-washing his office's more odious policies such as child detention and border walls.

While President Trump's statement stands in contrast to the historical silence of Presidents Reagan and George H.W. Bush, it echoes the second President Bush's 2003 announcement of the President's Emergency Plan for AIDS Relief (PEPFAR), a policy designed to address the AIDS crisis in Africa.

During his State of the Union address, President George W. Bush announced that the U.S. government would spend fifteen billion dollars to curb AIDS in Sub-Saharan Africa while also making the case for War in Iraq. Elizabeth Pisani makes a compelling case that the timing was not a coincidence. Pisani argues that PEPFAR was an opportunity for Bush to present a form of "compassionate conservatism" that would make the wars in Iraq and Afghanistan, as well as U.S. foreign policy, more generally palatable⁹

While Trump's comments on AIDS are encouraging, it is difficult not to be cynical, considering the failures of PEPFAR a decade ago. While PEPFAR has many successes, there have been some profound and costly failures. For example, in 2008 alone PEPFAR

⁹ Elizabeth Pisani, *The Wisdom of Whores: Bureaucrats, Brothels, and The Business of AIDS* (New York: Norton) 2008. 191-192.

administrators spent 250 million dollars on abstinence-only education in Africa, a highly ineffective tactic.¹⁰

Whether or not Bush's announcement was in earnest, or political smoke and mirrors is yet to be seen. The use of AIDS as a way to signal compassion marks a profound shift in its treatment within political discourse. In 1989, the National Endowment for the Arts (NEA) revoked funding for an installation art exhibit titled *Witnesses: Against Our Vanishing* that included work from artists living with AIDS, including David Wojnarowicz. While partial funding for the show was eventually restored, conservative critics used the show to demand the elimination of the NEA entirely.¹¹ The NEA removing funding from art that dealt with AIDS occurred only thirteen years before President Bush was able to leverage sympathy surrounding the AIDS crisis to frame American foreign policy as compassionate while waging two wars overseas, marking a profound shift in the perceptions of AIDS. AIDS was transformed from something controversial and perhaps obscene, to something that could garner almost universal sympathy. AIDS was transformed from a divisive issue to a uniting issue.

Trump's more recent announcement to end AIDS in America makes clear that the specter of AIDS is still politically useful but, more importantly, that AIDS is not over, and that ending AIDS is simply a matter of political will. In the United States today, 1.1 million people live with HIV. And in 2014, 6,721 people died due to complications from HIV. Globally, the numbers are even more staggering. In 2017, 940,000 people died of illnesses related to HIV and 37 million people are currently living with the HIV virus.¹² Despite these numbers, the political

¹⁰Nathan C. Lo, Anita lo, Eran Bendavid, "Abstinence Funding Was Not Associated with Reductions in HIV Risk Behavior in Sub-Saharan Africa," *Health Affairs*, Vol 35, No. 5 (May 2016).

¹¹ Suzanne Muchnic, "NEA and the Arts: The Turmoil Continues: Art Review: 'Witnesses' Show Presents AIDS as a Complex Issue," *LA Times*, (November 16, 1989).

¹² CDC timeline, <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>.

will to end the epidemic remains the missing piece in the prolonged fight against the disease. The technological conditions of possibility required to end the epidemic, such as Pre-Exposure Prophylaxis (PrEP) and highly-active antiretroviral therapies, have arrived. With the end of AIDS perhaps visible on the horizon, it is time to take stock of the historiography of AIDS in the United States.

The historiography of AIDS is complicated by the fact that AIDS still exists. The fact that AIDS still exists presents a problem for periodization. Much of the literature, especially by journalists, uses the term “crisis years.” This phrase is somewhat vague, but it is evocative of young men, gaunt and dying in the days before effective antiretroviral (ARV) treatments. The problem with the phrase “crisis years” is that it suggests that there was some year in which the crisis ended. When did the post-crisis years start? Further, what constitutes a crisis? Which groups matter enough for something to be considered a crisis?

There is no simple method with which to periodize the epidemic or periodize the historiography of HIV/AIDS. A possible framework might be to use medical innovations as benchmarks. Steven Epstein, author of *Impure Science: AIDS, Activism, and the Politics of Knowledge*, provides a technological progression of the epidemic organized by major debates in the scientific community up to 1996. The problem with technological progression as a framework for understanding HIV/AIDS is that the distribution and availability of medical technology was not even over space and time.

The history of AIDS in many ways resists periodization. Sarah Shulman makes the most sense of why periodization is so elusive. She writes:

We still have to work every day to assert the obvious, that in fact there are two distinctly different kinds of AIDS that are not over.

1. There is AIDS of the Past
2. There is ongoing AIDS

Neither of which is over, although they are treated quite differently in the present moment.¹³

Distilling AIDS of the past from AIDS of the present is an almost impossible task. For the witnesses and survivors, the trauma of the past is very real. Schulman argues that the history of AIDS is largely a gentrified history that has been “banalized, homogenized.”¹⁴ Schulman laments that AIDS of the past is often treated as if it has been contained and that the processes of containment were natural or inevitable, erasing the suffering of those who died, and the directed anger of activists trying to save their generation. While periodization can be a useful approach to organizing our understanding of the past, for the thousands of people who die of complications from AIDS in America today, 1990 and the present might feel like simultaneous historical moments. Any perceived difference between AIDS of the past and AIDS of the present is thus based only loosely in perception and emotion, rather than in any objective or measurable fact. Due to the decrease in HIV/AIDS mortality as a result of new medications, it is easy to attribute positive changes to some kind of inevitable progress rather than as a result of real change made through people who worked for change.

The tension between AIDS of the past and AIDS of the present means that much of the historiography is concerned with the question of *how did we get here?* Epidemiological detective stories such as Randy Schiltz’ *And the Band Played On*, and political histories like Cathy Cohen’s *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, despite their profound differences in subject, intended audience, and methodologies, each explore the question of how we have arrived at the current moment.

¹³ Schulman, 42.

¹⁴ Ibid, 2.

AIDS of the present, instead of being a problem for historians, should instead be treated as a way to examine the question of when history starts. I was surprised that some people in my graduate student cohort were uncomfortable with the idea that AIDS could be a historical subject. They felt that sufficient time had not yet passed for the subject to warrant historical analysis. Can something in the past be history if it is still around? While there are clear arguments that AIDS is history because of its breaks with the past—not to mention the sheer scale of death associated with it that can only be compared with major military engagements-- AIDS forces a theorization of when history can be divided from the present.

AIDS as a subject for theorizing history can even benefit from the contributions of Civil War historians. The American Civil War is positioned in the past, despite the fact that there are still documents to locate and analyze and new approaches to the subject to develop. It is comfortably “behind us,” yet we still shed blood over Confederate monuments and President Trump’s former Chief of Staff made comments about Robert E. Lee straight from a Dunning School textbook as recently as 2018. We are still litigating the Civil War through the politics of history and memory. If the Civil War is over, its memory and the politics surrounding the objects of its remembrance are fully in the present. The tension between the present moment and the past exemplified by debates about AIDS provides exciting interdisciplinary opportunities for discussion about what history actually is.

Looking to older historiographical treatments of AIDS for a moment gets us away from this question of *how did we get here?* The earliest and surprisingly also most recent historiography of AIDS published in a history journal is the article “The Contemporary Historiography of AIDS,” published in *The Journal of Social History* in 1989.¹⁵ While nearly

¹⁵ Elizabeth Fee and Daniel M. Fox, “The Contemporary Historiography of AIDS,” *Journal of Social History* (vol 23, no. 2, 1989): 303–14.

thirty years old, this article still feels current and powerfully relevant. Elizabeth Fee and Daniel M. Fox observe that the earliest histories of AIDS viewed its emergence as an important break with the past. They note that AIDS was immediately historicized. They divide the early histories into two schools of thought: “alarmists” and “advocates of equanimity.” Both schools used the plague metaphor, but alarmists found analogies in historical plagues such as bubonic plague, cholera, and influenza.¹⁶ Advocates of equanimity, on the other hand, remained unconvinced of the impending scale of AIDS and recalled false alarms and overreactions to previous outbreaks. The alarm vs. equanimity debate is common for any kind of outbreak. SARS, swine flu, bird flu, H1N1, Ebola, and gun violence all elicit this public debate. In contrast, discussion of diabetes, cancer, and heart disease are not associated with these types of reactions.

With hindsight, it might be natural to assess that the alarmists were the school that correctly predicted the scope of the disease through analysis of previous epidemics. But AIDS was a such a profound break with the past that previous epidemics simply did not provide the analogical power for early historians to identify effective metaphors for the public to understand AIDS. Instead, policymakers should have listened to both schools of thought.

In a way, both the alarmists and the equanimity advocates got it right. The alarmists were correct in seeing the scale of the impending disaster of AIDS. The advocates for equanimity were also correct, however, in that heavy-handed reactionary public policy would curtail individual freedom in response to the epidemic. For example, the closure of bathhouses was an attempt to change the sexual behavior of gay men through public health policy and state policing efforts.

Fee and Fox express surprise that neither of these early camps learned the right lessons from tuberculosis and venereal disease epidemics. Early AIDS historians looking at venereal

¹⁶ Ibid, 304.

disease epidemiology stressed “screening, contact-tracing, and the restraint of patients who were dangerous to others.”¹⁷ While these measures are certainly part of STI epidemiology, Fee and Fox suggest that the parallels with tuberculosis and venereal disease should have demonstrated the pervasiveness of problems relating to “housing, long term care, public education, and the financing of palliative care for people suffering from chronic infections.”¹⁸ Fee and Fox note the rise in parallels between HIV and cancer or chronic diseases by 1989 as a major shift in the metaphors used to understand the epidemic. They attribute this shift in language to advances in care leading to longer life expectancy at the end of the decade.

The main intervention put forth by Fee and Fox is to call for an interdisciplinary historiography of AIDS. They observe the overwhelming balance of the historiography on AIDS has been written not by historians, but in the fields of public health, medicine, law, political science, sociology, and journalism. Their argument is that historians have a great deal to offer these other disciplines who practice history “incidentally,” noting that,¹⁹

The HIV epidemic provides an opportunity to demonstrate the potential reciprocity of contemporary history and studies in other disciplines and the policy professions. The problem in achieving reciprocity is that historians must make a convincing case that their contributions to theory, methodology, and setting the questions will help other people comprehend contemporary events more profoundly and with greater practical effect.²⁰

Historians have not proven to be relevant enough in their discussions of HIV/AIDS to prove useful to other disciplines. Instead of focusing on how historians contribute to fighting the epidemic now, historians can shift their intentions to focusing on the politics of memory, memorialization, and creating histories that will be useful for policymakers.

¹⁷ Ibid, 304.

¹⁸ Ibid, 305.

¹⁹ Ibid, 309.

²⁰ Ibid, 309.

Fee and Fox offer other opportunities for historians of HIV/AIDS to provide frameworks to understand broader concepts. They feel the most important lessons historians can offer to other fields are threefold and largely pedagogical. The first lesson is to use the negotiated minimums of AIDS diagnosis as a lesson in social constructionism, wherein historical truth is not discovered but rather created. For example, current AIDS diagnostic thresholds are as much the result of medical science as grassroots activism that pushed the medical community to acknowledge that immunodeficiency caused by HIV in women presents differently than it does in men. Medical truth can therein be demonstrated as a result of political forces and activism, as well as research.

The second lesson historians can provide is to advise skepticism that progress is linear. Demographic change in HIV/AIDS demonstrates this clearly. While life expectancy and rates of transmission saw a more optimistic change in cities and among white men from 1988 on, HIV/AIDS quickly moved to rural communities and the South. This demographic shift demonstrates that there can be progress for some, but not for others.

Their final call is for historians to stop waiting for AIDS to become a topic of history –it already is one. Historians of AIDS should take a page from battlefield historians and begin documenting as the events of AIDS unfold.²¹ No group saw this more clearly than ACT UP! ACT UP! members were likely the most important contributors to AIDS history. An organizing principle they employed was to “document everything.”²² They documented direct actions, meetings, and interviews. They archived art, protests, funerals, and created documentaries for mainstream audiences.²³ ACT UP’s prolific archival activism, and their

²¹ Ibid, 312.

²² Alexandra Juhasz, “So Many Alternatives: The Alternative AIDS Video Movement,” *From ACT UP to the WTO: Urban and Community Building in the Age of Globalization* (London: Verso) 2002. 298.

²³ Ibid.

battlefield historian approach, as Fee and Fox might have put it, means that the urban, gay, and somewhat white record created by ACT UP! comprises the bulk of the AIDS archive. While this contribution has played a critical role in preserving the history of HIV/AIDS, the reality is that the resulting historiography is overrepresented with stories of urban grassroots activism.

There are, however, a growing number of outstanding histories of HIV/AIDS in the American South, now considered the geographic epicenter of the epidemic. Foremost among these newer histories is Stephen J. Inrig's *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race*. Inrig is trained in the history of medicine and was also a social worker. He identifies four overlapping narratives present in the historiography and literature that have shaped popular understandings of HIV.

The first of these narratives is the “tragic gay heroism” narrative, which locates AIDS in large urban cities and focuses on the efforts of white gay men to “overcome denial and discrimination and to confront the Reagan administration to force action against AIDS while protecting themselves from the devastation it wrought.”²⁴ He identifies Randy Shilts' *And the Band Played On* as the primary text embodying this theme.²⁵ Inrig also places within this paradigm influential fictional accounts such as Larry Kramer's novel *Reports from the Holocaust* and plays such as Kramer's *The Normal Heart*, Norman Rene's *Longtime Companion*, Peter Friedman's *Silverlake Life*, and Tony Kushner's *Angels in America*.

The second paradigm he calls “the battle for AIDS exceptionalism.” This narrative is embodied by Ryan White facing moralistic ignorance while trying to attend school as an HIV positive child. Ronald Bayer's *Private Acts, Social Consequences*, is the baseline text in this

²⁴ Stephen J. Inrig, *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South*, Reissue edition (Chapel Hill: The University of North Carolina Press, 2014).

²⁵ Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic, 20th-Anniversary Edition*, Revised edition (New York: St. Martin's Griffin, 2007).

model.²⁶ AIDS exceptionalism, as defined by Bayer, advocated for confidential and voluntary testing and treatment, and mass education rather than coercive methods to contain the spread of HIV.

The third framework for understanding HIV and AIDS was what Inrig calls “the changing face of AIDS,” which highlights the perceived demographic change in HIV to communities of color. This paradigm focused on “dysfunction” in black communities as well as drug use, and a pathologized black male sexuality.

The fourth paradigm which Inrig calls “the march of medical progress” is predicated on the idea that medical science is the answer to solving the problem of HIV. This model of history highlights the work of epidemiologists but also highlights the tensions between activists and medical researchers.

Much of these overlapping paradigms, especially epidemiological detective stories whether scholarly or produced for popular consumption, rely on the narrative “outbreak” trope:

The outbreak narrative –in its scientific, journalistic, and fictional incarnations –follows a formulaic plot that begins with the identification of an emerging infection, includes discussion of the global health networks throughout which it travels, and chronicles the epidemiological work that ends with its containment. As epidemiologists trace the routes of the microbes, they catalog the spaces and interactions of global modernity. Microbes, spaces, and interactions blend together as they animate the landscape and motivate the plot of the outbreak narrative: a contradictory but compelling story of the perils of human interdependence and the triumph of human connection and cooperation, scientific authority the evolutionary advantages of the microbe, ecological balance and impending disaster.²⁷

Wald further addresses both the power of narrative in shaping policy, as well as the trope of the diseased migrant. She writes:

²⁶ Ronald Bayer, *Private Acts, Social Consequences: Aids and the Politics of Public Health*, First Printing edition (New York : London: Free Press, 1989).

²⁷Priscilla Wald, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham: Duke University Press Books, 2008), 2.

Outbreak narratives and *the* outbreak narrative have consequences. As they disseminate information, they affect survival rates and contagion routes. They promote or mitigate the stigmatizing of individuals, groups, populations, locales (regional and global), behaviors, and lifestyles, and they change economies. They also influence how both scientists and the lay public understand the nature and consequences of infection, how they imagine the threat and why they react so fearfully to some disease outbreaks and not others at least as dangerous and pressing.²⁸

Wald points to Randy Shilts' conflation of HIV and the third world with the following passage

from *The Band Played On*:

Aids activist Michael Callen, for example had "frequented every sex club and bathhouse between the East River and the Pacific Ocean and had gathered enough venereal and parasitical diseases to make his medical chart look like that of some sixty-five-year-old Equatorial African living in squalor."²⁹

What is interesting about this passage is that it imagines HIV as both primitive and foreign while also associating the disease with urban centers and modern immorality. He presents a contradiction; yet, it is a stable contradiction in the narrative that requires no resolution. To people who imagined that a large-scale migration of infected 'migrants' was invading their communities, an HIV/AIDS migratory wave therefore served as the embodiment of three fears: foreigners, modernity, and a primitive Other.

Historians of AIDS can resist the narrative trope of outbreak by looking at more complicated origin stories in the transnational history of the United States. Instead of framing the HIV virus as an animated embodiment of a primordial Other, historians can look to the long historical connections between the United States and the rest of the world that created the conditions of possibility for the HIV virus to arrive in the United States.

²⁸ Wald, 18.

²⁹ Wald, 238.

Craig Timberg and Daniel Halperin in *Tinderbox: How the West Sparked the AIDS Epidemic, and How the World Can Finally Overcome It*, draw a line connecting Belgian colonization in the Congo, Zaire's political collapse in the context of decolonization and the Cold War, assistance from Haitian physicians during Zaire's crisis, and HIV arriving in the United States.³⁰ What is interesting about *Tinderbox*, is they do not foreground the kind of high-tech modern achievements that usually feature prominently in outbreak narratives. Instead, they look to successes and failures in national case studies and make the case that the United States should support local, authentic, and culturally appropriate responses, rather than continuing to impose a one-size-fits-all approach to the disease by merely encourages condom use and abstinence.

Inrig's primary research intervention is to highlight the broad social forces that shape the scope and experience of the epidemic. Many of the scholars outside of history he draws from advocate understanding HIV/AIDS as part of a greater syndemic, rather than just an epidemic. While he curiously does not use the term 'syndemic,' he heavily cites the work of Robert Fullilove, Mindy Fullilove, Roderick Wallace, and Sevgi Aral. These four physicians and epidemiologists advocate understanding HIV/AIDS, as it exists now in America, as a problem of poverty, racism, and homophobia, as much as a problem of virology.³¹ While epidemic modeling focuses on transmission, syndemic modeling looks to the social forces that affect possibilities and behaviors in populations. Syndemic modeling centers the persons and populations, rather than the virus.

³⁰ Craig Timberg and Daniel Halperin, *Tinderbox: How the West Sparked the AIDS Epidemic and How the World Can Finally Overcome It* (New York: Penguin Books, 2013).

³¹ Inrig, 8; Referring to Roderick Wallace, "A Synergism of Plagues: 'Planned Shrinkage,' Contagious Housing Destruction, and AIDS in the Bronx, *Environmental Research*, 47, Jan 1988, 1-33.

The problem of vesicovaginal fistula in East Africa is useful in explaining ‘syndemic’ versus ‘epidemic.’ Vesicovaginal fistula is a perforation of the tissues separating the wall of the vagina from the bladder and in some cases of rectovaginal fistula, the rectum. This is a condition that causes incontinence, great discomfort, and often social ostracization. The condition is highly treatable through surgery. It is generally caused by prolonged obstructed labor damaging the tissues in the birth canal due to trauma and lack of adequate blood flow.

While the problem is often fixable, many nonmedical issues prevent women with this condition from receiving treatment, and nonmedical issues contribute to the prevalence of the problem. Obstructed labor causes fistula. Obstructed labor can be addressed through a transportation infrastructure that can bring women to birthing facilities, and there is now a public health campaign in Ethiopia that instructs women to start walking to their nearest facility at the first sign of contraction. Obstructed labor is often caused by underdeveloped pelvic bones caused by childhood undernourishment. So, food systems are the problem. Food systems in Ethiopia are subject to insecurity as a result of greater systemic breakdowns caused by forces including neoliberal trade policies and warfare.³²

A major intervention that historians can make is to historicize medical problems through a careful examination of the non-medical web of causality and conditions of possibility for medical conditions like fistula to exist. While much of the historical scholarship on AIDS is currently conducted outside the field of history—as Fee and Fox, as well as Inrig, point out—it would seem natural for historians of medicine to position themselves at the forefront of contributions to AIDS historiography, given the complex ‘syndemic’ historic forces that intersect with HIV/AIDS. Numerous subdisciplines of history can make important contributions to the

³²B. M. Audu, A. A. Kullima & B. Bako, “Epidemiology of vesico-vaginal fistula: No longer a calamity of teenagers,” *Journal of Obstetrics and Gynecology*, 28: 4 (May 2008) : 432–433, 432.

historiography of HIV/AIDS. The history of HIV/AIDS is incomplete without the contributions of historians of race, gender, politics, and economics, as well as technology and epidemiology. Historians outside of the history of medicine can make profound contributions to the history of HIV/AIDS by looking at the non-medical social, economic, and political forces that may at first appear only tenuously connected to HIV/AIDS.

Recently, more historians of HIV/AIDS are making strong causal arguments for the spread of HIV/AIDS by looking at deceptively disparate or superficial threads of connection between HIV and structural forces. The best example of this approach is Sarah Schulman's *Gentrification of the Mind*. Schulman was herself an ACT UP! activist in New York City as well as a playwright who writes about the politics of memory and AIDS. In *Gentrification of the Mind*, Schulman makes a compelling case that AIDS deaths drove gentrification in New York City, and in something of a feedback loop, AIDS was exacerbated by gentrification.³³

Another work on HIV/AIDS that does not focus on the virus itself is Cathy Cohen's *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. In this foundational text on race and politics, Cohen argues that AIDS caused a breakdown in coalitional black politics. She uses the term 'cross cutting' to describe the intersectional forces of race, gender, sexuality, poverty, economics, geography, media coverage, and stigma that focus on HIV/AIDS as a lens to examine the politics of belonging and identity. Cohen also importantly discusses the limited effectiveness of white, urban visibility politics. If there is an historical canon of AIDS, *Boundaries of Blackness* should be considered an essential text.³⁴

³³ Schulman, 45.

³⁴ Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, 1 edition (Chicago: University of Chicago Press, 1999).

Several recent documentaries embrace the kind of cross-cutting approach that Cohen developed. The *Frontline* documentary *Endgame: AIDS in Black America* traces the disproportionate rates of HIV in black Americans to the confluence of mass incarceration, racist drug policy, homophobia, and skepticism of medical systems as a result of a long history of medical exploitation of black bodies by the medical community. The documentary demonstrates that memory itself is a powerful factor in combating HIV within black populations by demonstrating that memories of The Tuskegee Syphilis Study still function as a barrier to care. Many black people cannot trust public health and medical institutions because of the horrific abuses inflicted upon the black victims of that study.³⁵

Several texts are instructive in creating useful frameworks for historians of HIV and AIDS to deal with the vocabulary and politics of populations and individuals as they relate to community identity. Michel Foucault's *Security, Territory, and Population*, offers a history of 'population' and 'biopower' as modern state technologies of power used to create hierarchies and order resources.³⁶ Jasbir Puar in *Terrorist Assemblages: Homonationalism in Queer Times* discusses the limits of an 'intersectionality' framework in favor of an 'assembly' framework for understanding the spatial and temporal contingencies of identity.³⁷ Finally, Holly Randell-Moon and Ryan Tippet, in the collection of essays *Security, Race, Biopower: Essays on Technology and Corporeality*, discuss the framework of 'geocorporographies' developed by geographer Joseph Pugliese to discuss spatially contingent hierarchies. Randell-Moon and Tippet also

³⁵ Renata Simone Production, Inc. film for WGBH/Frontline, in association with the National Black Programming Consortium (NBPC), written, produced, and directed by Renata Simone. *Endgame: AIDS In Black America*, PBS Home Video, Distributed by PBS Distribution, 2012.

³⁶ Foucault, Michel, *Security, Territory, Population: Lectures at the Collège De France, 1977-1978*. (New York: Picador/Palgrave Macmillan, 2009).

³⁷ Jasbir Puar, *Terrorist Assemblages: Homonationalism in Queer Times* (Durham: Duke University Press Books, 2007).

discuss ‘somatechnics’ as a framework to understand the ways in which bodies in a population interact with ‘hard’ technologies.³⁸

The public health community provides an ample, if often highly technical resource, for historians who find their own language insufficient to discuss HIV/AIDS. For example, the public health scholarship describes populations in terms of race, gender, and behavior in a manner that attempts to be neutral in terms of identity. For example, the term ‘men who have sex with men’ (MSM) is a term used for medical reporting surveillance. Using the MSM framework as a way to understand a population defined by behavior acknowledges that behavior does not always line up with identity. At the same time, very few men who have sex with men would describe themselves this way or be described by other individuals this way.

Talking about HIV and historical queerness is fraught. The desire to balance avoiding stigma with avoiding anachronistic language presents a problem for historians. Nearly every history of AIDS notes the first name given to it was GRID, short for Gay Related Immune Deficiency Syndrome. This name did two things: It described the population that health professionals first saw manifest the illness, and it described what the illness seemed to do to the body. While HIV is the virus that causes AIDS, in terms of historiography AIDS came first. Acquired Immunodeficiency Syndrome stripped GRID of its association with a gay male population after it became clear that heterosexual people were not immune. It was not until later, when the causal virus was discovered, that the name Human Immunodeficiency Virus(HIV) came into use. Even ‘having’ is a fraught word. ‘Having’ HIV means testing positive with the HIV virus, while ‘having’ AIDS means that a constructed minimum threshold of diagnostic criteria has been met. CDC literature for health professionals advises professionals to use the

³⁸ Holly Randell-Moon and Ryan Tippet, *Security, Race, Biopower: Essays on Technology and Corporeality* (Palgrave Macmillan UK, 2016).

term ‘living with HIV’ to foreground the patient’s humanity. Use of this phrase is not meant to signal mere political correctness; medical professionals have demonstrated that language impacts medical outcomes.

For the historian of HIV, there is the danger of presentism in using current public health best practices. In terms of HIV, ‘living’ and ‘dying’ are words with their own sets of politics. In the United States, before the advent of antiretroviral therapies, people were certainly ‘living with HIV’, but scores were dying. ACT-UP! activists even used the slogan “silence=death,” leveraging the language of death and the politics of grief to underscore the stakes of their activism.

There is a great deal of literature that is instructive on the language of HIV and AIDS. If there is an HIV canon, Susan Sontag’s *Illness as Metaphor and AIDS and Its Metaphors* must be included at the center. Sontag does not give a history of AIDS, but instead examines the problems of metaphors in describing AIDS. As a witness to the effects of AIDS, Sontag observes that people knew they were experiencing something of historical proportions in its emergence. Struggling to find a language to convey what they were witnessing, people looked to the past to find parallels through which to understand the present. Sontag critiques the history of the metaphor of AIDS as a plague--a vocabulary still widely used today and popularized in David France’s *How to Survive a Plague: The Story of How Activists and Scientists Tamed AIDS*--as well as a 2012 documentary with same title.³⁹ While the plague framework seemed natural, as a metaphor it came with a great deal of baggage that affected how people understood AIDS.

³⁹ David France, *How To Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS* (New York: Alfred A. Knopf, 2016).

Sontag unpacks the two prepackaged narratives associated with the word plague. The first narrative is that plagues come from somewhere else. This narrative creates a spatial othering. Haitians, Africans, and gay men are seen as the existential threat. Second, plagues are seen as indictments of society. As a disease that can be transmitted sexually, HIV is often linked to concepts of morality and immorality and framed as an indictment on society. The incurability of AIDS evokes images of a premodern past where state and medical technologies prove unable to contain or cure a disease. In this way, AIDS called modernity itself into question.

Sontag also advises against military metaphors often used in the language of illness ('battle against', 'the fight against', the war on __'), as these metaphors ascribe agency to pathogens and suggest a moral weakness in those who do not 'win the fight.' Even the words 'epidemic' and 'pandemic' should be avoided, she advises.

I disagree with Sontag that epidemic and pandemic are not useful metaphors. They provide a relatively neutral framework for understanding the course of a pathogen. But these words have limits. While plague refers to the social effects of a disease, epidemic and pandemic, while still connoting crisis, create a sense of bordered space around our understanding of a pathogen. We can see it spread on maps and through populations. An epidemic framework in terms of contagious pathogens is largely about tracking contact. For example, Ebola, SARS, and H1N1 each turn airports and borders into sites of anxiety and political contestation over issues of security.

HIV public health theory has recently demonstrated the limits of the epidemic as a model to describe HIV especially as it has existed in Black communities in the American Southeast. 'Syndemic' is seen as a more useful framework. Syndemics exist as confluences of interacting social and pathogenic forces and theorize illnesses as complex assemblages. 'Syndemic' speaks

to multiple underlying causes and factors in terms of spread and contagion, morbidity and mortality, and susceptibility of individuals and populations. For example, HIV, racism, homophobia, mass incarceration, drug policy, sexism, lack of education, access to health care, stigma, and coinfection with syphilis are no longer seen as independent of each other. Rather, they are seen as an assemblage of interrelated problems that have acted upon African Americans in disproportionate ways. Susan Sontag suggests stripping down illness into its basic biology. But the syndemic framework challenges Sontag in that it accepts social conditions and the valences of power to understand illness beyond what simple biology can tell us about the conditions of possibility for illness in populations.

While Cohen and Inrig, by focusing on race and rural spaces, contribute to the existing political and scientific histories of HIV, very few of the existing histories focus on the materiality of AIDS. Neither Fee and Fox nor Inrig mention materiality and material history in their works. Jenny Schulman might be an outlier in her attention to materiality in her treatment of apartment real estate in New York City as something of a history of the built environment of AIDS. Aside from the rich documentation of art objects and visual cultures of HIV, very little has been written about AIDS objects. New and exciting works exploring the material history of AIDS are, however, beginning to emerge. The University of Amsterdam is currently collecting what it calls ‘AIDS objects.’ At George Mason University, Eric Gonzaba, soon to be taking a position at Cal State Fullerton, has curated a digitized t-shirt collection called “Wearing Gay History.” These archives are promising projects that I hope will yield new perspectives on the material history of AIDS by looking, for example, at how clothing is a record of political statements, community organizing, and group belonging was created through mobilizing against HIV/AIDS.

Some of the important material history of AIDS focuses on prevention technologies. Queer theorist Tim Dean examines the evolving history of attitudes among MSM about the condom as the primary technology of HIV prevention. Deans primary intervention is to disrupt the binary distinction between “raw sex” and “safe sex.” He argues that all sex is mediated by various technologies of media, pornography, and often the consumption of drugs or alcohol. He points out that identities have been defined by the use and acceptance of various technologies. The emergence of an HIV antibody test created binary categories of positive and negative. In *Unlimited Intimacy: A Reflection on the Subculture of Barebacking*, Dean demonstrates that the advent of successful anti-retroviral drugs has complicated the binary formation of persons as HIV positive and negative through ‘undetectability,’ which has emerged as a liminal identity construct. He also observes that the rejection of the technology of condoms has defined a sexual subculture that serves as both an identity category and community.⁴⁰

While Dean demonstrates the relationship between identity and technology, two texts are indispensable for discussing AIDS memory and materiality. Marita Sturken in *Tangled Memories: The Vietnam War, The AIDS Epidemic, and the Politics of Remembering*, and Sara Ahmed *Queer Phenomenology* provide two of the most instructive texts on the importance of objects in relation to history and memory. Sturken notes that,

Cultural memory is produced through objects, images and representations. These are technologies of memory, not vessels of memory in which memory passively resides so much as objects through which memories are shared, produced and given meaning.⁴¹

⁴⁰ Tim Dean, *Unlimited Intimacy: Reflections on the Subculture of Barebacking* (University of Chicago Press, 2009).

⁴¹ Sturken, Marita, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering*. (Berkeley: University of California Press, 1997), 9.

Sturken beautifully theorizes memory and history as different, overlapping traditions. She argues that objects of material culture are themselves places and important “sites” of memory.⁴² Sturken also uses the term “technologies of memory,” borrowing from Pierre Nora, to describe objects. Technologies are not passive. Instead, technologies are manipulated and leveraged. We interact with technologies. Historians can look to objects and how they were used, altered, and oriented in order to understand the forces affecting the people that came into contact with these objects. As interaction varied, so did the meanings of these objects.

Sarah Ahmed in *Queer Phenomenology* discusses the orientation of objects. Expanding on Husserl’s treatment of objects, Ahmed discusses how we perceive objects and how we are changed by the very perception of a given object.

We are turned toward things. Such things make an impression upon us. We perceive them as things insofar as they are near to us, insofar as we share a residence with them. Perception hence involves orientation; what is perceived depends on where we are located, which gives us a certain take on things... For example, say I perceive something before me. In perceiving the object as an object, I perceive the object in a certain way, as being some kind of thing. Perceiving an object is a way of apprehending that object.⁴³

Objects are imbued with meaning through how we are oriented toward them. Just as objects can be gendered by changing our orientation to them through different colors or shapes to evoke gender, objects can be oriented toward us as AIDS objects or closeted objects.

Ahmed also discusses when the body becomes an object. The materiality of bodies is important when discussing the political funerals of AIDS activists whose ashes became instruments of protest that defied death. Political funerals were important grassroots organizing events, but ashes spread on the lawn of the White House were ephemeral. It is only through their reproductions in film, photograph, and memory that bodies themselves became technologies of

⁴² Sturken, 9.

⁴³ Sarah Ahmed, *Queer Phenomenology: Orientations, Objects, Others* (Durham: Duke University Press, 2006), 37.

memory. Some AIDS objects, whether they be bodies in service of visibility politics or augmented pillboxes, were sometimes tangible things that now exist only in memory rather than as matter. Memory serves as an ephemeral archive for many of these AIDS objects. Paying attention to the stories of objects told by witnesses to HIV/AIDS allows the objects to serve as technologies of memory.

For Ahmed, living bodies are also objects with orientations. She writes that as a brown woman with a white mother, she is often disoriented in white spaces. Moreover, her presence as a brown queer-bodied woman in white straight spaces is disruptive and disorienting for the white people with whom she may share space. Ahmed reflects on these disorientations, noting that,

Such bodies are made invisible when we see spaces as being white, at the same time that they become hypervisible when they do not pass, which means they “stand out” and “stand apart” like the black sheep of the family. You learn to fade into the background, but sometimes you cannot. The moment when the body appears “out of place,” are moments of political and personal trouble.⁴⁴

Ahmed’s experience of navigating white spaces is instructive for understanding the queerness of people with HIV or AIDS moving home and inhabiting straight spaces.

AIDS historiography is powerfully influenced by the present. The presentness of AIDS is not a problem, but an opportunity for historians to contribute to theory, and help to explain the present moment by looking to the past. Further, memory is as important as history and many of the curators of a collective memory surrounding HIV/AIDS are not historians. Much of the historiography, especially the prominent epidemiological detective stories, employ storytelling tropes, problematic historical parallels, and troubling metaphors in service of storytelling rather than creating accurate historical analysis. Historians of HIV/AIDS can do the work of correcting and complicating the discourse about AIDS history and memory. Further, and what I hope to

⁴⁴ Ahmed, 135.

accomplish in the next two chapters, is to bridge the work of queer theorists who theorize both objects and the closet and bring that work closer to the discipline of history by rooting theory in archival sources.

Chapter Two: Space, Movement, and Contingent Identities

The closet is a much-maligned thing. I don't remember being closeted fondly, and I do not eagerly greet situations when I am required to re-enter it when I sense danger to my body. But when I need it, I am glad that it is there.

As a metaphor, the closet connotes a dark, repressive, and constricting place. The emergence from the closet, or "coming out of the closet" is seen as a necessary progression through a door that must be opened, either from within or from without. This linear progression from the constraints of the closet space means that as a metaphor, the closet is as deeply flawed as the progress narrative itself. Things do not always move in straight lines. The goal of this chapter is to complicate the history of the closet as a metaphorical space, but also to examine the history of the closet as embodied by real spaces populated by people, objects, and built environments. The closet is an abstraction as well as an experience with its own material history. In this article, I examine how people living with HIV/AIDS moved within closeted spaces and managed the performance of their identities through their movements and via the manipulation of closeted material objects in order to utilize the closet as part of a strategy of survival.

In John Howard's *Men Like That: A Southern Queer History*, Howard critiques the way the closet has been largely imagined as a narrative "trope of repression and self-loathing."⁴⁵ Howard locates rural spaces and the American South as "America's closet." The closet "can be cordoned off within existing structures, ideological and material. It is not solely imposed, but can also be (re)created, a space of queer agency."⁴⁶ Howard theorizes the closet as a site of historical sexual possibility and claimed erotic freedom for queer people who had to create and navigate

⁴⁵John Howard, *Men Like That: A Southern Queer History* (Chicago: University of Chicago Press.1999.), 63-64.

⁴⁶Howard, 63.

space within often hostile environments that sought to make same-sex liaisons impossible. While the closet has been a strategy for sexual possibility, during the (ongoing) HIV crisis, the closet was used by HIV positive people, many of whom had AIDS, to preserve their care networks as a strategy of survival.

The closet is often imagined as a space of binaries. Either you are in or you are out. This binary formation oversimplifies the closet as a real and metaphorical space that can be entered and exited many times and can be created or dissolved over and over again over space and time. Further, closets are not always fully opaque.

Rachel Hope Cleves posits the notion of open-closets in *Charity and Sylvia: A Same Sex Marriage in Early America*. She argues that,

Although it is commonly assumed that the closet is an opaque space, meaning that people who are in the closet keep others in total ignorance about their sexuality, often the closet is really an open secret. The ignorance that defines the closet is as likely to be a carefully constructed edifice as it is to be a total absence of knowledge. The closet depends on people strategically choosing to remain ignorant of inconvenient facts . . . The open closet is an especially cortical strategy in small towns, where every person serves a role, and which would cease to function if all moral transgressors were ostracized. Small communities can maintain the fiction of ignorance in order to preserve social arrangements that work for the general benefit.⁴⁷

I argue that the closet can be further described as a negotiated or cooperative arrangement. My own personal experience can help explain the cooperative, managed nature of open closets. I served in the U.S. Navy during “Don’t Ask Don’t Tell”(1993-2011). Everyone knew I was gay. I lived in a somewhat liminal space both out of the closet, but also in the closet as I carefully managed who I directly told, and those who could only know through second-hand news. Verbal

⁴⁷ Rachel Hope Cleves, *Charity and Sylvia: A Same-Sex Marriage in Early America* (Oxford: Oxford University Press, 2014), xii

disclosure of my sexuality presented a legal problem for me, whereas a carefully managed open closet was acceptable to my military community.

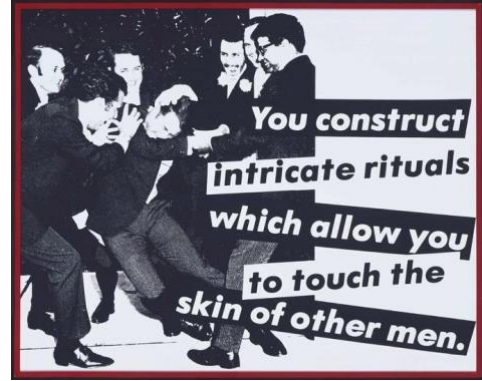
There is a growing body of literature that suggests that “verbal disclosure,” or the idea of coming fully out of the closet, is a white construction.⁴⁸ For many non-heterosexual men of color, “coming out” can lead to ostracism from both white gay men, and from their ethnic communities. Part of the reason for this problem is that coming out via verbal disclosure has often been seen as an idealized way of being for white gay men. This formulation ignores other sexual ways of being in cultures where the closet and coming out are just not relevant.

Employment of tacit subjectivities and non-heterosexual ways of being in which the closet does not factor, is not a break from the past in terms of queer identity constructions. George Chauncey in *Gay New York* discusses how sexual behavior has not always matched with sexual identity. Instead, sexual identity has been largely mediated via systems of class, gender expression, and race. It is important to remember, however, that the rules of belonging are not monolithic in any community. Sexual identity categories have deep historical limitations. The first is that these categories are not stable over space and time. Identity is relational and contingent. Neither homosexuality or heterosexuality are natural categories, they have been constructed, and are often independent of the subject’s object of desire. There are often profound differences between who people want to have sex with, who they actually have sex with, and who they tell people they have sex with. Jane Ward makes a very compelling case that homosexual contact is not in opposition to straightness, but an essential part of the straightness of straight white men.⁴⁹

⁴⁸ Adrian J. Villicana, Kevin Delucio & Monica Biernat (2016) “Coming out” among gay Latino and gay White men: implications of verbal disclosure for well-being, *Self and Identity*, 15:4, 468-487, 469.

⁴⁹ Jane Ward, *Not Gay: Sex Between Straight White Men* (New York: NYU Press, 2015).

Ward was not the first to observe this phenomenon. Artist Barbara Kruger in 1981 created “Untitled,” a photographic work of men in a physical altercation with the words “You construct intricate rituals which allow you to touch the skin of other men.”⁵⁰ George Chauncey in *Gay New York* teased apart



the complex identity formations of fairy, faggot, and trade, each rooted in class, racial, and ethnic differences as well as gender expression. These categories were often independent of the objects of sexual desire. Gay, Lesbian, bisexual, and Queer are not natural categories, but culturally constructed categories that are often anachronistic when applied to historical people, but also often fail as categories in which people can find themselves represented today.

The analogy of a “Don’t Ask, Don’t Tell” situation in regard to sexuality can be expanded to families within which one or more people within a family unit may know that another member of the family is gay, but none of the family members address that fact directly. ‘Don’t ask don’t tell’ can be conceived as a kind of tacit subjectivity in which “one’s sexual orientation is known to others but not verbally disclosed or discussed.”⁵¹ Tacit subjectivities are not limited to non-heterosexual men of color, although there may be different consequences for white men.

Several men in the collection of personal narratives *Farm Boys*, which was compiled in the early 1990s, reported this type of tacit subjectivity identity formation with at least one relative. Rick Noss, one respondent in the collection of stories from mostly white, self-identified gay men who grew up on farms, stated, “I’m only out to my mom, my dad, and one of my

⁵⁰ Barbara Kruger, “Untitled (You Construct Intricate Rituals),” Museum of Fine Arts, Boston, November 9, 2018,

<https://www.mfa.org/collections/object/untitled-you-construct-intricate-rituals-35582>.
⁵¹ Villicana, 469.

brothers . . . I'm sure my other relatives have figured it out too, but if they want to know, they can ask me."⁵² When Ross's parents, who at the time had not been directly told by Ross that he was gay, surprised him at a gay bowling night he attended, the entire community of gay bowlers immediately understood the stakes for Ross in preserving his familial status quo in regard to his sexuality. "I said 'Oh my God! My parents are here,' and it quickly spread down twenty-four alleys. There's nothing more hilarious than watching a hundred gay guys try to act straight. They tried their darndest for me, and my parents didn't say a word."⁵³ The fact that an entire community, as well as Ross's parents, did not say anything, despite the perhaps obviousness of him being gay, confirms that altering the status quo of the "Don't Ask, Don't Tell" arrangement was a high stakes endeavor. This vignette suggests that for Ross, and his bowling league friends, constructing a closet space on demand--even a transparent closet perhaps unconvincing in its performance of straightness--was necessary to avoid a challenge to the status quo. It may also suggest that in an economy of emotional labor, all parties chose to closet themselves somewhat, in order to avoid the work of restructuring their identities by addressing the issue of Ross's sexual identity head on.

Another participant in the *Farm Boys* collection, Richard Hopkins, reported a similar situation with his family.

I haven't been honest with my parents about being gay, but I've lived with Keith and he's always welcome in their home, so I think they have a pretty good idea. I'm HIV positive, and I've known for about a year and a half, so I'm really to the point where I need to talk to mom and dad. We'll see, but I do think that's going to happen soon. It's time. But how can they not know I'm gay? Maybe they're just being pleasant all these years not blurting it out, because we never talk about sex. As far as my brothers are concerned, I don't feel the need to tell them. I know they all know about it already, but I don't owe them an explanation.⁵⁴

⁵² Will Fellows, *Farm Boys: Lives of Gay Men from the Rural Midwest* (Madison: University of Wisconsin Press, 1998), 295.

⁵³ *Ibid*, 239

⁵⁴ *Ibid*, 248.

These stories indicate that a “Don’t Ask Don’t Tell” situation, in which the closet has only a degree of opacity, is the function of an unspoken agreement about the performance of identity in which all participants in their relational positions take part.

Connie Sanders, telling his story, goes a bit further to analyze the stakes in disrupting the “Don’t Ask, Don’t Tell” arrangement.

I’ve known people who were just sure their parents knew they were gay --They could even joke about it with them. But when they directly confronted them with it, it became messy, because then their parents had to really deal with it. They couldn't use denial anymore. My parents are probably doing major denial...I just don't know if there are enough people to give [my mom] the support she needs and tell her the kinds of things she needs to hear, or if she'd be surrounded by people who were just as uninformed as she is, or more so.⁵⁵

These vignettes indicate several important aspects of the closet and identity. The first is that the closet can be permeable but left as an unspoken agreement. Once it is addressed with words, it could get “messy.” The second, is that identity is relational. People may embody several different identities depending on where they were and who they were with. Further, a “Don’t Ask Don’t Tell” arrangement may negate the need to pass as straight, as long as people keep their mouth shut.

While movement is not an essential or ubiquitous experience of queer rural life, queer people have long moved to cities for the possibilities they offer. These moves were contingent on a number of factors. In Rice University’s collection of oral histories about HIV and AIDS in Houston, many of the interviewees had moved to Houston from small towns. Their stories share a familiar theme of not fitting in and facing homophobia in their communities. Amber David

⁵⁵ Fellows, 257.

reported that growing up, in Baytown, Texas and not conforming to gender expectations was incredibly difficult:

David: I was always an effeminate boy, so most of my growing up in my family was a negative experience because I was an effeminate boy and I have very masculine male cousins and uncles, so it was always an issue from the crib, so that was very negative for me.⁵⁶

Brian Keever, born in the 1950s reported that his sexuality was the primary factor in moving away from his hometown.

Keever: Okay. I'm an only child, adopted, from an unincorporated textile mill town in North Carolina in the 1950s, which was not exactly super thrilling, but it was what it was. I wanted to get out of Kannapolis, out of where I was born and raised, because I was the fag. I was the gay, the queer, the odd — all that stuff. I went to Charlotte, North Carolina, which was kind of like the biggest —which it was big then — the larger area that I was hoping to find more people that I fit in with and partied with.⁵⁷

The city represented a site of possibility and excitement. Further, it allowed for anonymity and the benefits of “reserve” outlined by Saul Becker in *Outsiders*. Becker argues that “the city dweller minds his own business and does nothing about rule infractions unless it is his own business that is being interfered with.”⁵⁸ Cities were attractive not just for a queer community, but for a heterosexual population that was not invested in policing queer identity or behavior.

Back in the 1970s, people would come from all surrounding areas, and you literally at night could not — it was a traffic jam from Elgin to probably at least Kirby, with people just riding down looking at the different people with different lifestyles. People were walking with big mohawks, in leather, drag, all of that. It was the place to go. It was bright lights, big city, and Westheimer was where everybody went to express themselves, so a lot of self-expression.⁵⁹

⁵⁶ Amber David. 2016. Interview by Ann Pinchak. Oral History 17, transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

⁵⁷ Carmon Brian Keever, Interviewed by Renee Tappe, transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

⁵⁸ Howard Becker, *Outsiders: Studies in the Sociology of Deviance* (New York: The Free Press). 1963,123.

⁵⁹ Amber David interview.

Eric Roland, born in the late 1960s reported a similar story. Interestingly, he reported that the heightened visibility of HIV and AIDS was part of his realization that he was himself gay.

Roland: I grew up in a small town in Indiana with a great family. Two brothers, a dog and a cat, a wonderful little suburban neighborhood. What was different was that I was different. I felt different. I didn't feel like I completely fit in, in the homogeneous, white, suburban Indiana town. I felt like I was different from everyone else. I wasn't sure what that difference was. I thought it was because of my very red hair at the time and all the teasing I got for being a redhead. Later, probably around 1981, when I was 13, when AIDS first became something that was talked about in the media and it was very quickly pinned on gay men only, that's about the time I figured out that I was gay. Of course, culture said you can't be like this; this is a bad thing. So, I really kept it a secret all throughout my childhood, especially in my adolescent years up until I went to college in Ohio.⁶⁰

For some like Roland, being able to attend college was an important step in their move away from home. Moving to college is evidence of at least some privilege, as a condition of possibility for mobility. Further, it complicates the urban/rural divide, as many college towns are rural, but culturally augmented by proximity to the university. Frank M. Staggs, an attorney in Houston, reported that in 1976 at Texas A & M University there was an unofficial gay student group called the "Gay Student Services Organization," which functioned as a social club.⁶¹

Roland notes that college towns were different from the small town he grew up in.

I couldn't wait to get out of small-town Middle America. I couldn't wait to go off to college to go be an adult. I'm not sure at the time what I thought that was going to entail, but I didn't go far. I didn't escape out of Middle America. I went to Miami University, which was just under an hour away from my parents' house, so I didn't move far. I am the baby of the family, so that kept me close by. Once I got to Miami University, even though it was in a smaller town probably than I grew up in, Miami was much more diverse. Still, Miami is a very white university, but there was more diversity there than I had seen in my life. I met my first Jewish person. I started having friends who were African American. I started meeting gay people. And just add, an institution of higher learning I think challenges people to be a little more open-minded about others and

⁶⁰ Eric Roland 2016, Interview conducted by Ann Pinchak, Oral History 23, transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

⁶¹ Frank Staggs, 2016, Interview Conducted by Renee Tappe, transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

differences. Differences and otherness was celebrated there, and I felt that, and I felt comfortable in that. Of course, it still took me a while to come out. After college, I moved with my first boyfriend to Upstate New York, to Binghamton, New York, which again was not escaping Middle America to go to a big city where gay people were welcome. This was a small post-industrial town. Again, there was a university there that was open-minded, very liberal, even more diverse than the university I came from.⁶²

Roland's narrative complicates the urban and rural as binary opposites. There were intermediate spaces like college towns that were very important to the sexual geographies of queer life in the 1980s.

The performance of identity as relationally contingent was not limited to people living in rural areas. In 1985 in San Francisco, Tom Coates, who became one of the first leading epidemiologists studying HIV and AIDS for the Centers for Disease Control (CDC) at the University of California San Francisco (UCSF) learned he had HIV. For Coates, San Francisco presented an opportunity to employ several different identities. In his discussion of Coates in the epidemiologic history *The Secret Epidemic: The Story of AIDS in Black America*, journalist Jacob Levinson wrote: "[Coates] wasn't exactly out -certainly not at work -but the city's electric collection of gay bars, clubs, and political life offered more than enough safe havens where he could let his guard down and be an openly gay man."⁶³ Levinson also notes that Coates was terrified about letting others know of his HIV status as it would have outed him at work.⁶⁴

The rural and urban experiences of both HIV and queer life is often treated as different, wherein the city has been largely imagined as a destination of queer possibility through the agency of outness in contrast to rural spaces serving as "America's closet." In both settings,

⁶² Roland Interview.

⁶³ Jacob Levenson, *The Secret Epidemic: The Story of AIDS And Black America* (New York: Anchor Books, 2005), 42.

⁶⁴ *Ibid*, 43.

however, identities have been constructed relationally as people move through space. For Coates, living in San Francisco in the 1980s, his work place was a closeted space, and whether or not he employed a straight identity there, or maintained some kind of liminal relational identity such as a “Don’t Ask, Don’t Tell” is unclear. What is clear is that as he moved throughout the city over the course of any given day, he carefully managed how others would perceive his orientation.

Coates’s example demonstrates that circuits of movement were a key component of the expression and perception of identity. Identity as a relational orientation to other people meant for Coates a maximization of privilege by avoiding homophobia in a prestigious career field by keeping himself closeted at work. For many without Coate’s privileges as a white, gay, man the closet was more about survival than maximizing privilege.

Judith Halberstam in *A Queer Time and Place: Transgender Bodies, Subcultural Lives*, argues for a more complicated understanding of the rural/urban binary as a way to understand queer possibilities. Halberstam argues that rural spaces have long been considered unfriendly to queerness: “... small towns were considered hostile to queers and urban areas were cast as the queer’s natural environment.”⁶⁵ Halberstam cites the stereotype of the white affluent gay man as the embodiment of a ‘creative class’ that can add to the cultural richness of a city but is seen as antithetical to “small town family life and values.”⁶⁶

In my own experience as a gay man who was a teenager in the 1990s, the murders of Brandon Teena, in Nebraska, Matthew Sheppard in Wyoming, and Barry Winchell, a soldier in Kentucky, were formative in my own understanding of rural spaces as violent and homophobic. In high school, I secretly carried in my wallet small pictures of both Barry Winchell and

⁶⁵ J. Jack Halberstam, *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*, 1st US Edition 1st Printing edition (New York: NYU Press, 2005), 15.

⁶⁶ *Ibid*, 15.

Matthew Shepard cut out from *Time* magazine articles. I am not sure why I did this, other than that I knew that these men could have been me. Each of these murders was profoundly gruesome and impossible to ignore. For queer people, these highly public killings inverted the notion of “small town safety, and big city danger” that Halberstam critiques.⁶⁷

It is important to remember that urban spaces were not always welcoming and safe for queer people. Further, Halberstam points out that Brandon Teena and Matthew Shepard might take up too much space in shaping a historiography of rural queer life,

Given that many gay, lesbian and transgender people who grow up and live in small rural areas may not identify with all these levels and identifications. Second, the Brandon story suggests that too often minority history hinges on representative examples provided by the lives of a few extraordinary individuals. And so, in relation to the complicated matrix of rural queer lives, we tend to rely on the story of a Brandon Teena or a Matthew Sheppard rather than finding out about the queer people who live quietly if not comfortably in isolated areas or small towns all across north America.⁶⁸

Certainly, queer life in cities is marked by experiences that differentiate urban queer life from queer lives in rural areas, but neither cities nor rural spaces can be considered proper, good, or essentially natural spaces for either queer or straight people.

Halberstam, notes that for white, Midwestern queer men rural spaces were lonely. Many of them engaged in a rural to urban migration pattern. Halberstam notes that the isolation afforded by rural life allowed other queer men the ability to avoid powerful normative narratives about gay identity. Many of the men in *Farm Boys* felt more at home in rural spaces and deeply uncomfortable with the perceived effeminacy and activism in urban gay culture.⁶⁹

⁶⁷ Halberstam, 15.

⁶⁸ Ibid, 42.

⁶⁹ Ibid, 40.

Migration and movement are overlapping but distinct ideas. Migration is generally not a term that individuals use to describe their movements. People simply move. ‘Migration’ is a term to describe the mass movement behavior of populations much like the term MSM (men who have sex with men) is an epidemiological term to describe populations based on sexual behavior. The label ‘migrant,’ especially for those who move within the borders of the United States, is generally not a first-person identity category.

There have been several different definitions of migration in the surveillance data on HIV and AIDS and migration. Looking at the ways in which migration was constructed through various studies highlights the way in which different spaces have been perceived through an empirical lens. Comparing two reports from the early and mid-1990s on migration demonstrates that the public health literature failed to present a consensus opinion on migration patterns. These studies also reflect the limitations on data available due to reporting guidelines that made HIV less visible than AIDS to public health officials.

The larger study of the two, published in 1995, used data collected in the “AIDS Mortality Project.” The AIDS Mortality Project looked at death records collected between 1985 and 1992. The study, entitled “The Migration of Persons with AIDS: Data from 12 States, 1985-1992,” defined migration as “a change of residence between AIDS diagnosis (as listed on AIDS case reports), and death (as listed on death certificates).” In the study of 49,805 deaths, 10.6% of people with AIDS moved between diagnosis and death. The pattern of migration that this report indicates is a trend of movement toward cities.⁷⁰

⁷⁰ James W. Buehler, MD, Robert L. Frey, PhD, Susan Y. Chu, PhD, and the AIDS Mortality Project Group, *The Migration of Persons with AIDS: Data from 12 States, 1985 to 1992*, *American Journal of Public Health*, (November 1995, Vol. 85, No. 11)1152-1155, 1153.

This conclusion stands in contrast to a 1990 study of 325 patients from a single clinic in Chapel Hill, North Carolina titled, “The Geography of AIDS: Patterns of Rural and Urban Migration”⁷¹ The patients in the North Carolina study were HIV positive and nearly all “severely immunocompromised,” meaning that an AIDS diagnostic threshold had likely been met either through low CD4 counts in bloodwork, or that they had presented with symptoms that met the diagnostic criteria for AIDS in 1990. Importantly, the patients in the North Carolina study were alive at the time of the study, whereas the multi-state study focused only on death records.

The North Carolina study asked the participants a series of questions. The study found that sixty percent of the respondents had lived outside of North Carolina for at least one month in the last ten years. Thirty-seven percent of those who had lived outside the state felt they had contracted HIV out of state⁷² The report is summed up as follows:

Sixty percent of our study patients infected with HIV had lived out of state and had migrated to North Carolina. Nearly two thirds of these travelers were North Carolina natives returning home to seek health care services in "low prevalence" areas. The majority of our patients, however, believe they were infected in North Carolina. Forty percent never lived out of state for more than a month during the previous 10 years and thus were most likely infected while living in North Carolina. A fifth of patients thought they were infected in rural areas. This number may be higher because patients may be more likely to think they were infected in metropolitan areas because they believe HIV infection occurs primarily in those areas.⁷³

These two studies have similarities and profound differences. The first similarity is the motivation for the studies. Both state that the primary reason for conducting the study is to secure funds at the state level. The problem that both studies address is that the state in which a patient was diagnosed was the state that could count that patient as part of a population that

⁷¹ Susan E. Cohn and Klein, Jonathan D., “The Geography of AIDS: Patterns of Urban and Rural Migration.” *Southern Medical Journal*, Vol. 87 Issue 6 (June 1994,), p599. 8p. 2 Charts, 599-603.

⁷² Ibid.

⁷³ Ibid.

would draw federal funding. Meaning, if someone was diagnosed with AIDS in New York and they subsequently moved to another state, New York would still be the state that was able to count that person and draw funding.⁷⁴

Another important commonality between the two studies is the invisibility of HIV positive people who did not have AIDS. Many who were HIV positive were as yet untested, and therefore invisible to the studies. But at this point, HIV seroconversion (testing positive) was not a reportable condition, whereas an AIDS diagnosis was.⁷⁵ Each state had its own reporting guidelines, and it was not until 2008 that all fifty states and the District of Columbia began reporting HIV diagnosis to the CDC.⁷⁶

While the mortality study indicates net migration into larger metropolitan areas, of the twelve states in the study, none included the Deep South. The potential for misdirection of funds was the primary impetus for nearly all of the migration studies I have found. The North Carolina study, however, adds several specific reasons for the study:

Anecdotal evidence suggests that persons with AIDS in rural areas have migrated from the cities of their initial AIDS diagnosis back to their hometowns. However, the extent of and reasons for this phenomenon are not known. This migration, if it exists, has several important implications. First, migration of patients infected with HIV directly affects where additional health care services will be needed. Since the federal government allocates HIV/AIDS funds based upon the number of AIDS cases diagnosed in each state, patients with AIDS who migrate to other states after diagnosis may distort the projection of cases and lead to a maldistribution of federal funds for HIV-related health care. With the diffusion of new AIDS cases from urban centers to more rural areas, the health care resources of rural communities may not be adequate to meet the needs of persons with AIDS. Second, persons infected with HIV who migrate into an area may serve as vectors of HIV transmission. Third, the influx of persons infected with HIV may increase the need for AIDS education programs in rural areas.⁷⁷

⁷⁴Ibid.

⁷⁵Ibid.

⁷⁶Kathryn Whetten-Goldstein and Brian Wells Pence, *You're the First One I've Told: The Faces of HIV in the Deep South*, 2nd edition (New Brunswick: Rutgers University Press, 2013), 4.

⁷⁷Cohn, 599.

This study was prompted by anecdotal reports of massive migration. The citation for these anecdotal reports of migration is the work of Abraham Verghese, a physician credited with bringing attention to his observance of many black men moving home to Tennessee as a result of HIV diagnosis.⁷⁸ The language of the study reflects a fear that migrants would be disease vectors. Healthcare professionals felt as though an invasion was taking place. The idea of an invasion of migrants who carry disease, especially a disease that has been associated with promiscuity, is a powerful and very old narrative trope.

Abraham Verghese, a physician who worked with HIV patients in rural Tennessee, wrote in his 1994 memoir, *My Own Country: A Doctor's Story*, about what he identified as a paradigmatic migration pattern in which gay men moved home after contracting HIV/AIDS. He gives an example of the migration pattern he witnessed through the story of his patient “Hobart.” Verghese writes that Hobart left his small town in Tennessee because of general homophobia and moved to San Francisco. While in San Francisco, he contracted the HIV virus. He then moved back home where he subsequently died. Verghese described Hobart’s journey as a pattern that he encountered before: “The first two steps of the paradigm –leaving home and then the period of urban living –were followed by the long voyage back.”⁷⁹

Verghese also recounts the first time in 1985 that his emergency room treated a patient with HIV that had progressed to AIDS. The patient was from Johnson City and had moved to New York, and never told his parents he was gay. Returning for a visit with his parents, he had fallen ill with pneumocystis pneumonia, a common infection in people with extremely

⁷⁸ Cohn, 602.

⁷⁹ Abraham Verghese, *My Own Country: A Doctor's Story of a Town and Its People in the Age of AIDS* (Simon and Schuster, 2016), 399.

compromised immune systems. Confined to the ICU, the disease essentially outed him as gay to his parents. His parents were appalled at his “city friends,” who flew down.

More surprising than the parent’s reaction to the situation was how the medical staff Verghese worked with characterized the patient after he died three weeks after arrival. He was referred to by hospital staff as a kind of humorous aberration from the city, the “Homo from New York with AIDS.”⁸⁰ Verghese sums up the immediate reaction to the experience, stating: Everyone thought it was a freak accident, a one-time thing in Johnson City. This was a small town in the country, a town of clean living, good country people. AIDS was clearly a city problem. It was something that happened in other kinds of lives.⁸¹ This idea of “other kinds of lives” is telling. The rural HIV patient represented a queer body that was incompatible with ideas of a rural heterosexual homogeneity. “Other kinds of lives” meant urban and foreign. Just as the virus was imagined as a foreign body, the AIDS patient was a foreign body in the rural space. The idea of the city as an epicenter of AIDS is perhaps the most popular depiction of gay life in the United states. Nearly every major gay-themed film takes place in urban centers. AIDS in rural areas was seen in the early years of the epidemic as an aberration that came from the city.

The language in these studies matters. The term migrant itself carries with it the narrative tropes that have a long tradition in the stigmatization of immigrants as carriers of disease. From the Chinese Exclusion Act to the McCarran-Walter Act of 1952 and into the present, immigrants have been scapegoated as disease vectors.⁸² Varghese’s use of the term ‘migration’ in a popular memoir clearly shaped policy, at least in terms of surveillance., Furthermore, it may have overstated the scale of movement from cities to rural areas. Perhaps most importantly, introduced

⁸⁰ Verghese, 25.

⁸¹ Ibid.

⁸² Markel, Howard and Alexandra Minna Stern. “The foreignness of germs: the persistent association of immigrants and disease in American society” *Milbank Quarterly* vol. 80,4 (2002): 757-88, v.

the migrant framework of understanding people who move as a result of HIV or AIDS. Migration is a way of depersonalizing the experience of movement, remembering that populations migrate while people move. Migration as a narrative frame also introduced into a public health system—and eventually diffusing into popular memory of movement and HIV/AIDS all of the cultural baggage migration and immigration connotes.

Verghese's memoir was written at the height of the HIV epidemic. His observations serve as an important archive. The factors that pushed and pulled people to and from spaces are, however, complex. Simply describing a pattern of moving to the city to be openly out, and then moving home when a person gets sick, says nothing about the scale of these movements, the contingencies of staying, or the conditions or possibilities for moving home.

Eric Roland, who had moved to upstate New York, had wanted to move to New York City, but was unable to do so for financial reasons. He notes that he “stayed in upstate New York, thought about moving to New York City, but never did, because he thought that it was way too expensive to move there.”¹³ Roland's story demonstrates that a move to the city was contingent on being able to afford it. Further, Roland's statement provides indirect evidence that many people with HIV moved away from cities due to rising costs and gentrification as a push factor.

A white gay New Yorker, Allan, recalled in an interview with me that a friend of his—who was also his drug dealer in the late 1990s--was only able to remain in the city by selling drugs. The friend contracted HIV and it progressed to AIDS. He did not view his family as accepting or welcoming and thus paid for his drug treatments and rent by becoming a supplier of pills to smaller scale drug dealers. Allan pointed out that his friend did not use the drugs, he just

sold them. The friend eventually succumbed to his illness but died in the company of the family of friends he created in New York.⁸³

Beyond issues of class and financial status, for queers of color, race and racism played another important role in navigating space and ideas of home. Amber David reported that her hometown was marked by visible and active racist organizing.

PINCHAK: What was it like growing up in Baytown?

DAVID: I went to a high school, Robert E. Lee High School, which was a military high school. It wasn't military in that we carried guns or anything, but it was Robert E. Lee, and we saluted Robert E. Lee. I can remember when there was a student sit-in because the Confederate flag flew right up under the Texas flag, and as we integrated, students protested; that they could not do the Pledge of Allegiance to the other flag without seeing the Confederate flag. It was that kind of town, but it wasn't blatant prejudice everywhere, because in this area I did see hooded Klansmen. We saw them on I-10 burn crosses in the full regalia that the Klan wear, so I grew up knowing about prejudice.⁸⁴

For David, racism was as important as homophobia in decisions to move from her hometown.

Cathy Cohen, in *Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, describes her conversations with a young, black, gay man with HIV who was worried about telling his parents that he had contracted the virus. At the time of their conversation, he “even considered breaking the news about his status by taking the more ‘respectable route’ and telling them that he had contracted AIDS by injecting drugs. But he figured they would never believe him.”⁸⁵ To Billy, an AIDS diagnosis was tantamount to ‘coming out.’

Cohen writes that, for Billy, moving to the city was as much a decision for his family as it was for himself. According to Cohen, Billy reported that moving home as a result of HIV was inevitable:

⁸³ Oral history interview with Allan Castro, conducted by Jordan Miles on October 25, 2018.

⁸⁴ Roland interview.

⁸⁵ Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, 1 edition (Chicago: University of Chicago Press, 1999), 1.

He knew in the end he would have to return home and let his mother take care of him. In the meantime, his friends –his hand-picked ‘family’ of other black gay men –would fill the caretaking role of his mother. At the same time, he insisted throughout our conversation that he did not want to impose on these friends in his last and most vulnerable moments.⁸⁶

Further, moving home and coming out was politically constraining. Cohen writes, “How could he be active in the politics around the disease without worrying that his picture would end up in some paper, or that someone’s son or daughter or cousin from his hometown church might see him?”⁸⁷

Billy’s example shows that moving home was not an individual decision, but one that required a family that was willing and able to provide a home, and also willing and able to risk rejection from their community if the closet was transgressed. Individuals with families unwilling to assume these responsibilities, find themselves in a state of “advanced marginalization,” which “not only allows for limited mobility on the part of some marginal group members, but also transfers much of the management of other less privileged marginal group members to individuals who share the same group identity.”⁸⁸

Cohen argues that AIDS in the black community, and the lack of an adequate response on the part of mainstream black political organizing, must be examined in the context of existing black oppressions. At stake for many in the black community was the idea of respectability, in which the most marginalized members of the black community were silenced and made invisible, in service of a greater black freedom struggle.

To illustrate the contingency of community for black gay people Cohen cites bell hooks who remembers,

⁸⁶ Cohen, 2.

⁸⁷ Ibid, 2.

⁸⁸ Cohen, 63-69.

The gay people we knew did not live in separate subcultures, not the small, segregated black community where work was hard to find, where many of us were poor. Poverty was important; it created a social context in which structures of dependence were important for everyday survival. Sheer economic necessity and fierce white racism, as well as the joy of being there with black folks known and loved, compelled many gay blacks to live close to home and family. That meant however that gay people created a way to live out sexual preferences within the boundaries of circumstances that were rarely ideal no matter how affirming.⁸⁹

What hooks remembers is strikingly similar to Cleve's assessment of how two white lesbians were accepted by their community. Cleves argues that same-sex partnered couples had to be essential to their community. In small communities, people are not easily replaceable, and interdependence was essential for the wellbeing of all. Straight people had to look the other way when it came to gay people for the good of the community. This arrangement was not without conditions as Cohen, Cleves, and hooks all point out. The moment someone was too out and "flaunted" their sexual orientation, this coalition was destabilized.⁹⁰

One account of poverty conditions for a black family in South Carolina during the 1990s caring for two family members with AIDS highlights the importance of family units as sites of care.

The family survived on meager welfare payments --Thomasine's disability check and help from social services. Eventually the two older siblings went to work. By pooling the paychecks and the welfare, the family lived comfortably enough. Barbara remembers that, unlike some of her neighbors, who only ate meat on Sundays, the Lindsays ate three meals a day and always had meat on their dinner plate.⁹¹

This illustration of life for one family demonstrates several key points about the contingencies of identity possibilities. First, it positions food insecurity within the broader landscape of poverty in the community. Further, it reveals that through the shared identity of family membership, and the

⁸⁹ Cohen, 92, bell hooks, *Talking Back: Thinking Feminist, Thinking Black* (Boston: South End Books, 1989), 120.

⁹⁰ Cohen, Cleves, and hooks all make a similar claim.

⁹¹ Andrew J. Skerritt, *Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South* (Chicago: Chicago Review Press, 2011), 261.

pooling of resources within a family unit, families improved their ability to put food on the table. Family did not just mean emotional support, or a sense of belonging, but being part of a family unit in impoverished places often meant the difference between eating well or going without.

Cohen's example of Billy similarly referenced the idea of a hand-picked 'family' that could take care of him as a contingency for continuing to live in the city. Many queer people have been able to form queer families of choice as a response to, or sometimes in addition to, their biological families. There is a great deal of literature pertaining to fictive kin within queer communities. The documentary and important cultural touchstone for queer people, *Paris is Burning* (1991) demonstrates that many black gay men and transgender women lived in "houses," governed by older more established "mothers." These houses bore names referencing the fashion world. House identity often involved changing one's surname to the house's name, at least informally, to reflect membership. These kinship groups have held an important place in the personal survival of queer populations in cities.⁹² Gender theorist Matt Cook argues:

This use of family has been both pragmatic and sometimes self-consciously radical, a reaction against the nuclear model and the actual and ideological exclusion of lesbians and gay men from family and family life. Kath Weston suggests that in the 1980s and 1990s there was 'a reconfiguration of the terrain of kin, friendships, and commitments "beyond blood"' There are, Heaphy and Donovan suggest, 'an expanding range of . . . community knowledge about the possibilities and resources for non-heterosexual living.'⁹³

The chosen kinship group in Billy's circumstance had limitations. Cohen does not explain these limitations in Billy's specific example, but looking at oral histories documenting the HIV crisis can shed some light on the precarities of these chosen kinship groups. Amber David, a drag

⁹² "Paris Is Burning | Netflix," accessed December 12, 2018, <https://www.netflix.com/title/60036691>.

⁹³ Matt Cook, "Families of Choice? George Ives, Queer Lives and the Family in Early Twentieth Century Britain," *Gender and History* Vol 22 No 1 (April 2010) 1-20, 5.

performer living in Houston in the 1980s and 1990s recalls the way in which AIDS ravaged his own friendship networks.

I can remember one period when I looked around and I knew nobody at the Pride Parade because all my friends had died, and I went into a depression and I stopped going to the parade because I didn't recognize — everybody was new faces, and my friends had all gone away. Years prior, we were on different floats, waving at each other, hanging out before and afterwards.⁹⁴

An AIDS diagnosis, from the 1980s to 1995 with the introduction of an antiretroviral drugs, carried with it a life expectancy of eighteen months.⁹⁵

For many in queer communities in the 1980s, watching your friends die was the norm. In 1997, David Nord, in a handbook for dealing with grief and the practical realities of losing friends from the epidemic, wrote the following:

My real core group is almost all gone. How can you replace friends? You want to get old with people. When I was younger, we used to talk about having the first gay nursing home. That's kind of funny, but I'll never be there with my friends from when I was 20 years old. New friends are different, losing history; I don't have a history. I can't say to someone, you remember in 1980..."⁹⁶

The experience of having large number of friends die from AIDS is well documented. While gay political organizing galvanized around the AIDS crisis in cities, the breakdown of personal relationships as friends and partners died has been overlooked as a push factor in decisions to move away from the cities back to traditional kinship networks 'back home.'

An HIV nurse who worked at a clinic in Georgia shared in an interview with me that many of her patients' families were accepting and wonderful, while many others were hateful.⁹⁷

⁹⁴ Amber David Interview.

⁹⁵ NPR, "AIDS Patients No Living Longer, But Aging faster," *Morning Edition*, (Nov 10, 2009). <https://www.npr.org/templates/story/story.php?storyId=120249388>.

⁹⁶ David Nord, *Multiple AIDS-Related Loss: A Handbook for Understanding and Surviving a Perpetual Fall*, 1 edition (Washington, D.C: Taylor & Francis, 1997).

⁹⁷ "Interview with Gina, conducted by Jordan Miles, Phone, Opelika, Alabama, November 1, 2018.

There is a great deal of evidence for the difficulties in moving home. Some of those who moved home received support in some areas, but not in others. An interview with Amber David indicates that at least one family took steps to manage the health care of a relative who had come home by finding housing in a nursing home for him, but then abandoning him.

Amber David: I saw families, some embrace. I saw others turn their backs. We buried friends that became wards of the County, because they knew the family was not coming. I remember when I was in my addiction, a young man had gone home to die, to have his family take care of him. He was from San Antonio. When he went back to his family, they put him in a nursing home and never came to visit, and that was his really greatest fear, dying alone. But he was already getting his Social Security, and he took his Social Security check and took a bus back to Houston to die in Montrose around people he thought cared.⁹⁸

This abandonment led him to return to the Houston area to die with people who offered emotional support, rather than just material support.

Although pinning down the scale of migrations home and their impact on both rural and urban places is difficult to assess, Jeanie a nurse who worked in an infectious disease clinic in rural Georgia from 2000-2008 remembers that “conservatively” twenty to thirty percent of her patients were men that had moved home as a result of their diagnosis. Many, she felt, were coming home to die.⁹⁹

Migration is often seen a permanent move. But many HIV positive people who either stayed in their hometowns or moved home were still in close enough proximity to cities to inhabit both spaces. As men moved to and from larger cities, their identities could be performed in multiple ways depending on their location. Gina from the clinic in Georgia remembers:

We were seeing a lot of cases where a lot of young [black] men would be on the downlow and come to us during the week, then on the weekends go to one of the cities to party and maybe not disclose what their status was. Their families thought they were

⁹⁸ Amber David Interview.

⁹⁹ Gina interview.

straight all week long, and then on the weekend, depending on whether they were giving or receiving, they didn't consider them self gay. So, they would have that other life that they had when they were away, and they didn't consider themselves gay.¹⁰⁰

Rural and urban spaces are not always marked by permanent changes in residence, but often shorter circuits in terms of time spent in both types of locations. Jeanie's recollection also demonstrates that many men engaged in same-sex relationships and sex, but were not considered gay, and were not perceived as gay back home. This type of movement demonstrates continuity with what John Howard in *Men Like That* describes of queer southern life in the 1950s-1980s in which queer men engaged in "circulation" rather than "congregation."¹⁰¹

At least some of the men who engaged in these circuits did not identify as gay.

Epidemiologists use the term 'men who have sex with men' (MSM) to avoid conflating behavior with identity. As opposed to LGBTQ, MSM is a non-identity with which epidemiologists can cast off the cultural baggage that stigmatized identity categories connote. Further, the MSM framework avoids the important fact that many identity categories are unstable through space and time for many of the people in the populations that epidemiologists study. For historians, though, the MSM framework has limited utility because of its use as an attempt to create a culturally neutral sexual category.

MSM focuses on the single factor of same-sex sexual behavior and is therefore inclusive of many different identities, including men who see themselves as straight, gay, bisexual, pansexual, queer, etc. At the same time, this inclusiveness folds all of these identities into each other. While MSM can be broken down along various other demographic lines (age, race, region), the effect of removing culture is to erase the unique cultural and political histories of people who use distinct identity categories to create communities and mobilize politically.

¹⁰⁰ Gina Interview.

¹⁰¹ Howard, xiv.

Identity is a powerful tool for mobilization. But identity formations are highly fluid and not essential. What this chapter and the following chapter demonstrate is that identity was also a powerful strategy for survival. People were active agents of their own sexual identity performances and used movement to secure relationships with their families and communities. Migration as a framework suggests that people's actions vis-à-vis and HIV or AIDS diagnosis was a function of purely structural forces. I argue that 'movement' is a framework for understanding the way people manipulated their identities through conscious choices to alter their positions in space in order to manage issues of survival in the context of HIV/AIDS. The next chapter furthers this by looking at the choices made with objects that were part of visibility and closeting strategies.

Chapter Three: Identity, Artifacts, and Palimpsests

Jim, the medical social worker told me a story that demonstrates the confluence of individual choices, movements, and objects in the shared experience of identity performance. He talked to me about two of his colleagues in the early days of HIV/AIDS before they knew anything about transmission.

Jim's colleagues, also medical social workers went to perform a house call on a client. The client's family did not know that he either had AIDS or that he was gay, so he asked and they agreed to go outside to a picnic table in the front yard to speak. Outside, at the picnic table in the North Carolina Summer, both social workers were covered in mosquito bites and had observed mosquitos landing on their client and then the very same mosquito landing on themselves. After their discussion, the social workers got in their car and discussed how they were certain they had contracted HIV as this was before they knew that HIV was not mosquito-borne. According to Jim at no point though did his colleagues try to cut the meeting short or move inside to avoid contagion.

While much of this thesis has looked at large scale moves, even simply moving from the porch to the picnic table was a sufficient management of one's position in space to obfuscate or alter identity. Further, the picnic table itself in this meeting is transformed from an incidental space to an AIDS object that was utilized to receive care and attention. Also, this man's identity performance needed willing allies, in his case the two social workers who felt they risking transmission, but out of respect for this man's wishes to remain straight and HIV negative to his family complied with his wishes.

While this is an anecdote, at the micro scale when looking at these intimate moves and mundane objects, it is easy to see the care and attention given to protecting people's ability to

embody whatever identity they need to in order to secure belonging, care, and survival. Since the early 1980's around half a million people have died of AIDS related causes. It is likely that many of those who died, and the many who continue to live with HIV have stories that share many parallels with this man's. The material history of HIV/AIDS is an important reminder that even in the face of powerful historical forces, people make conscious decisions that the broad brushes of sociology and epidemiology cannot paint with sufficient detail.

Examining the material objects, some only existing in recorded recollections, provides two functions. First, these objects serve as artifacts which reveal historical practices and values. The AIDS objects described in this chapter serve to demonstrate the relationship among visibility, visibility politics and being able to keep health status and identity compartmentalized in order to maximize survival possibilities.

Material objects and spaces also serve as sites and technologies of memory. Many of these artifacts are palimpsests with multiple meanings created because people gave them novel utility beyond their intended purposes. If history describes and analyzes the past, memory experiences the past, even if sometimes vicariously. Material objects as artifacts of history and technologies of memory help to delineate where history and memory diverge. But AIDS artifacts are deeply related to the politics of AIDS activism and LGBTQ identity politics.

Identities are neither essential nor stable through space and time, but they are useful. David Halperin observes that "It would be difficult to imagine a more powerful or urgent demonstration than the AIDS crisis for the need to conceptualize sexuality, after the manner of Foucault, as an especially concentrated point of transversal in contemporary Western societies."¹⁰² Political organizing in the face of the AIDS crisis was galvanized through the

¹⁰² David Halperin, *Saint Foucault: Towards a Gay Hagiography* (Oxford: Oxford University Press, 1995), 27.

mobilization of identity and focused on visibility as an organizing platform. People became willing to become emotionally invested in politics through identifying within a lesbian and gay framework.¹⁰³ Without identity, or by utilizing a default straight identity, many people could not be part of a political or personal response to the AIDS crisis.

Identities are concepts that are not themselves tangible. But, the history of these identities has left a material legacy in the objects and technologies employed in the performance of identity. Objects played key roles in both visibility politics at the center of activist organizing, and also closet assemblages used as strategies for survival.

Used as a strategy for survival, the closet prevented individuals from engaging in political organizing or participating in advocacy for themselves. A medical social worker from Eastern North Carolina reported that there was little to no community or advocacy for black men in rural areas. The work of advocacy fell on whiter, more affluent places in North Carolina like Durham and Asheville, places with politically active gay communities.¹⁰⁴

In our area in Eastern North Carolina, there was virtually no advocacy, people were isolated, whatever their backgrounds were, just the fact that they had HIV/AIDS meant keep quiet, you don't know how people are going to react to this, you don't know how you are going to stay around here, I don't want anybody to know that. They couldn't risk being advocates, they couldn't identify.¹⁰⁵

Many black gay men in North Carolina identified more closely with black organizations than with gay organizations. On national and state levels, gay organizations taking the lead on

¹⁰³ Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*, 1st edition (Berkeley, Calif.: University of California Press, 1996), 21.

¹⁰⁴ Interview with 'Jim' Conducted by Jordan Miles, Phone, Opelika, Alabama, November 1, 2018.

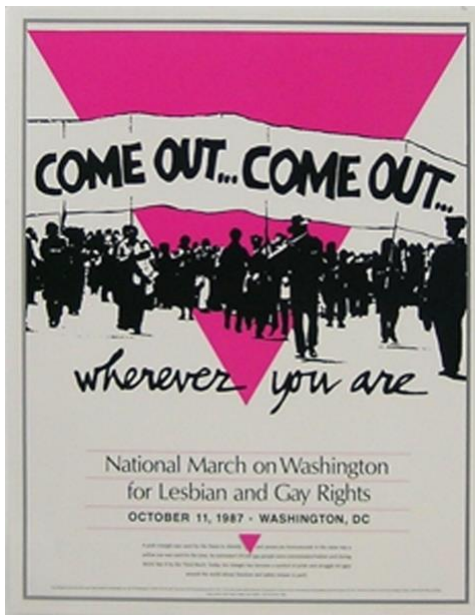
¹⁰⁵ Jim interview.

AIDS were dominated by white activists. These mostly white gay organizations were largely ineffective at prevention efforts in black communities.¹⁰⁶

During the late 1980s and early 1990s, many of the national AIDS organizing by groups such as ACT UP advocated for strategies of visibility. One of ACT UP's most widely recognized slogans was



SILENCE=DEATH. Visibility as a strategy of gay organizing predated the AIDS crisis. Harvey



Milk, murdered three years before the first case of AIDS in the United States, famously implored people to “Come out, come out wherever you are”¹⁰⁷ The visibility campaigns created a powerful disconnect between rural white and black people living with HIV/AIDS. Many rural black men did not identify as being gay and/or r they disidentified with the kind of gayness that they were exposed to in media representations. Visibility was for some impossible and counterproductive. For many,

silence about their sexuality and HIV status meant life. The closet for many meant survival.

The same absence of any semblance of an organized gay community was similarly remembered by Jeanie, the nurse from Georgia. “We were a small, quiet kind of county, it was very much on the down-low. It was not spoken of, it was not mentioned. Our clinic was not even

¹⁰⁶ Jim interview.

¹⁰⁷ Cleve Jones, *When We Rise: My Life in the Movement*, Reprint edition (Hachette Books, 2017), 135.

listed as an HIV clinic. We were listed as an infectious disease clinic and that was pretty much where it was left at.”¹⁰⁸ This clinic, and likely many other in rural areas, had to be in the closet as well.

Most of the patients in Jeanie’s clinic were not out to their families about either their HIV status or their sexuality. One of her patients told his family that he had cancer and that he was going to a free cancer clinic. The closest clinic that saw HIV and AIDS patients was about two hours away and some of her patients drove to her clinic from neighboring counties in order to maintain their privacy.¹⁰⁹

Just as objects can be gendered as male or female, places and things can be oriented as queer, or oriented to connote AIDS. Jeanie’s clinic in rural Georgia took measures to keep the clinic in the closet or “on the down-low,” as she put it. She let her patients know that if they saw her in town, she would not say hello, because people knew that she worked at an HIV clinic and just knowing her would invite questions. Further, many patients would commute long distances to make sure that if they were seen entering the clinic, it would not be by anyone they knew.¹¹⁰

Jim, the medical social worker in Eastern North Carolina, remembers that when his clients wanted to get together, he had to find a place for them to meet, a task that proved somewhat complicated. He remembers:

There were some in our client population that wanted to get together, not all of them, but they wanted to be among other people that had HIV. And we were looking for a place to have a meeting. We had to be very careful. We didn't want to have it at? an agency that did the work. We wanted it to be an informal get-together type of thing. And we found a church that had a fellowship hall that could be used for that meeting. The thing about it was that church did not give us permission to use that facility, [permission] was given by the minister, who said, “I can’t run this through my board, but I think it's important for you all to have a place to meet, so you can meet here. We don’t want to be thanked for

¹⁰⁸ Gina Interview.

¹⁰⁹ Ibid.

¹¹⁰ Gina interview.

it.” The minister was very supportive, but he realized where the community was and didn’t want to invite controversy.¹¹¹

In the absence of communities mobilized along the lines of sexual orientation or HIV status, many of the instances where black people in rural places could meet each other were organized by professional social workers, rather than through grassroots organizing.

One study of rural women living with HIV in the deep South from the late 1990s reported that only eighteen percent of its study participants had been to an HIV support group. One respondent indicated that she stopped going to a support group because it was held in what she described as the “AIDS room” in her local hospital.¹¹² In both these cases, the building spaces themselves had to function as successfully closeted apparatuses in order to be effective. They had to match the identity needs of the communities they served. The church meeting was effective due to its discretion, whereas the hospital-based meeting place proved problematic for at least one participant.

Some elements of the material cultures of AIDS history remain as part of a tangible archive, while many of these places and things exist only in representation or memory. The study of these objects and places, their meanings, uses, connotations, and their identities as closeted and out, are important parts of AIDS history. Public memory of AIDS cannot be treated as a given, as the history of AIDS is still unfolding. Documenting the material history of AIDS through remaining objects and the memories of those lost to time is an important part of remembering the cultural impact of AIDS. The closet was an unpleasant, but useful tool in the strategies of survival. The closet was both real and metaphorical. The closet deserves to be studied.

¹¹¹ Jim Interview.

¹¹² Kathryn Whetten-Goldstein and Professor Brian Wells Pence, *You’re the First One I’ve Told: The Faces of HIV in the Deep South*, 2nd edition (New Brunswick, N.J: Rutgers University Press, 2013), 153.

Playwright and AIDS historian Sarah Schulman wrote a powerful, personal text that does not fit neatly into the categories of queer theory, history, or memoir. Her work, titled *Gentrification of the Mind: Witness to a Lost Imagination*, traces gentrification in New York City to the relationship between real estate prices and the staggering number of people who died as a result of complications from AIDS. She observes that many of the men in her neighborhood were either from New York originally or were people she describes as “risk-taking individuals living in oppositional subcultures, creating new ideas about sexuality, art, and social justice. They often paid a high financial price for being out of the closet and community oriented, and for pioneering new art ideas.”¹¹³ Once these men died, the now-vacant apartments they had rented at “pre-gentrification rates,” were rented for considerably higher sums, or sold off.¹¹⁴

Schulman writes that gay men are often remembered as the “shock troops” of gentrification in New York. Schulman does not argue that gay men have served this function:

The desire to live in or create gay enclaves was a consequence of oppression experiences. Only gay people who were able to access enough money to separate from their oppressive communities of origin were able to create visible, gay-friendly housing and commerce and achieve political power in a city driven by real estate development.¹¹⁵

Schulman complicates the idea of white gay men as the original agents of gentrification, moving the locus further back by recognizing that if the communities of origin from which many gay men moved had been safe for out queer people to live openly, and if policies existed that protected poor neighborhoods of color, gentrification in New York with gay men as the vanguard, would be “both unnecessary and impossible.” As a historical claim, this counterfactual

¹¹³ Schulman, 38.

¹¹⁴ Ibid, 38.

¹¹⁵ Ibid, 40.

is problematic, but it is important theoretically because Schulman reminds historians that the city is not separate from rural areas and vice-versa. Both spaces, and the people within, impact the other in reciprocal ways. Schulman traces a direct line between rural homophobia, gay men moving away from these places to escape their closets, their subsequent deaths from HIV/AIDS, and real-estate gentrification in New York City. For the historian, Schulman unites rural and urban spaces through the movement of people in and out of them into a single complex, interconnected ecology. Housing, rent prices, and the built environment of cities can be considered important archives in the material culture of AIDS history.

Bathhouses in which men could meet and have sex with other men, are also part of the built environment of AIDS history. In 1984, the owner of The Catacombs, a gay sex club in San Francisco shut its doors. As municipalities started to respond to the AIDS epidemic, regulationist policies aimed at curbing sexual encounters between men were put in place and many public health offices recommended closing bathhouses. In the context of gentrification, the closing of bathhouses was incredibly convenient for the purposes of “cleaning up” the city for development. The debate about closing bathhouses was often framed as public health versus sexual freedom.

Bathhouses were places where men straddling the entirety of a spectrum from closeted to very out could find sexual possibility and community if they wanted. With the AIDS epidemic, these places transformed from places of possibility to places to be feared and considered deadly. In a *Washington Post* op-ed on the bathhouse controversy in New York, Conservative pundit

George Will quoted Mervyn Silverman, the primary public health official in New York City at the time, who compared bathhouses to a game of “Russian Roulette.”¹¹⁶

The closing of the bathhouses, framed at the time as a common sense decision, may have been a terrible mistake. Anthropologist Gayle Rubin sees the closing of the bathhouses across the nation’s cities as part of an ongoing campaign of raids on gay sex spaces, predating AIDS. She also argues that many bathhouses were actively engaged in condom distribution and safer sex education. Shuttering these places drove people who could not have sex in their own homes to other closeted spaces that lacked the organizing and educational potential that the bathhouses provided.¹¹⁷ The built environment of AIDS history contained in the memory of bathhouses, closeted clinics, and church halls are important sites of memory.

It might sound dismissive or dehumanizing to describe bodies of those who died as a result of AIDS as objects. This is not my intention. Instead, it is clear that bodies were powerful sites of activism even in death. Many families were simply uninterested in accepting HIV-positive relatives. Ruth Coker Burks, a nurse in the 1980s in rural Arkansas took it upon herself to bury deceased AIDS patients whose families would not come to claim their bodies. She had inherited a plot of land and turned it into a cemetery. In some cases, Burks leveraged the shame of having a gay child who had died of AIDS to demand that parents pick up their son’s body.

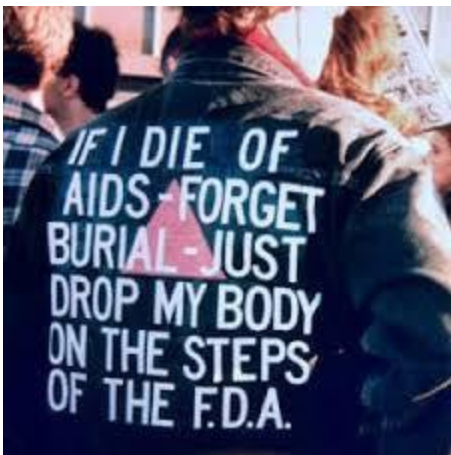
I walked out and [the nurses] said, “You didn't go in that room, did you?” Burks recalled. “I said, ‘Well, yeah. He wants his mother.’ They laughed. They said, ‘Honey, his mother's not coming. He's been here six weeks. Nobody's coming. Nobody's been here, and nobody's coming.’” Unwilling to take no for an answer, Burks wrangled a number for the young man's mother out of one of the nurses, then called. She was only able to speak for a moment before the woman on the line hung up on her. “I called her back,” Burks said. “I said, ‘If you hang up on me again, I will put your son's obituary in your

¹¹⁶ George Will, “Bathhouse Roulette,” *Washington Post*, February 7, 1985, <https://www.washingtonpost.com/archive/politics/1985/02/07/bathhouse-roulette/134a69ea-3ba3-463f-89cf-c26a6b41f787/>.

¹¹⁷ Gayle Rubin, *Deviations: A Gayle Rubin Reader* (Durham: Duke University Press, 2011), 235-240.

hometown newspaper, and I will list his cause of death.' Then I had her attention. "Her son was a sinner, the woman told Burks. She didn't know what was wrong with him and didn't care. She wouldn't come, as he was already dead to her as far as she was concerned. She said she wouldn't even claim his body when he died. It was a hymn Burks would hear again and again over the next decade: sure judgment and yawning hellfire, abandonment on a platter of scripture. Burks estimates she worked with more than a thousand people dying of AIDS over the course of the years. Of those, she said, only a handful of families didn't turn their backs on their loved ones.¹¹⁸

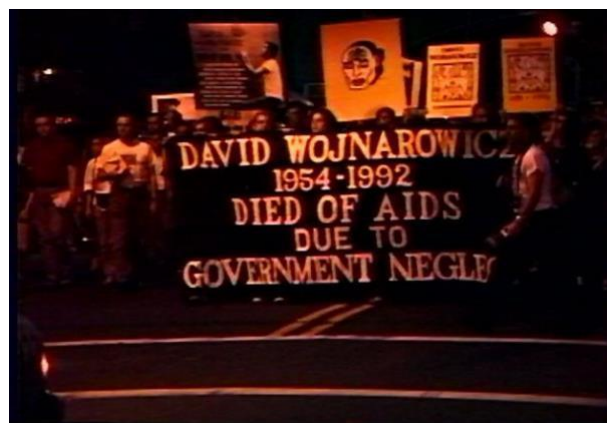
Burk's threat to post an obituary and posthumously out her patient can be seen as leveraging visibility politics in rural space. While the ethics of this threat are complicated, Burks



demonstrated through her cemetery and her leveraging of this man's body, that bodies themselves were powerful objects, and therefore technologies of memory.

While Burks leveraged the power of visibility and all its consequences to bring her patient's mother to her son in Arkansas, ACT UP activists used their own bodies and the

bodies of their loved ones to leverage the emotional power of grief and anger in order to bring attention to HIV/AIDS. Artist David Wojnarowicz famously wore a jacket that stated "If I die of AIDS, forget burial, just drop my body on the steps of the FDA."



In 1996, in protest of the Clinton administration's weaker than expected response to AIDS, ACT UP members brought the ashes of loved and threw them over and through

¹¹⁸ David Koon, “Ruth Coker Burks, the Cemetery Angel,” *Arkansas Times*, Jan 8, 2015.
<https://www.arktimes.com/arkansas/ruth-coker-burks-the-cemetery-angel/Content?oid=3602959>

the fence onto the White House lawn.¹¹⁹ This demonstration was not the first instance of using ashes as political objects of visibility.

The first instance of a similar action occurred in 1992 when protestors and mourners came to Washington D.C. to view the AIDS memorial quilt, probably the most prominent material culture artifact in the history of



AIDS.¹²⁰ While

the AIDS quilt

remains, the ashes as a technology of memory only



exist in photographs. The AIDS

Quilt and the ashes in political

funerals were political technologies

in their historical moment and have

been transformed into

technologies of collective public memory. The memory they evoke, and their utility in their

historic moment, was in service of visibility as a political strategy.

The AIDS Quilt and the images of ashes thrown on the White House lawn are iconic totems with powerful cultural symbolism. They immediately capture collective, public grief and anger and are clear evidence of national organizing around a politics of visibility. Emile Durkheim notes that “collective feelings become fully conscious of themselves only by settling upon external

¹¹⁹ “Ashes Action, October 13th, 1996.” ACTUPNY Archive. <http://www.actupny.org/reports/reportashes.html>.

¹²⁰ Charles Babington, “AIDS Activists Throw Ashes at White House,” *Washington Post*. Washingtonpost.com, Oct 12, 1992. https://www.washingtonpost.com/archive/local/1992/10/12/aids-activists-throw-ashes-at-white-house/7a9c53e0-413f-449f-8dd1-a2804d6695ec/?utm_term=.e2a19e5aa018

tangible objects.”¹²¹ These iconic objects perform the function of being highly visible technologies of collective feeling. Some objects were too mundane to become iconic and ended up in trashcans rather than archives. But mundane objects—both those that remain and those that only remain in memories--capture the everyday life of living with HIV and AIDS. Two examples of mundane objects, a pillbox and a calendar, illustrate the reality of day-to-day life in Gina’s clinic in rural Georgia. In contrast to objects of visibility, these objects were modified to become invisible. While visibility was important for collective activism, many individuals mobilized invisibility as a survival strategy.

The process of administering medications used to treat HIV/AIDS was shaped by a patient’s individual needs with regard to visibility or invisibility. In Gina’s experience in Georgia, many of her clients who were not out to their families about their status took measures to hide or obscure their medications, just as some obscured the nature of the clinic where they had received treatment. Jeanie describes many of the pills in the combination drug therapies as “Horse Pills.” The slide below, tweeted from the AIDS Objects conference in 2018, demonstrates that as late as 1999, many people were taking many different kinds of medications each day.¹²²

The drug therapies were often complex. Medications had to be taken in specific combinations, or with food, or on an empty stomach, or not at the same time as others.

¹²¹ Emile Durkehiem, *The Elementary Forms of Religious Life*, translated by Karen Fields, (New York: New York Free Press, 1995), 308.

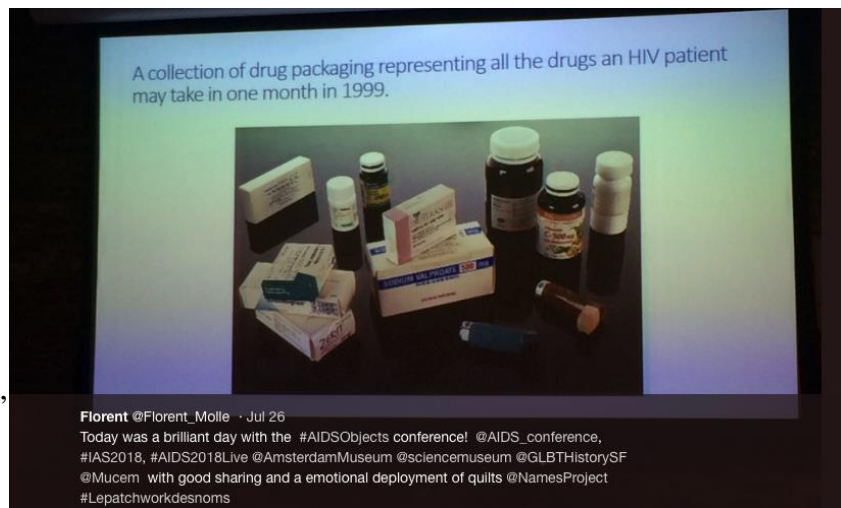
¹²² Florent Molle, “Today was a brilliant day with the #AIDSObjects conference! @AIDS_conference, #IAS2018, #AIDS2018Live @AmsterdamMuseum @sciencemuseum @GLBTHistorySF @Mucem with good sharing and a emotional deployment of quilts @NamesProject #Lepatchworkdesnoms” ,July 26, 2018. https://twitter.com/Florent_Molle/status/1022540851002712065.

Pharmaceutical companies thus created free, branded promotional materials, which they provided to clinics and hospitals to distribute to their patients.

One of the useful promotional materials they developed to help people manage medication was a medication schedule that utilized peel-and-stick labels so that people could remember what time of the day to take each medication. While the labels were

an incredibly useful mechanism for keeping people compliant with their treatment, Jeanie recalls that some patients had to hide their schedules, or not use them at all, for

fear that the objects would invite questions from their families.¹²³



Another promotional material that pharmaceutical companies provided was a small pill box into which people could decant a day's worth of medicine and take it with them. The problem with these pillboxes was their branding labels. Drugs like Combivir could easily invite questions or be recognized as HIV medication by family members. To encourage people to use them, the clinic in Georgia instructed their patients to use nail polish remover to remove the stickers containing the branded information. Clinic staff sometimes even took it upon themselves to remove the branding labels for patients. Pill schedules and pillboxes, in order to be

¹²³ Gina interview.

effective in their purpose, had to be closeted. Although these objects do not have agency themselves, they were imbued with meaning as AIDS objects.

While these were mundane objects, they proved transformative for some patients who hoped to adhere to a prescribed medication regimen. Further, in contrast to iconic objects, they serve as evidence of the climate within which some clinics operated. Places where pillboxes had to be modified to be secret were places where visibility carried too many risks. For those who



lived in places where visibility was difficult, the primary organizing principle was not around visibility, but around at least some degree of invisibility. HIV and AIDS carried with it not just the stigma of disease but could serve to out someone for being gay.

Iconic objects like The AIDS Quilt, transport the viewer to a time of grief, anger, and collective mobilization, but to imagine a nurse in Georgia wiping drug brands off a small, white pillbox, is to remember a different but contemporaneous truth of AIDS –when people died, others grieved alone. Gina remembers a weekly ritual reading the obituary to find out if any of her patients had died, as it was often the only way she would hear that kind of news.¹²⁴

Objects do not contain memory, but they serve to help us remember. Further, objects like pillboxes and ashes gives a sense of what was important. These objects were technologies of visibility and closeting and all the grey spaces between. Most importantly, they give us a window into the lives of people who cannot tell their own stories because they are no longer here. Most

¹²⁴ Gina Interview.

importantly, these objects demonstrate the choices that people made in regard to identity in the context of the social pressures and politics of belonging in the context of HIV/AIDS.

One way to understand these objects is by considering their palimpsest nature –texts that have been overwritten and given new meaning. The palimpsest metaphor is useful in uniting the various objects and spaces discussed in this chapter: a church fellowship hall, a cemetery, and a pill box, in that each contains its original intended function, but have all been overwritten with layers of meaning and reproduced through very specific memories.

Jose Quiroga explains that palimpsests “do not merely reproduce the original, but rather they dismantle it, write on top of it and allow it to be seen. It is a queer form of reproduction, one where two texts, two sites, two lives, blend together.”¹²⁵ The question of what unites the spaces and objects I have discussed earlier is that they have been overwritten, and created anew. This is the point at which history and memory diverge. History functions as the telling of how things were used. In this project, the history that I have focused on is how these objects were used as part of a strategies of survival related closely to the complexities of visibility and visibility politics. Memory on the other hand is how these objects help us imagine a past, and help create what Alison Landsberg describes as ‘prosthetic memory’ or a way of imagining and communicating with people who lived and worked in the past.¹²⁶

Mundane objects, treated instead as relics, are palimpsests with the power to immediately create imaginative tableaux of the past. If placed in a museum or display exhibit, interpretation of a pill box should indicate that the sticker may have been removed to protect the privacy of the patient. The viewer should be led to imagine a nurse scrubbing away the sticker with a bottle of pink acetone nail polish remover. Perhaps a bottle of nail polish remover and a cotton ball should

¹²⁵ Jose Quiroga, *Cuban Palimpsests*, (St. Paul: University of Minnesota Press, 2005), ix.

¹²⁶ Stabile, 103.

be placed alongside the pill box. If a viewer or visitor to a museum saw this as an exhibit, with the right interpretation, the visitor might imagine the pungent olfactory sensation of nail polish remover, and recall that scent while picturing a nurse sitting, wiping away the pharmaceutical marketing logos of countless boxes to hand out to patients. Then, the visitor to the exhibit might imagine a patient taking home a pill box, that they then hide or lie or get nervous when asked about its contents. A visitor might imagine the emotional weight of this tiny box that carried around both lifesaving medication, and for some shame and a high-stakes secret.

The pill box that Gina described is an example of a “cumulative palimpsest.” Even though Gina’s pillboxes literally had text erased, the box’s function remained intact. Through erasure as a form of overwriting, the pillboxes were imbued with a different more complicated utility. Through erasure of text, new meaning was “superimposed upon the other without loss of evidence, but also so reworked and mixed together that it is difficult or impossible to separate them out into their original constituents.”¹²⁷ It is not the pill box itself, but instead the erasure that took place that makes this object an important relic, and it is the memory of this act that serves as a memetic glue that makes these particular pill boxes have two inseparable meanings.

The cemetery that Ruth Coker Burks buried men who died of AIDS related causes also serves as palimpsest in the way the population of the cemetery’s gay dead overwrote its previous existence as just a piece of family land where some of her family members had been buried. The entire meaning of this place changed. Burks’ cemetery is overtly a palimpsest. It was a public display of defiance to overwrite the previous purpose of her land, and give it new meaning.

¹²⁷ Susan Stabile, “Biography of a Box: Material Culture and Palimpsest Memory” in *Memory and History: Understanding Memory as a South and Subject*. Ed. Joan Tumblety (New York: Routledge, 2015), 103.

The church fellowship hall in North Carolina where Jim, the medical social worker arranged for his clients to meet is similar to the cemetery in that it was a site where an unexpected new use added new meaning. The fellowship hall was still a fellowship hall, but on some nights of the week it became a gay place, an AIDS place. It was given new meaning. But the fellowship hall as text was overwritten with invisible ink. The repurposing of this room was not to be seen, except by a select few. I argue that this is an example of a prismatic palimpsest. A prismatic palimpsest can only be seen through a specific lens. Without a specific lens it remained in its original form. Prismatic palimpsests rely on refracting into focus through specific insider systems of knowledge.

A 2019 example of a prismatic palimpsest is demonstrated by the following meme posted on reddit:¹²⁸:

imagine being straight and trying to decipher this image



This meme demands an insider understanding. The screen shot was overwritten with a caption, changing the meaning of this still shot from a web series reflecting on a drag performance, to a comment on the distinctness of gay culture, and the problems that future historians might face in interpreting the

language and images of the subcultures of today. Like the pill box, this meme requires an insider to refract the image into a coherent memory. The artifacts discussed above rely on stories from insiders to become relics. Gina's story of the pill box allows for its palimpsest nature to become visible and illuminated in order for it to become a memory that is experiential.

¹²⁸ https://www.reddit.com/r/rupaulsdragrace/comments/81vn63/who_wouldnt_toot_sugar_tits_ijs/

Conclusion

The purpose of this thesis has been to highlight the importance of identity as a key component of survival strategies for people living with HIV/AIDS. Identity is not a given, it is created through actions, relationships, and language. For those with HIV/AIDS, identity was at the center of politics in debates around visibility. What the history of HIV/AIDS demonstrates is that identity can be fluid. Social forces, both intimate and large scale informed how people chose to perform different ways of embodying various identities in order to survive.

History is not just the result of structural forces, but it is also not the result of actions taken outside of their historical contexts. In the history of HIV/AIDS, people made conscious choices to identify variably as gay, straight, HIV positive or negative in formations of identity that could be perceived as at odds with what types of sexual behavior, or medical status we might associate with a given identity category. For example, people in their hometowns might be straight, but they might be men who sometimes have sex with men. Straightness, and gayness rather than oppositional binaries, were often the result of how people planned their movements, handled objects, and interacted with their families.

The reason gayness and straightness are of interest, is that HIV/AIDS has historically disproportionally affected gay people. For many, contracting HIV was tantamount to being outed. Because HIV/AIDS is yoked to gayness, people with HIV also had to closet their status as HIV to avoid the double stigma of HIV and sexual othering. While stigma and homophobia occur in the context of HIV/AIDS, people often made conscious choices that cannot be simply attributed to structural forces.

Structural forces like gentrification, stigma, racism, and poverty informed the way people embodied identities, but they were not the only factors. While the syndemic framework for understanding HIV/AIDS looks at social forces, not just the facts of virology, it is important for historians to look at the intimate choices people made about how to manage their identity.

The people living with HIV/AIDS were not the only actors involved in their own identity formations. Instead, many family members and friends of HIV-positive LGBT people made choices to look the other way and ignore evidence of sexual difference in order to maintain a status quo that would allow them to continue to provide support. Further, many social workers and medical professionals first hand saw the ways in which allowing people to pass as straight or HIV negative would help them do their jobs to help people.

Artifacts are essential to understanding the history and memory of HIV and AIDS as it relates to the closet and visibility as two competing and complimentary fluid strategies. Artifacts are key records of the efforts that people went to protect and compartmentalize their identities. Further, artifacts that are prismatic palimpsests highlight the cultural distinctiveness of subcultures that were visible only from the inside.

Bibliography

Primary Sources

“Ashes Action, October 13th, 1996.” ACTUPNY Archive.

<http://www.actupny.org/reports/reportashes.html>.

Bennington-Castro, Allan. Interview with Jordan Miles. Opelika, Alabama, November 7, 2018

David, Amber. Interview by Ann Pinchak. Oral History 17, transcript, 2016. Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

Gina. Interview with Jordan Miles. Phone Interview. Opelika, Alabama. November 5, 2018.

Jim. Interview with Jordan Miles. Phone Interview. Opelika, Alabama. November 1, 2018.

Kruger, Barbara. “Untitled (You Construct Intricate Rituals).” Museum of Fine Arts. Boston, November 9, 2018. <https://www.mfa.org/collections/object/untitled-you-construct-intricate-rituals-35582>.

Roland, Eric. 2016. Interview conducted by Ann Pinchak, Oral History 23. transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

Staggs, Frank. 2016. Interview Conducted by Renee Tappe, transcript, Oral Histories of HIV/AIDS in Houston, Harris County and South East Texas. Rice University, Houston Texas.

Secondary Sources

Audu, B.M., A. A. Kullima & B. Bako. “Epidemiology of Vesico-vaginal Fistula: No longer a Calamity of Teenagers.” *Journal of Obstetrics and Gynaecology*. vol 28, num 4. May 2008, 432–433.

Ahmed, Sarah. *Queer Phenomenology: Orientations, Objects, Others*. Durham: Duke University Press, 2008

- Altman, Laurence K. "Rare Cancer seen in 41 Homosexuals." *New York Times*, July 3, 1981.
- Bayer, Ronald. *Private Acts, Social Consequences: Aids and the Politics of Public Health*. New York: Free Press, 1989.
- Becker, Saul. *Outsiders: Studies in the Sociology of Deviance*. New York: The Free Press, 1963.
- Berlant, Lauren. *The Queen of America Goes to Washington: Essays on Sex and Citizenship*. Durham: Durham University Press, 1997.
- Bristow, Nancy K. *American Pandemic: The Lost Worlds of the 1918 Influenza Epidemic*. Oxford: Oxford University Press, 2016.
- Buehler, James W., MD, Robert L. Frey, PhD, Susan Y. Chu, PhD, and the AIDS Mortality Project Group. "The Migration of Persons with AIDS: Data from 12 States, 1985 to 1992." *American Journal of Public Health*, Vol, 85, No, 111. November 1995, 152-1155.
- CDC. "CDC Timeline". <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>
- . "Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2011." *HIV Surveillance Supplemental Report*, Vol. 18 No. 5, 2011.
- Cohen, Cathy J. *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago: University of Chicago Press, 1999.
- Cleves, Rachel Hope. *Charity and Sylvia: A Same-Sex Marriage in Early America*. Oxford: Oxford University Press, 2014.
- Cook, Matt. "Families of Choice? George Ives, Queer Lives and the Family in Early Twentieth Century Britain." *Gender and History*. Vol 22. No 1. April 2010, 1-20.
- Cvetkovich, Ann. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures*. Durham: Duke University Press, 2003.
- Dean, Tim *Unlimited Intimacy: Reflections on the Subculture of Barebacking*. University of Chicago Press. 2009.
- Detels, Roger M.D., M.S.. "Defining Epidemiologic Issues in Latino HIV/AIDS Research."

School of Public Health, University of California, Los Angeles(web based).

<http://cnet.ucla.edu/research/aids/conf/defepide.htm>

Dewaele, A., et all. "Families of Choice? Exploring the Supportive Networks of Lesbians, Gay men and Bisexuals." *Journal of American Psychology*. vol 41, no 2. February 2011. 312-331.

Durkehiem, Emile. *The Elementary Forms of Religious Life*, translated by Karen Fields. New York: New York Free Press, 1995.

Epstein, Steven. *Impure Science: AIDS, Activism, and the Politics of Knowledge*, 1st edition. Berkeley: University of California Press, 1996.

Elizabeth Fee and Daniel M. Fox, "The Contemporary Historiography of AIDS," *Journal of Social History* vol 23, no 2. 1989. 303–14.

Fellows, Will. *Farm Boys: Lives of Gay Men from the Rural Midwest*. Madison: University of Wisconsin Press, 1998.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books, 1994.

-----, *Security, Territory, Population: Lectures at the Collège De France, 1977-1978*. (New York: Picador/Palgrave Macmillan, 2009.

France, David. *How To Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS*. New York: Alfred A. Knopf, 2016.

Goltz, Dustin Bradley. *Queer Temporalities in Gay Male Representation: Tragedy, Normativity, and Futurity*. New York: Routledge, 2010. Kindle edition.

Griffin, Gabriele. *Representations of HIV and AIDS: Visibility Blue/s*. Manchester: Manchester University Press, 2000.

Halberstam, Judith. *In a queer time and place: transgender bodies, subcultural lives*. New York: New York University Press, 2005.

David Halperin, *Saint Foucault: Towards a Gay Hagiography* (Oxford: Oxford Univserity Press, 1995.

- and Craig Timberg. *Tinderbox: How the West Sparked the AIDS Epidemic and How the World Can Finally Overcome It*. New York: Penguin Books, 2013.
- Herd, Gilbert. *Sexual Cultures and Migration in the Era of AIDS: Anthropological and Demographic Perspectives*. Oxford: Clarendon Press, 2004.
- Howard, John. *Men Like That: A Southern Queer History*. Chicago: University of Chicago Press, 1999.
- Inrig, Stephen J. *North Carolina and the Problem of AIDS: Advocacy, Politics, and Race in the South*. Chapel Hill: The University of North Carolina Press, 2014.
- Jones, Cleve. *When We Rise: My Life in the Movement*, New York: Hachette Books, 2017.
- Koon, David. "Ruth Coker Burk, the Cemetery Angel." *Arkansas Times*, Jan 8, 2015.
- Levenson, Jacob. *The Secret Epidemic: The Story of AIDS And Black America*. New York: Anchor Books, 2005.
- Mooney, Graham. "The Material Consumptive: Domesticating the Tuberculosis Patient in Edwardian England." *Journal of Historical Geography*. vol 42. October 2013, 152–66.
- Mumford, Kevin. *Not Straight, Not White: Black Gay Men From the March On Washington to the AIDS Crisis*. Chapel Hill: University of North Carolina Press, 2016.
- Lo, Nathan C., Anita lo, and Eran Bendavid. "Abstinence Funding Was Not Associated With Reductions in HIV Risk Behavior in Sub-Saharan Africa." *Health Affairs*, vol 35, no. 5. May 2016.
- Nord, David. *Multiple AIDS-Related Loss: A Handbook for Understanding and Surviving a Perpetual Fall*. Washington, D.C: Taylor & Francis, 1997.
- NPR, "AIDS Patients No Living Longer, But Aging faster," *Morning Edition*, Nov 10, 2009. <https://www.npr.org/templates/story/story.php?storyId=120249388>
- Pisani, Elizabeth. *The Wisdom of Whores: Bureaucrats, brothels, and the Business of AIDS*. New York: Norton, 2008.
- Puar, Jasbir. *Terrorist Assemblages: Homonationalism in Queer Times*. Durham: Duke University Press, 2007.
- Quiroga, Jose. *Cuban Palimpsests*. St Paul: University of Minnesota Press, 2005.

- Randell-Moon, Holly and Ryan Tippet. *Security, Race, Biopower: Essays on Technology and Corporeality*. London: Palgrave, 2016.
- Renata Simone Production, Inc. film for WGBH/Frontline, in association with the National Black Programming Consortium (NBPC); written, produced, and directed by Renata Simone. *Endgame: AIDS In Black America*. PBS Home Video : Distributed by PBS Distribution, 2012.
- Stabile, Susan M. "Biography of a Box: Material Culture and Palimpsest Memory." *Memory and History: Understanding Memory as a South and Subject*. Ed. Joan Tumblety. New York: Routledge.
- Sontag, Susan. *Illness as Metaphor and AIDS and its Metaphors*. New York: Picador, 2005.
- Sturken, Marita. *Tangled memories: The Vietnam War, the AIDS epidemic, and the politics of Remembering*. Berkeley: Univ. of California Press, 2009.
- Turshen, Meredith. *The politics of public health*. London: Zed Books, 1989.
- Verghese, A. *My Own Country : A Doctor's Story*. New York: Random House, 1995.
- Villicana, Adrian, Kevin Delucio & Monica Biernat. "Coming Out" Among gay Latino and Gay White Men: Implications of Verbal Disclosure for Well-being." *Self and Identity*.vol 15 num 4, 2016. 468-487.
- Wallace, Rodrick. "A Synergism of Plagues: 'Planned Shrinkage,' Contagious Housing Destruction, and AIDS in the Bronx." *Environmental Research*, vol 47, Jan 1988, 1-33.
- Wald, Priscilla. *Contagious: cultures, carriers, and the outbreak narrative*. Durham, NC: Duke University Press, 2008.
- Whetten, Kathryn. *You're the First One I've Told : The Faces of HIV in the Deep South*. Berkeley: Univ. of California Press. 1997.
- Zalloua, Zahi Anbra., and Bruce A. Magnusson. *Contagion: Health, Fear, Sovereignty*. Seattle: University of Washington Press, 2012.
- Zhu T, Korber BT, Nahmias AJ, Hooper E, Sharp PM,. "An African HIV-1 sequence from 1959 and implications for the origin of the epidemic". *Nature*. 391 February

1998. 594-7.