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“I Don’t Want No Faggot Blood on Me”

A study on HIV and AIDS and its effect on underlying communities in America

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Summary

This paper conducts a historical and literary comparative analysis of the AIDS crisis as well as its current influence on contemporary society. It features an introduction of AIDS and its rise from 1981 until present day. The discourse, effects and consequences of the disease are then analyzed using Susan Sontag's theory on illnesses as metaphors which presents a view on AIDS as being linked to shame due to the connection to a deviant lifestyle, thus creating an 'us versus them' situation in society. With this situation, stigma rose due to the lack of information on AIDS, its causes, and the fact that the infected were seen as being non-abiding to the norms. Erving Goffman's theory on stigma is then used to elaborate what stigmas are, including terms such as passing and covering and W.E.B. Du Bois' theory on double consciousness to show how the stigmatized are aware of the stigma, and how they choose to deal with this. As theories and societal issues overlap, intersectionality is used to understand how and if the social categories are separated or understood as a complex experience of discrimination, and how these differ in the various examples. As AIDS is closely connected to a large number of deaths, Judith Butler's theory on grievability is used to show what makes a life grievable, which briefly summarizes whether a life is lived precariously or not. This precariousness is then determined by the norms of the society in question, and Pierre Bourdieu's habitus is used to show how these norms are created and interchangeable.

Ronald Reagan is included as an important figure as he stayed silent on the topic of AIDS for four years after the first case, and as he is primarily seen as a president for the conservative and norm-abiding population, he contributed to the stigma regarding homosexuals and AIDS infected patients. The HBO mini-series, *Angels in America*, is included to show the physical and mental symptoms of AIDS in a non-romanticized way, as well as the influence of religion on the revolving stigmatization on homosexuality and AIDS, as well as presenting class differences and hope in a hopeless time. As a second example of

media, *Dallas Buyers Club* is used, which shows examples of AIDS, homophobia, class differences and presents the FDA as the common enemy. Lastly, a focus on AIDS in contemporary culture shows that the internet and media in general has become an important resource in battling the disease, as well as HIV prevention programs and with a specific focus on African Americans.

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Introduction

The History of AIDS

Acquired immunodeficiency syndrome, commonly known as AIDS, was first recognized in the summer of 1981 in the US, but did not receive its name until September 1982 by the Centers for Disease Control and Prevention. Until then, it was commonly known as “the gay plague” – a term that spread fear through especially the gay community with every new surfacing case, as it proved to be most commonly found in gay men and intravenous drug users. Early theories about the origin and cause of AIDS focused on lifestyle issues, including immune overload from multiple infections, use of amyl and butyl nitrate poppers, a reaction to semen, infection by an unidentified fungus, as well as promiscuity. With the rising number of infected patients, the amount of fear, stigma, and prejudice surrounding the disease rose with it. A year passed before epidemiologic evidence was able to indicate that AIDS was an infectious disease transferred by bodily fluids and by exposure to contaminated blood or blood products. However, speculation and fear were still high, as blood banks had no way of knowing whether their blood supply was infected or not, and thus the blood supply remained unsafe for years, and many people were accidentally transfused with contaminated blood. Between 1981 and 1984 approximately 15.000 hemophiliacs in the US became infected with HIV as a result of transfusion with contaminated blood products (Greene 94). The symptoms of HIV include fever, fatigue, and mouth ulcers, among other symptoms, whereas AIDS symptoms are rapid weight loss, pneumonia, skin blotches and psychological issues such as memory loss, depression, and other neurologic disorders (“Symptoms of HIV.” 1). The differences between HIV and AIDS will be elaborated later on in this section.

As more epidemiological evidence surfaced and the number of deaths caused by AIDS increased, the disease was put in the spotlight, and foundations and programs were created in order to spread vital information. An example of a vital point in AIDS history in

the US concerns a 13-year-old boy called Ryan White from Kokomo, Indiana, who was one of the first hemophiliacs to be diagnosed with AIDS in late 1984. At this point, the disease was still fairly unknown and stigmatized, and Ryan was banned from going to school due to the fear of his state being contagious. A transcription of an audio from his mother states the following in regard to his diagnosis:

At that time, of course, he had no precautions or anything. There were no precautions at the hospital. And all of a sudden, the CDC shows [sic] up and the CDC started putting in all kinds of precautions, you know: the gowns, the gloves, the masks, and so forth, and started talking to the nurses and so forth. It became apparent just like overnight that all of a sudden, things were different (“Who Was Ryan White?” 1).

The sudden precautions mentioned indicate a “better safe than sorry” approach to the illness, which is rooted in the lack of information, which only led to further research on the topic. In early 1983 the CDC concluded that AIDS was not merely an illness affecting homosexuals, and therefore the perception of AIDS changed from being commonly known as the “gay plague” to a more widespread impacting the rest of society as well. Three years later, the International Committee of the Taxonomy of Viruses recommended that this pathogen with many names should be called the Human Immunodeficiency Virus, now commonly known as HIV (Greene 95). At this point in time, it was concluded that HIV was a virus that could lead to AIDS, but not necessarily. The rise in information led to action all over the globe, showing that HIV and AIDS were not dangerous in the way that they had been stigmatized, and important icons such as Princess Diana personally visited AIDS patients and shook hands without gloves to visibly demonstrate that the virus would not be casually transmitted. Scientific research would prove to be the key in releasing the stigma surrounding the disease, as it came to show that a swarm of billions of different forms of HIV are present simultaneously in infected patients, which then became a key factor that would confound

future treatments and vaccine development, and in 1987, a cancer drug called AZT became the first approved anti-HIV drug (Greene 95). In 1996, Highly Active Antiretroviral Therapy, otherwise known as HAART, was introduced as a combination drug, and thereby transformed AIDS from an acute, lethal disease to a chronic, manageable infectious process (Greene 101). The thesis question that we strive to answer throughout the paper is therefore the following: How did the rise of AIDS affect American culture and underlying communities and how has the portrayal of it in the media evolved throughout the 80s until modern day?

Method

This project analyzes the rise and stigmatization of AIDS in a non-fictional as well as a fictional aspect. For the cultural analyses, we have chosen Susan Sontag's book *Illness as Metaphor and Aids and its Metaphors* to discuss the metaphors and mystification that surround illness, as well as Erving Goffman's theory on stigma to both analyze the root of stigmatization as well as the stigma specifically surrounding AIDS. To further explain the overlapping roots of the stigmatization, such as religion and race, intersectionality is used as a way of understanding how and if the social categories were separated or understood as complex experience of discrimination and how these differ in various examples. As many of the stigmatized AIDS patients lost their battle with the disease, Judith Butler's theory on grievability is used to determine what makes a life grievable. In order to specify the circumstances of grievability, Pierre Bourdieu's theory on habitus is used to specify how we carry our history within us, how this is displayed in present circumstances, and how the relations between habitus and field are ever-changing, dynamic, and partial. To further expand on the cultural and discursive aspect of the analysis, there is a focus on the political scene with the emergence of AIDS, where President Ronald Reagan was at the front of the scene, and how the public reacted to the emergence and handling of the AIDS crisis. To put

this into perspective, two visual aspects are included: the HBO mini-series, *Angels in America* (2003), as well as Hollywood movie *Dallas Buyers Club* (2013). Both films have been chosen due to their relevance and portrayal of the AIDS crisis, and their elements of realism. The analysis of these is then done by selecting relevant scenes from both the series and movie and conducting a comparative, literary and allegorical analysis of these, including discursive elements, character portrayals and development, as well as depictions of society and stigmatization.

Hermeneutics: A Preconception of the Subject

It should be established that this thesis has been conducted with a certain amount of preconception of the subject. Both authors have preconceptions toward the subject of LGBT rights¹, as we believe that the stigma and antagonism toward this community is unneeded and therefore actively strive to break them down. These preconceptions may be seen throughout the paper and therefore, Rita Felski's concept of the hermeneutics of suspicion should be accounted for. The notion of hermeneutics of suspicion entails the act of reading a text against the grain, as Felski points out in the article "Suspicious Minds" (2011). The act of reading a text against the grain means to read a text from a suspicious standpoint, that is to have some sort of preconception of the topic which will impact the reader's understanding of the text, which means that the reader will often find critique points in the text that will collide or agree with their preconceptions of the subject (215). Hermeneutics of suspicion is then seen as the act of picking up a text knowing that you, as a reader, already have a notion of the topic. In a paper, this might come to light when finding sources that should highlight the thesis statement, or deliberately finding a source which fits with the pre-existing critical view. Felski argues in *The Limits of Critique* (2015) that this approach of critique has become a sort

¹ In this paper, the term LGBT is used to describe a community whereas queer is used for theory.

of dominant metalanguage in literary studies, and while this approach can be and still is important to some extent, it also shows how the approach has created a form of suspicious reading, which often is the approach literary studies choose to take (5). However, while a suspicious reading can prove fruitful, it also has its limitations, since it does not allow the reader to be open to the writers' intentions and may also limit research.

According to Felski in the article "Suspicious Minds", the act of suspicious reading has grown into the go-to methodological standard practice with literary studies, but she further argues that this form of reading becomes "...locked into a complacent and self-confirming circle of argumentation" (231). The suspicious reader will often find themselves confirmed by their readings when reading a text from a suspicious point of view. The argumentation is then not as much an argumentation, but rather a confirmation of the already pre-established. As stated above, a suspicious reading entails having a certain predisposition toward a subject, this predisposition is often one "...of wariness, vigilance, and distrust" (216). Therefore, there will almost always have been established a sort of pre-evaluation of the text, built upon the reader's preconception of the subject. Thus, Felski states that a writer should acknowledge this preconception, and further argues that the "...modes of critical thought are also forms of orientation toward the world, shaped by sensibility, attitude, and affective style" (219), hence the acknowledgement that this paper is written and molded with the writers' preconceptions of the subject.

Theory

Susan Sontag: AIDS and its Metaphors

In *Illness as Metaphor and Aids and its Metaphors* (1983), Susan Sontag critiques the way illnesses are embroiled in metaphors for the general public to comprehend and accept illness. Sontag argues that illnesses has become surrounded by deep stigmatization and

discrimination due to the use of metaphors, and how the most frightening diseases are called something else in order for them to be tolerable or understandable. In the first part of the book, which was originally a stand-alone book, she mentions tuberculosis (TB) and cancer as instances of illnesses embroiled in metaphors. According to Sontag, every society has one disease which induces fear and is associated with death, and that, seemingly, societies can only focus on one disease at the time. For this reason, there will always be one illness which will be associated with a form of plague and be the ultimate illness to fear (Part 2 chapter 1, chapter 5). In the beginning of the book, Sontag argues that cancer has taken the place from tuberculosis as the most feared illness. Before cancer's emergence, tuberculosis was a death sentence and used metaphorically, both in order to speak about it publicly, but the inevitable death meant that tuberculosis was used metaphorically to describe other fears in society. However, when tuberculosis became manageable and with the emergence of cancer, tuberculosis lost much of its metaphorical use to cancer. By the time Sontag added *AIDS and its Metaphors* to *Illness as Metaphors*, cancer too had faded as the most feared illness, and with the emergence of AIDS in the 1980s the metaphorical use of cancer, while not entirely gone, was overshadowed by AIDS.

Sontag uses the word metaphor in its earliest form of its definition, the practice of giving a thing a name that belongs to something else. In 1988 when *AIDS and its metaphors* was added to her first book *Illness as Metaphor* (1977), cancer was spoken about more freely, society had become more adapted to cancer, and the need for metaphorical use had somewhat evaporated, but only because of AIDS and the fear the new disease brought. One of the metaphors surrounding AIDS, Sontag argues, is a military one. AIDS is described as an invasion of the body, and "the enemy is what causes the disease, an infectious agent that comes from the outside" (Chapter 2), the virus, or rather *infectious agent*, continues to *attack* the cells, and those who have not already *succumbed* are "described as 'under assault'"

(Chapter 2), those under assault are then further described as *harboring* the virus and are vulnerable at all times for a “final, all-out attack” (Chapter 2). Even those who may be infected but never develop any symptoms are described as having a viral enemy that would forever be within (Chapter 2).

“Because of countless metaphoric flourishes that have made cancer synonymous with evil, having cancer has been experienced by many as shameful, therefore something to conceal, and also unjust, a betrayal of one’s body” (Chapter 3), in this sense, the many metaphorical uses of cancer made it a disgraceful and embarrassing disease, while the stigma has also been connected with AIDS, the disgrace and embarrassment, Sontag argues, comes from guilt. However, Sontag notes that while a disease such as cancer can be caused by many different reasons, most people who get AIDS will know how they got it. She notes that “indeed, to get AIDS is precisely to be revealed, [...] as a member of a certain “risk group,” a community of pariahs” (Chapter 3). According to Sontag, the risky and unsafe behavior which causes AIDS, is not only judged as a weakness – which is the judgment of cancer – but rather judged as “indulgence, delinquency – addictions to chemicals that are illegal and to sex regarded as deviant” (Chapter 3). Because AIDS is perceived as a disease one brings upon oneself, the illness is considered and judged more harshly than cancer for instance.

Sontag argues that the most prominent metaphor for the AIDS epidemic is “plague” and because of AIDS, cancer, which has also been misidentified as “plaque,” is no longer the most feared illness, since AIDS has “banalized cancer” (Chapter 5). “Plague [...] has long been used metaphorically as the highest standard of collective calamity, evil, scourge [...] as well as being a general name for many frightening diseases” (Chapter 5), in this sense, the term plague is reserved for those illnesses which societies find it hardest to control. The term does not only add to the fear and uncontrollable nature of a disease, and not only to diseases

that kill often, but also to diseases that were “disgracing, disempowering, disgusting” (Chapter 5).

Thus, illustrating the classic script for plague, AIDS is thought to have started in the “dark continent,” then spread to Haiti, then to the United States and to Europe, then ... It is understood as a tropical disease: another infestation from the so-called Third World, which is after all where most people in the world live, as well as a scourge of the *tristes tropiques*. (Chapter 5)

This way of understanding AIDS argues that the disease is one brought into the U.S. as a form of terrorism from the African continent, or the dark continent. Sontag states that perceiving AIDS as a form of plague, imported from the Third World, feeds anti-African bigotry among the Western world, and adds to a discourse of AIDS that leads to stigma and discrimination. However, the prejudice also moves the other way, African countries believed the disease was sent to their countries from the United States as “an act of bacteriological warfare (whose aim was to decrease the African birth rate) which got out of hand and has returned to afflict its perpetrators” (Chapter 5). The origins of the HIV virus and the subsequent AIDS diagnosis is found in Africa, but the reasons for its global spread can be widely debated, just as the COVID-19 virus has been recently.

Sontag further touches upon how religious groups and figures use the disease in a metaphorical way to promote an anti-gay narrative and discourse among the general public. Just as syphilis in the fifteenth to twentieth century, one of the main ways for AIDS to be transmitted it through sexual transmission, and while syphilis at this time was manageable, it had been called “a punishment which the Just Judgment of God has reserved for our Late Ages” (Chapter 6). A sexually transmitted disease was, and still is, easy to write off as a moral judgement on the individual and society, something embroiled with guilt and shame.

Thus, the fact that AIDS is predominantly a heterosexual transmitted illness in the countries where it first emerged in epidemic form has not prevented such guardians of public morals as Jesse Helms and Norman Podhoretz from depicting it as a visitation specifically aimed at (and deservedly incurred by) Western homosexuals, while another Reagan-era celebrity, Pat Buchanan, orates about “AIDS and Moral Bankruptcy,” and Jerry Falwell offers the generic diagnosis that AIDS is God’s judgment on a society that does not live by His rules (Chapter 6)

The disease was easily connected with punishment, a reveal of deviant behavior, and as a moral defiance against society, because it was a sexually transmitted disease. Religious figures used the illness as a way to warn against a lifestyle that was not condoned by God and sought to frighten those who were not infected with a promise of God’s anger against those to become infected. And this fear of AIDS and the invasion it takes on the infected body, is what Sontag calls First World political paranoia. AIDS became an image of an “uncontrollable pollution and of unstoppable migration from the Third World” (Chapter 6). Using the metaphor of a plague induces the fear of an easy transmittable disease and an uncontrollable behavior of the disease, but while a plague is predominantly seen as an illness which infects all, with no exceptions, AIDS as a plague is seen more as a disease affecting the deviant “others,” and not an immediate threat to the law abiding “us”.

Before AIDS prevailed and became an epidemic, the sexual liberation of the United States had made it possible to regard sex as an adventure, contraception made it possible to have sex with very little consequences (Chapter 7). However, with the emergence of AIDS, sex became a risk, and the fear of contracting AIDS obliged people to think before engaging in sexual activity. Casual sex became a thing of the past, Sontag state that “cancerphobia” taught the public to be wary of a “polluting environment”, with AIDS people were taught to be wary of “polluting people” (Chapter 7). Because of the lack of a cure for the disease, the

most effective way to prevent the disease seemed to be abstaining from sexual activity, at least outside of the marriage. Sontag notes a continuous reluctance in the United States to offer information on safe sex, and in regard to AIDS, this information lacked even more. “[Sex] cannot be considered just a coupling; it is a chain, a chain of transmission, from the past” (Chapter 7), the idea that the past was no longer the past, was a terrifying concept for Americans. Sex with a partner no longer meant a moment of connectedness and pleasure, since AIDS is a disease that is transmitted through partners. AIDS became a constriction of the body; it limited the population that in the 1960s and 1970s had become sexually liberated and presented itself as a form of prison. Being diagnosed with AIDS became a conviction of guilt, and the infected was sentenced before the entire society.

Sontag critiques the use of illness as metaphors, and notes that our understanding of a disease is influenced by the way we use it as a metaphor. Our way of using diseases as metaphors, offers yet another way to stigmatize and discriminate against those affected, and the society we live in. When the book was published in 1988, Sontag believed that AIDS would one day become “just an illness,” but notes that for it to become such, it must be better understood and most importantly, treatable. The metaphor Sontag wished to see retired is the military one, to which she argues that: “We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy. We – medicine, society – are not authorized to fight back by any means whatever” (Chapter 8). AIDS, however, is still stigmatized, people living with AIDS are still discriminated against, and modern medicine has yet to find a cure. The metaphors Sontag touches upon are still applicable and used in today’s society and illustrate the way people understand the disease.

Goffman: Stigmas and Stereotypes

To further explain what we mean by stigmatized, we have chosen to work with Erving Goffman's definition of stigma. In the opening pages of his book *Stigma* (1963), sociologist Erving Goffman offers a working definition of stigma as “an attribute that is deeply discrediting and the situation of an individual who is disqualified from full social acceptance” (Tyler 750). According to this source, the Greeks originated the term *stigma* to refer to bodily signs designed to expose something unusual and bad about the moral status of the signifier. At that point in time, the signs were cut or burned into the body and thereby advertised that the bearer was a slave, a criminal, or a traitor – a blemished person, marked by physical traits (Goffman 8). Goffman takes on the topic of stigmas in order to describe what categorizes a stigma and how the stigmatized differ from what he refers to as “normal” people. With this, he roots stigma in his existing understanding of social identities as perspectives produced in an interactional setting, which leans on the theory of Pierre Bourdieu's habitus, which will be elaborated on in the later chapter on grievability.

In the article “Resituating Erving Goffman: From Stigma to Black Power” (2018) by Imogen Tyler, she states that Goffman differentiates between three different types of stigmas: physical deformities, character blemishes and tribal stigma (Goffman 10). Those who are not presented with any of these, are referred to as the “normals” by Goffman, i.e., the ones who live within the borders of the normativity in the society in question. While stigma might be experienced as stemming from the body of the stigmatized, the fact is that stigma describes a relation between the normal and stigmatized people. Stigma, in this case, is described with a negative connotation, as it paints a picture of a negative social relation and arises when an individual fails to realize a particular norm, which is set as the standard in the given culture. Stigma is shown in exchanges between people, and comes to show by looks, glances, a comment or downright discrimination and risks the creation of prejudice and stereotypes for

the stigmatized (Tyler 750). Goffman uses abstract stigma figures in his text, such as “a homosexual”, “a Negro”, etc. and follows it with the explanation that his account of stigma is not meant for “them”, and it is not “informed by a concern over the plight of disadvantaged groups” (Tyler 752). This is then underlined by Goffman's characterization of what he refers to as “stigma professionals” and “heroes of adjustment” who seek to present the case for the stigmatized, thereby putting these heroes on a pedestal. One of the ways that these heroes are presented, are through their contemporary literary works which contains advice to the stigmatized and in which “deeply hidden sores are touched upon and examined” (Tyler 753).

As feminist, queer and critical race theorists have elaborated, it is often by unpacking norms that we get to the root of the problem at hand, the problem here being Goffman's distinction between the normals and the stigmatized. What “we” – his readers – are imagined having in common with the authorial “I”, is a shared normality (Tyler 754), and to this he writes “norms regarding social identity pertain to the kinds of roles repertoires or profiles *we* feel it permissible for any given individual to sustain” (Goffman 128). However, throughout the book it is revealed that his standpoint is from the perspective of a “young, married, white, urban, northern male” (Goffman 128), and thereby excluding other normals that fall out of that specific category. To this, he argues that “there is only one complete unblushing male in America” (Goffman 128) and that these look upon the world from the perspective of a heterosexual able-bodied white masculinity, which highly narrows the extent of a normal before he becomes a part of the stigmatized. Goffman continues to describe this white male norm as the general identity values of contemporary American society and adds that this ideal identity casts a “shadow on the encounters encountered everywhere in daily living, as the risk of failing this strict norm becomes rather extensive” (Tyler 755). This fear of stigmatization comes with a psychological price due to an eagerness to fit into the norm in order to avoid discrimination, leading to what Goffman describes as a life that can be collapsed at any

moment. Moreover, Goffman does not recite the norms as something flexible and interchangeable, but rather a fixed point where everyone strives to accept the current social norms (Tyler 756), and encourages the normal to work as the heroes of adjustment and reassures the stigmatized that the normal really mean no harm, and should therefore be tactfully helped to act nicely, indirectly indicating that the normal are doing no wrong, but should help the stigmatized to find a way to become a part of the norm. He states that the stigmatized should not work against the norms that produce the stigma, but rather develop various strategies in order to manage the stigma that may arise in the social settings. This includes such things as gathering information about the norm, arts of impression management, “passing and covering”, building tolerance, and refraining from pushing claims for acceptance much past the point normal find comfortable, indicating that the stigmatized must strive to be included in the norm.

In extension of what Goffman describes as being the norm, Jason Orne takes up an example of what he describes as “queers in the line of fire”, where he revisits Goffman’s theory on stigma regarding contemporary LGBT culture in particular in his article “Queers in the Line of Fire: Goffman’s Stigma Revisited” (2013). In order to fulfill his research, Orne interviews several people who identify as being part of the gay community, one of them being “Alyssa” who has two different reactions to being stigmatized, or “in the line of fire”, which she describes as a situation between full acceptance and outright threatening hostility (Orne 229). The goal of the inquiry is to see the cases from the viewpoint of the stigmatized, whereas Goffman merely focuses on the perspective of the normals. In Goffman’s *Stigma* he touches upon identity management scholarship, to which he describes two possible outcomes to the revelation of stigma: acceptance or hostility, which adds up with the reaction Alyssa presents in her situation. However, Orne continues to prove throughout his article that this is not as black and white per se, for example when another participant, Eric, describes that he,

in order to minimize follow-up interaction and discrimination, comes out with a stigmatized identity he does not even have - in this case him telling the normals that he is gay, rather than bisexual, in order to avoid further questions and the stigmatization that follows (Orne 230).

Moreover, this can be seen in the aspect in which it is reflected in popular culture: “We are forced to choose between the Jack of *Brokeback Mountain* - a closeted cowboy beaten to death - or the Jack of *Will and Grace* - a flamboyant fop who is accepted everywhere he goes” (Orne 230). The real world, according to the participants in Orne’s inquiry, proves that there are way more gray zones than presented in these specific examples, one of them being a middle zone, a space where others are ambiguously hostile, uncertain, “tolerant”, socially awkward, or invasively questioning of them upon learning of their sexuality (Orne 230). Orne presents a critical outlook on Goffman's theory and disagrees with the fact that the main motivation for managing stigma is to avoid or mitigate hostile reactions, as well as the argument that Goffman homogenizes stigmatized groups and provides a modicum of hope by identifying “sympathetic others,” who are able to provide the stigmatized with a sense of acceptance - the so-called stigma professionals and heroes of adjustment as previously mentioned. To accentuate the generalization of Goffman’s theory, Orne states that Goffman’s claims are vague, and while they do cover wide swatches of different stigmas and stigma figures as earlier mentioned, he is using general statements and strategies to develop a general theory, resulting in a highly unequivocal conclusion (Orne 231).

To further extend his critique, Orne presents a discussion of four areas that are “ripe for revision”: the presumed goals of stigma management, the homogenization of marginalized groups, the role of so-called sympathetic others, and the ostensibly shared frame of reference between normals and stigmatized (Orne 231). The discussion in this case focuses on the actions of the discreditable who chooses to manage the information of their

stigmatized identity, which is presumably to prevent others from finding out about their stigma and avoid a loss in status, as seen earlier with the example with Eric, where he chose to publicly identify as a gay man despite being bisexual. Another part of Goffman's strategy which relates to this subject, is an attempt to "pass" as normal and conceal the stigma, to which he adds that "sometimes the stigmatized can react with a 'hostile bravado' that turns normals off" (Orne 233), i.e., a possibility that the stigmatized would react in an aggressive manner toward the normals who do not agree with the identity of the stigmatized. While Goffman does mention internalized stigmatization (e.g., internalized sexism or racism), analysis of the stigma experience needs to be informed by an understanding of stigmatized groups as comprising diverse individuals, with agency and priorities that are not completely aligned (Orne 233). No participant in the interviews reported only a single strategy, but instead their quotes show that there are nuances of what it means to be in the line of fire, which underlines the critique of Goffman's unequivocal setting for the stigma management theory. In Goffmanian identity management these "actors" are seen to strategize the information that they give to others in order to control how they are perceived, presumably in order to control the amount of stigmatization they receive from the social setting.

In relation to this, W. E. B. Du Bois created a theory which he named "double consciousness", which Orne includes in his article. Double consciousness provides a way of conceptualizing how marginalized people can be stigma resistant yet still be aware enough of the stigmatizing views of others to be capable of identity management. Du Bois' description of the consequences of double consciousness yields two interpretations: double consciousness as warring cultural orientation and double consciousness as social psychological lens (Orne 234). However, Du Bois states that double consciousness is not a product of internalization of contemporary culture, but merely proposes that there can be more than one generalized other

and that their respective worldviews are shaped by their position in social hierarchies. To sum up Orne's critique of Goffman and his version of stigma in concerning the LGBT community, he describes that "someone is in the line of fire when they feel that they will be called to account for their identity, are questioned, are not fully accepted, are "tolerated," feel "socially awkward," or feel they are being stereotyped" (Orne 242). In each of these situations, queer people's double consciousness enables them to be insulated from the negative reactions from their surroundings. Orne reports in his article that participants feel that if they stand in the path of a negative experience, they are able to absorb the hostility toward them and use this hostility to improve future conditions for other queer people. For example, they are then able to engage in a kind of everyday activism by answering invasive questions from the stigmatizers or merely being visibly out in social situations where their personality may be seen as controversial, and with this it presents a possibility for the non-queer people to gain a kind of "ally consciousness" from the encounters and thereby becoming one of Goffman's "wise" (Orne 242). To back this up, Sarah, one of the participants in Orne's study, states that she deliberately manages her identity in uncomfortable environments in order to educate others about their own possibilities for disclosure (Orne 243). Rather than always providing the label that they truly identify with, they will instead claim a label which they believe will be accepted in the given social situation without further remark in order to avoid being in the line of fire. However, unlike the strategy of "passing" or "covering", the identity provided will still be stigmatized, as seen in the previous example with Eric, and participants stated that they would "dodge the bullet" by overall avoiding environments which continually put them in the line of fire (Orne 247). This double consciousness can then be viewed as a social psychological lens, what Orne refers to as "a set of metaphorical bifocals", which allowed the stigmatized to anticipate the

reactions of others by viewing a situation through the lens of the privileged/normal, while remaining stigma resistant (Orne 249).

Lastly, Orne states that although standpoint epistemology is often evoked in discussions of intersectionality and marginalization, there are remarkably few studies that make use of the concept of double consciousness, as it has proved to be a useful metaphor and provides a sociological foundation for intersectionality, which will be elaborated in the following section.

Intersectionality: An Understanding of a Complex Life

Intersectionality was first coined by Kimberly Crenshaw as a way to understand the interconnected nature of inequality, especially used to describe how different factors such as race, gender, class, etc. should be understood as one overlapping entity. Crenshaw's main focus was to illustrate how black women faced more discrimination than white women, and found the feminist movements insufficient, and therefore sought intersectionality to better grasp the complexities that black women faced and still faces to this day (Collins and Bilge 3). In the book *Intersectionality* (2016), Patricia Hill Collins and Sirma Bilge note that the "events and conditions of social and political life and the self can seldom be understood as shaped by one factor" (2). When we consider inequality, we often only look at one of the above-mentioned qualities; race is considered as an entity separate from gender, while gender is separate from class. Feminist movements sought more equality for women, whether it be for instance voting rights or job opportunities but failed to recognize the different and unequal opportunities black women faced as opposed to white women. Therefore, intersectionality is used to bring light to the many different obstacles that should be considered within the topic of inequality.

According to Collins and Bilge “ordinary people can draw upon intersectionality as an analytic tool when they recognize that they need better frameworks to grapple with the complex discrimination that they face” (3). Inequality is indeed a complex web of identity qualities, but instead of pulling each entity apart and looking at them separately, they should be analyzed together and understood as one entity. When examining a person living with AIDS, there may be many different things that play a role for the inequality they face. Class, race, gender, ethnicity, citizenship, sexuality, and illness are just some of the social divisions that can play a role when we try to understand a person, and in terms of inequality, these divisions should not be stand-alone entities. A person diagnosed with AIDS faces discrimination because of the illness alone, but a man would perhaps face more, or maybe rather a different kind of discrimination and stigmatization than a woman because the illness is associated with homosexual conduct and deviant behavior. But men living with AIDS also experience different discrimination from each other, since class and race play a role in the level of discrimination they will receive. So, while the illness in itself results in discrimination and stigmatization, it cannot be seen as a stand-alone reason for the inequality patients will face. We cannot simply look at people and see illness, gender, or race only; these aspects should be considered simultaneously and used to understand the complexities that all play a role when it comes to inequality.

According to Collins and Bilge, intersectionality can be used to examine and understand social context, which means to think about social inequality, relationality, and power relations in a social context (28). Intersectionality, in this sense, recognizes that “...particular historical, intellectual, and political contexts shape what we think and do” (28). Collins and Bilge argue that these core terms are intertwined, which makes intersectionality such a complex entity. The interconnectedness is what makes people so complex, and why we cannot simply understand a person from only one of the social divisions. A black woman

from a lower social class faces a different stigmatization than a white woman from a lower social class, but the white woman from the lower social class should not be mistaken as facing the same discrimination a white woman from a higher social class face. According to intersectionality, discrimination should not be, and simply cannot be understood from one single standpoint. All categories of one's life should be considered, analyzed, and understood when looking at inequality.

Intersectionality is an important tool used to understand the complex web of a person's inequality. The interconnected aspects of life should be understood as a whole, and not separate from one another. Because of the stigmatization men faced with AIDS, intersectionality is important to utilize in order to understand exactly how those living with AIDS were discriminated against. The illness itself came with stigmatization, but the illness is not to be mistaken as the sole reason for stigmatization. People experience various forms of discrimination, since everyone living with AIDS have various social divisions that should be considered as well. In this thesis, intersectionality is used as a way to understand the complexities that different people face as a result of AIDS, various examples show that people were stigmatized for diverse reasons and that one example of inequality as a result of AIDS is not, cannot, and should not be compared to everyone else's experience with inequality as a result of AIDS.

What Determines Grievability?

In the book *Frames of War: When is Life Grievable?* (2016), Judith Butler questions how different lives are grievable and what factors are in play when determining whether a life is grievable or not. One of the things Butler examines is the precariousness of life and how frames and recognition shape a grievable life. Though the basis for the book focuses on lives lost during war, this paper uses Butler's claims of grievability and precariousness to explain

and examine how and if an AIDS diagnosis made a person less grievable. Butler suggests that “specific lives cannot be apprehended as injured or lost if they are not first apprehended as living, if certain lives do not qualify as lives or are, from the start, not conceivable as lives within certain epistemological frames, then these lives are never lived nor lost in the full sense” (22). In order for a life to be apprehended as lived, Butler argues that it should have been lived within the bounds of certain epistemological frames.

With the term “frames”, Butler refers to the structures which determine and regulate recognition. In a review of Butler’s work, Birgit Shippers notes that “frames categories the norms that govern the structures of recognition, they mold those lives that are recognized as livable, and hence grievable, and they order our affective response to others” (232). Frame should be understood as the practices and norms that “governs” our understanding and recognition of others, frames determine how we, as a society, accept that which we may find hard to understand. Accordingly, recognition is how these frames work for us to recognize and apprehend what and who we encounter. Butler states that for a life to be grievable, it must first be lived precariously, but further argues that precariousness is hard to recognize, stating that “it can be apprehended, taken in, encountered, and it can be presupposed by certain norms of recognition just as it can be refused by such norms” (28). For a life to be apprehended as precarious, it must follow the frames of recognition, the norms in a society which determines what is recognized of precariousness. “At the heart of [Butler’s] account of recognition sits the body and its exposure to vulnerability” (Shippers 233), so to be recognized in Butler’s sense, is to be exposed to vulnerability, or to precariousness. For a life to be considered a precarious one, it is important to live a social life, since it is only socially that a life is “in some sense in the hands of the other” (Butler 28). According to Butler, in order for a life to be viewed as a life that has been lived, there needs to be a dependency toward others, our lives can only be apprehended and recognized by the frames of society,

and therefore, lives are essentially always in the hands of others. Butler argues that these relations may not always be relations of love or care but imply that there is a form of accountability toward the society in general. Butler argues “that the ‘we’ does not, and cannot, recognize itself” (29). This suggests that to be recognized as a part of society, “we” need others' apprehension to recognize ourselves.

As stated, at the heart of Butler's notion of recognition, the body and its vulnerability are in focus. This is to be understood as how we are susceptible to and recognized as precarious beings. According to Butler then our bodies are “exposed to others, and while they may be the condition of our desire, it also raises the possibility of subjugation and cruelty” (54), so a precarious life is exposed, quite literally, to the violence of others. In this sense cruelty and subjugation can be understood as the way a life is socially dependent on others. This social dependency, Butler argues, is bound up by how we require others in order to live, “bodies are bound up with others through material needs, through touch, through language, through a set of relations without which we cannot survive” (53). We are then always subjugated to the recognition of others, and we are bound to live social lives in order to receive this recognition from others. This, Butler argues, puts us at a constant risk of sociality as it offers itself as both a punishment and a threat (53).

Not only a precarious life determines if a life can be viewed as grievable. Frames and conditions, too, determine how others view the life in question, and thereby if a life is grievable. Butler argues that “we cannot easily recognize life outside the frames in which it is given, and those frames not only structure how we come to know and identify life but constitute sustaining conditions for those very lives” (33-34). The frames are described as boundaries in society, as to what is deemed acceptable in a life worth living, to determine what lives are deemed grievable. To this Butler adds:

Conditions have to be sustained, which means that they exist not as static entities, but as reproducible social institutions and relations. We would not have a responsibility to maintain conditions of life if those conditions did not require renewal. Similarly, frames are subject to an iterable structure—they can only circulate by virtue of their reproducibility, and that very reproducibility introduces a structural risk for the identity of the frame itself. (34)

The conditions and frames of what is deemed acceptable, are determined through behavior in the society. To continue to live by these conditions and frames, they need to be upheld, but these conditions and frames will also require change, since any society is in constant movement. Norms change every century, sometimes even every year, therefore the frames that deem who is grievable also changes. There might be unforeseen occurrences such as war or political change, which can uproot and alter the conceptions by which a society lives. Grievability is then, at the very core, situated through the norms of society, as stated above. Therefore, who is grievable changes from society to society, and who is grievable in India differs from those who are grievable in the United States. The frames which condition a life as living also change through time, so who is grievable today, is very different from who was grievable 100 years ago, or even just 40 years ago.

A person living with AIDS can be argued to have lived a precarious life indeed, since it is at the hands of others the illness has spread. However, the life of an AIDS patient faced, and still faces, a lot of stigmatization and discrimination, because the illness was connected to a deviant lifestyle. Because of the stigmatization the illness subjected its subjects to, people who lived with AIDS were dehumanized, since they did not live within the frames of a society and were thereby not recognized as life. These are the risks Butler mentions when we live a social life, the risks of punishment and subjugation. While some will experience justice and love through sociality, others will experience the possibility of being exploited (Butler

54). An AIDS diagnosis can be argued to have been exploited by a socially lived life, this will set you aside from the socially accepted frames and conditions and put you in a box from where you will no longer be recognized as being a part of the society. Those who fall out of the frames of society are dehumanized and are thereby no grievable in the eyes of the others.

With this, the theory of habitus from the French sociologist, Pierre Bourdieu, becomes relevant. In the book *Pierre Bourdieu: Key Concepts* (2014) by Michael Grenfell, habitus is simply put as something that focuses on our ways of acting, feeling, thinking and being. It captures how we carry our history within us and how this is displayed in present circumstances, which then predicts how and why we make the choices we do. Habitus is thus presented as an ongoing and active process, as we take part in a continuous process of making history, but never any that are entirely of our own making, as we are constantly faced with a variety of possible forks in the current path, or choices based on our actions and beliefs (Grenfell 53). Formally, Bourdieu defines habitus as a property of “social agents”, whether this be individuals, groups or institutions which comprises a “structured and structuring structure”, in the way that is structured by one’s past and present circumstances, such as family upbringing and educational experiences. To break it down, the “structuring” describes the way that our habitus shape our present and future practices, the “structure” composes a system of dispositions which generates perceptions, appreciations and practices and is systematically ordered rather than arbitrary. Thus, the habitus is both structured by conditions of existence and generated practices, beliefs, perceptions, feelings and so forth in accordance with its own structure (Grenfell 51). In order to understand these practices, it is important to understand both the evolving fields within which social agents are situated and the evolving habituses which those social agents bring to their social fields of practice.

To bind it all together, Bourdieu presents the following formula for this theory:

[(habitus)(capital)] + field = practice. Practice results from relations between one’s

dispositions (*habitus*) and one's position in a field (*capital*) within the current state of play of that social arena (*field*) (Grenfell 51). The disposition is described as something that “expresses first the *result of an organizing action*, with a meaning close to that of words such as structure; it also designates a *way of being, a habitual state* (especially of the body) and, in particular, a predisposition, tendency, propensity or inclination” (Grenfell 51). Practices are therefore not simply the result of our *habitus*, but rather of relations between our *habitus* and current circumstances. Therefore, in order to understand practices, it is imperative to understand both the evolving fields within which the social agents are situated and the evolving *habitus*es in which those social agents bring to their social fields of practice (Grenfell 53). The choices that we make will then in turn shape our future possibilities, as any choice involves several possible paths, and the one chosen will further shape our understanding of ourselves and of the world (Grenfell 52). *Habitus* links the social and the individual because the experiences of one's life course may be unique in their particular contents but are shared in terms of their structure with others of the same social class, gender, ethnicity, sexuality, occupation, nationality, religion and so forth (Grenfell 53). Social agents do not arrive in the field fully equipped with God-like knowledge of the state of play, the positions, beliefs and aptitudes of other social agents, or the full consequences of their actions (Grenfell 54), especially since those are constantly changing. Both *habitus* and field are relational structures, and it is therefore the relation between these relational structures that provides the key for understanding practice. These two structures are homologous in the way that they represent objective and subjective realizations of the same underlying social logic and are mutually constituting in the way that they help shape each other. However, as they are also both evolving, the relations between *habitus* and field are ongoing, dynamic, and partial: they will not match up perfectly as they each have their own internal logic and history. With this, Grenfell provides the following example: a social situation in which you

feel or anticipate feeling awkward, out of your element, like a “fish out of water” and may therefore decide against going or leave the situation early, where the case is that the structuring of your habitus does not match that of the social field. On the other hand, it may be a situation in which you feel comfortable, at ease, like a “fish in water” - in this case, the habitus matches the logic of the field where you feel attuned to the *doxa*, the unwritten “rules of the game” underlying practices within that field (Grenfell 57). To sum it up, the habitus and norms within are constantly changing which affects the grievability in the specific situations and social agents involved.

With the emergence of AIDS, frames of recognition changed. Sexual liberation had thrived in the 1960s and 1970s, where sexual relations across the spectrum were recognized, sex between men were becoming more normalized, women enjoying casual sex were becoming more and more accepted, and the thought of sex in general became less something to be embarrassed of in public, but rather a celebration of life (Sontag “AIDS and its Metaphors” Chapter 7). The emergence of AIDS however, changed a lot of the progress that was seen in the 60s and 70s. The frames of recognition and acceptance in American society changed, and the diagnosis meant, for most patients, to be discriminated against, stigmatized, and harassed (Chapter 7). Because the disease was associated with homosexual conduct, those infected were subject to more blame from the public and since they did not follow the established norms of their society, they were not recognized as a life any longer. Consequently, in the 1980s, as Sontag states, those living with AIDS were seen as having participated in deviant behavior, because of this, they were deviants of society. Essentially the disease dehumanized the infected and they were deemed, as Judith Butler would argue, non-grievable. It can be argued that since a grievable life is at the hands of others, a life with AIDS loses its sociality with the diagnosis. Because the diagnosis dehumanizes its victims, the lives can no longer be lived precariously and are no longer at the hands of others, and the

life is then no longer categorized as grievable.

Chapter One: HIV/AIDS in 1980s United States

HIV/AIDS was a new and completely unknown disease when it first appeared in June 1981 in the United States. AIDS, which consisted of a series of conditions as a result of a weakened immune system, was so mystical for the country that it quickly became embedded in metaphors and mystifications among the public, and those infected were stigmatized and discriminated against. The response to the unknown disease was weak and oftentimes non-existent, government officials, including former president Ronald Reagan did little to influence the disease which, as a result, evolved into an epidemic for the country. This chapter will focus on how the United States responded to the disease with an examination of the AIDS movement ACT UP, a look at how former President Ronald Reagan's refusal of acceptance to the disease and those infected, affected the general public opinion on the matter, and how religious groups influenced and heightened the stigmas and discrimination against those infected with the illness.

ACT UP: Aids Coalition to Unleash Power

The late 1980s and early 1990s would prove to be a particularly rocky period in the history of AIDS characterized by both medical advances and political turmoil (Greene 98). The HIV/AIDS epidemic was still rapidly spreading and yet there was no sure solution to put a end to it. However, in 1987 the AIDS activist organization, "ACT UP", was formed and thereby held its first march supporting patients' rights in New York City. ACT UP (Aids Coalition to Unleash Power) was an international organization founded in the US in 1987 to bring attention to the AIDS epidemic and being the first official group to do so. The purpose of the organization was to find a cure for AIDS, while at the same time providing accurate

information, help and awareness about the disease by offering education on the subject as well as radical nonviolent protests. A part of the protesters can be viewed as the previously mentioned heroes of adjustment in accordance with Goffman's theory on stigma, if they themselves are not part of the stigmatized, in this case being the HIV and AIDS infected. As Goffman mentioned, he encourages the normals to work as the heroes of adjustment with a purpose to reassure the stigmatized that the normal really mean no harm and they should therefore be tactfully helped to act nicely. The actors of ACT UP, even if they are not members of the LGBT community, can help the stigmatized to become more accepted in society, when working as both normals and allies. However, as Goffman previously stated, the norms are not something flexible and interchangeable, but rather a fixed point where everyone should strive to accept the current social norms. With ACT UP, the goal was to present the case that AIDS had been highly stigmatized and that the norm at this point was to greatly fear the effects due to either misinformation or a lack of information overall (Banales 1). This was done with daily acts of civil disobedience and vocal and visual demonstrations, in order to focus attention on critical issues regarding the AIDS crisis, where especially the gay community were the only ones noticeably affected at the center of the crisis (ibid).

Under the administration of President Ronald Reagan, the funding for AIDS-infected patients as well as the research to slow down and/or cure the disease proved stagnant. Some attributed the delay to the antigay prejudice of many Americans, which they also saw reflected in the Reagan administration. Due to this, many in the gay community felt that it was their responsibility to exert pressure regarding these issues (ibid). By 1988, a year after the launch of ACT UP, the group had gained clear credibility in the field of AIDS activism. They led protests against news articles, films, and news report that provided misinformation on AIDS, for example that women could not get AIDS from participating in intercourse with heterosexual men and that AIDS could be passed through public bathrooms, pools, and

drinking fountains. Their actions were seen in public protests and open forums and thus ACT UP was able to break down parts of the stigma, misconceptions, and stereotypes regarding the disease as well as the inadequacies of the U.S. government's treatment of people infected with AIDS. It has since been argued that their efforts radically changed the way the world saw the AIDS crisis and the power of the gay rights movement (ibid).

Ronald Reagan: A President for the Heterosexual

In 2006 journalist Robert Scheer published an anthology of works and interviews with numerous contemporary presidents titled *Playing President: My Close Encounters with Nixon, Carter, Bush I, Reagan, and Clinton – and How They Did Not Prepare Me for George W. Bush*. Sheer is a political journalist who, over the course of his career, has conducted numerous interviews with a handful of incumbent presidents. His recollection of encounters with former presidents is used here in order to feature a more in-depth characterization of Ronald Reagan. Sheer's work here is not an academic source per se, but his interviews with Reagan give us a more unbiased picture of the president as Sheer mentions he and Reagan share completely different values, but that he nevertheless managed to get a better understanding of the former president. In chapter three "Ronald Reagan's Obscure Complexity", Scheer recalls his many encounters and relays the interviews he had with the 40th president, and as the title of the chapter entails, it is not a full-on critique of Reagan nor a complete compliance with Reagan's person or policies.

Ronald Reagan was, as Scheer mentions, a complex person and politician, a former Hollywood movie star, who functioned as governor of California from 1967-1975, and would in 1981 have his inauguration as the 40th president of the United States. According to Scheer, Reagan's former life as a movie star was apparent with his natural talent in front of cameras and whenever he would speak to an audience. This is affirmed by the nickname Reagan

received, numerous news outlets, scholars, and journalists labeled Reagan: The Great Communicator. As Scheer points out in his book “over time, it also became increasingly clear that although the man wasn’t unintelligent, his ability to mingle truth with fantasy was frightening” (Scheer chapter 3). A statement that Samuel Walker agrees with in *Presidents and Civil Liberties from Wilson to Obama: A Story of Poor Custodians*, in which he states that Reagan’s critics “mocked his habit of telling stories that were pure fantasy” (383).

There continues to be a variety of accounts about Reagan’s stand on homosexuality, with accounts that depicts him as a homophobe and others that depict him as a Hollywood actor who could not possibly be homophobic, since he would have worked with all kinds of people throughout his career. Scheer also depicts him in two different lights, adding to the complexity that Reagan possessed. For instance, Scheer mentions that Reagan’s inability to properly address the AIDS epidemic was not due to him being homophobic, but rather because “he was genuinely convinced that government programs exacerbated problems – unless they catered to the needs of the businessmen he had come to revere” (Scheer 129). Here, Scheer paints the picture that Reagan was simply in denial of the AIDS epidemic, and that Reagan merely thought it to be an exaggeration. Later in the same chapter, Scheer paints another picture of the president, highlighting a part of an interview where the two of them are on the subject of homosexuality, and Reagan’s apparent dislike of the gay community. From this interview Scheer presents the following question to Reagan: “Why do you attack homosexuals, as you did at a recent rally?” (Scheer chapter 3) to which Reagan responds:

I didn’t attack them; I was asked a question. A fellow asked me if I believed that they should have the same civil rights, and I said I think they do and should but that my criticism of the gay-rights movements is that it isn’t asking for civil rights, it is asking for a recognition and acceptance of an alternative lifestyle that I do not believe society can condone, nor can I. (Scheer chapter 3)

This interview was conducted when Reagan had just assumed office as governor of California. Even in his early political career, his dislike toward LGBT rights was clear, or as he put it himself in the previous quote: his dislike toward their recognition and acceptance in a society, which are two distinctions that sound awfully similar to each other. In the same interview, Reagan is quoted using the trial against Oliver Wilde as an example to his attitude toward this deviant lifestyle he could not condone, stating that “I think Mrs. Patrick Campbell said it best in the trial of Oscar Wilde. She said, ‘I have no objection to anyone’s sex life so long as they don’t practice it in the street and frighten the horses.’” (Sheer chapter 3), referring to Oliver Wilde's trial for gross indecency with men. Reagan blankly stated that he did not want the gays to have the same rights and recognition as those who led a life conforming to the heterotypical norms of the society at the time. Simultaneously, the comments show that if people who did practice this form of what he describes as “an alternative lifestyle” kept it within closed doors, he would not impose on or invade their privacy with strong anti-gay policies.

Ronald Reagan presented strong conservative political views, and his presidency was dominated by his stance on controversial matters such as abortions and his lack of response to AIDS. He was supported by groups such as the New Right and the Religious Right, both movements that, just like Reagan himself, were extremely conservative. Reagan was known as a pro-life supporter and used a lot of his time in office to further anti-abortion laws. Abortion is not relevant in an analysis on AIDS per se but does enhance the image of Reagan’s conservative politics and his general opinion on sexual liberation and independence. Already when Reagan was governor of California, he had a conservative view on abortion laws, and only because of pressure and believing the law would never pass, did he vote for the 1967 law in California to liberalize access to abortion (Walker 384). According to Walker, he later successfully opposed the further liberalization of abortion laws

in California before his presidency. Reagan's stand on the matter clearly depicts a man who believed in traditional conservative values. The former president also refused to speak about important topics, should these topics not fall directly into the legacy he wanted to create and uphold. For instance, with discussions on abortion and the growing number of violence aimed at abortion clinics. Samuel Walker states that "in 1984 alone, two dozen clinics were bombed, burned, or attacked in some way" (388). While this could be argued to be domestic terrorism, as Walker calls it, Reagan and his administration simply refused to comment on the matter or condemn the violence. Reagan further showed his disinterest in liberalizing aborting, by prohibiting funds for abortion and with a Health and Human Services regulation "forbidding agencies even to discuss abortion as an alternative or to refer clients to abortion providers" (388). These examples underline Reagan's conservative positions, and how he sought to uphold conservative policies.

When AIDS was first documented in 1981 in the United States, Ronald Reagan and his administration stayed silent on the matter and did so for four years. The National Academy of Sciences "declared the federal government's response dangerously inadequate" in 1986 (Walker 390). According to Walker, the silence came from the growing pressure of the Religious Right, which thought that the acknowledgement of AIDS was directly connected to approving the deviant lifestyle of homosexuality. According to Sontag too, "talk of condoms and clean needles is felt to be tantamount to condoning and abetting illicit sex, illegal chemicals" (chapter 7). Since Reagan did not comment on the epidemic for so long, it could be seen as a sign that the President himself shared the views of the Religious Right. Moreover, it can also be understood as Reagan's attempt to keep the support of a growing group of people who shared their views of the Religious Right. The silence can also show a form of extermination of homosexuals. The lack of response from Reagan and his administration speaks to a deeper understanding of the former president's view on

homosexuality. Walker quotes pastor and conservative activist Jerry Falwell, who was one of the most prominent voices of the Religious Right, stated that AIDS was “the wrath of God upon homosexuals” (Walker 390). The pressure from some of Reagan's heaviest supporters had an important role in Reagan's refusal to comment on the matter. Here, AIDS is connected to religion, and the illness is seen as a punishment of the body that homosexuals have willingly accepted for their deviant behavior. As Sontag points out then “from the beginning the construction of the illness had depended on notions that separated one group of people from another” (Chapter 3), and Falwell’s comment offers a clear distinction of “us vs. them,” the deviant vs. the norm abiding.

When one of the most prominent officials of the Religious Right called the epidemic a wrath of God, it shows how this movement thought the disease to be only related to homosexuals, and something they had brought upon themselves with the deviant lifestyle they led. It created a great mystification of the epidemic since these comments came from people who had a great impact on Reagan’s presidency. Therefore, as Samuel Walker also argues, Reagan's refusal to comment on the epidemic seems not entirely to have been about his apparent dislike for homosexuals, rather the pressure of his supporters and voters to ensure continuous popularity (390).

In 1987, Reagan responded to the increasing pressure from the public and appointed an AIDS commission; a commission that was heavily criticized at the time. Gary Bauer, who served as Under Secretary of Education and Chief of Domestic Policy advisor, “urged Reagan not to appoint a homosexual to [the AIDS Commission] because that would only ‘give homosexuality a stamp of approval’” (392). So still, in 1987, with the epidemic steadily surging in cases and deaths, the administration sought to undermine homosexuality and the homosexual communities by simply not acknowledging them. The commission did not give the outcome intended either, and with a new financial strategy, research in the disease was

greatly reduced during the end of Reagan's presidency. The fact that Reagan stayed silent on the illness for so long, Walker argues, "undoubtedly resulted in tens of thousands of new, often fatal cases of infection" (383), since a president could have, and should have, addressed the matter instantly to calm the public and avoid any of the speculations, doubts, or stigmatizations that followed in the wake of such a deadly, new, and unknown disease.

Questionable Popularity

Ronald Reagan was indeed a complex person but continues, to this day, to be viewed as one of the most popular presidents since the Second World War (Smith 1). However, it can then seem odd that the former president was, and is still, such a popular icon with the controversial policies presented above, especially when looking back at his presidency with contemporary eyes. So, what exactly was it that made Reagan such a popular figure? Was it his history as a movie star, his gift for communication, or his policies?

Despite Ronald Reagan's controversial views on homosexuality, he is continuously voted one of America's most popular presidents. In "The Mixed Legacies of Ronald Reagan" (2008), Hugo Hecló, an expert on American democratic institutions, comes up with an explanation to the complexities that Reagan possessed when it comes to the former president's legacy. Hecló notes Reagan's everlasting presence and writes: "among other things, he was an essentially humble man – a man who developed a strong sense of self and powerful convictions but also a man with a very small sense of ego or need to defend it" (557). This is also the essence that Robert Scheer illustrated of Reagan, that the man was utterly pleasant and despite a difference of opinion, most people got along well with the former president. By the time Ronald Reagan assumed office, the presidency was contested. According to Hecló, the presidency was weak and in a dispirited condition (566). After Ronald Reagan's two terms, the presidency was left robust and admired among most of the

public and other nations as well. Reagan's attitude, his strong sense of self and small sense of ego, helped the people perceive him as a man worth trusting. According to Hecló, Reagan left a strong presidency, and during his time in office he brought dignity and confidence back to the American people and the nation.

Reagan was a great communicator, and according to multiple sources, he spoke with conviction, hope, and compassion when he addressed the nation, but also with a hint of fantasy and imaginary pictures (Walker 383). His communication skills were one of the many things that made Americans adore him and they are an important part of his legacy today. Legacy here is based on history and the achievement of the person in question; it is based on a personality and a presence in the capacity of a person's life. Reagan's communication is definitely one of the things that left a mark in the minds of America. Hecló states that "what Reagan communicated to people was that he believed what he said. And what he believed was hopeful. Some have said that Ronald Reagan "made America feel good about itself" (572). Reagan was truthful in his speech, because what he spoke was what he hoped for the country, and after long years where American values were attacked by other countries, the patriotism that Reagan portrayed calmed the American public. Reagan addressed his communication style in his farewell speech on January 11, 1989:

... I won a nickname, "The Great Communicator." But I never thought it was my style or the words I used that made a difference: it was the content. I wasn't a great communicator, but I communicated great things, and they didn't spring full bloom from my brow, they came from the heart of a great nation – from our experience, our wisdom, and our belief in the principles that have guided us for two centuries. They called it the Reagan revolution. Well, I'll accept that, but for me it always seemed more like the great rediscovery, a rediscovery of our value and our common sense (Farewell Address to the Nation).

Reagan calls it a rediscovery of American values and common sense. A revolution of the American nation. The nation adored the man, even though he failed to recognize the AIDS epidemic until late in his presidency, he showed strong affiliations with the Religious Right, and failed to accept homosexuality. But what the people liked so much about him was his policies on domestic government, his tax reduction, and his financial pressures to restrict domestic government. His policies were indeed rooted in America's revolutionary and religious traditions (Hecl 573), and these views were conservative, which did not fit with the liberalization of abortion or an acceptance of homosexuality. He idealized the values of small-town America, patriotism, and spoke to the ordinary, free people, who listened with candor. He was viewed by many as a president for the people, but he was primarily a president for the norm-abiding and conservative population.

Public Attitudes Toward AIDS and Homosexuality

In the 1980's, attitudes toward homosexuality were not as positive as they are today. Here, our perception on the matter of the LGBT community will play a role since we are strong supporters of this community and our understanding of the inequality experienced during the 1980s. In "Trends: Attitudes Toward Homosexuality" (1997), Alan S. Yang presents a variety of polls collected, which display different attitudes toward homosexuality from the 1970s up until the 1990s. Here, he points out that the people's opinion and the norms regarding homosexuality have changed over time and presents the marginalization of the LGBT-community in the 1980s. We will primarily survey the data collected on the attitudes toward homosexuality in the 1980s, since this correlates with the rise of the AIDS epidemic.

Yang points to a survey in which it is evident that "the public has been fairly evenly divided over whether 'homosexual relations between consenting adults' should be legal. There is some evidence that in the mid- to late-1980s attitudes became more restrictive"

(478). In mid to late 1980s, Ronald Regan was president, and as stated earlier, he did lead America with a much more conservative attitude toward politics and social dilemmas, which explains the more restrictive attitude toward homosexuality in this period. This decline in acceptance toward homosexuality also came in the wake of the AIDS epidemic, and the growing concern that the disease seemingly only affected gay men. This statement is confirmed by the surveys, when the respondents are asked whether or not they think the government would have spent more money on AIDS research, had the disease mainly affected heterosexual men, to which a stable majority agreed (482). Here, a majority of the respondents, in the mid-1980s, also replied that they would want the government to spend more money on AIDS research if it was mainly heterosexual men the disease affected. However, the surveys indicate that 75 percent were “supportive of distributing AIDS educational pamphlets even if they might imply public acceptance of a gay lifestyle” (482). These two questions and the responses show an odd distinction between a homosexual lifestyle and protection from disease. A large number of respondents felt the need to distribute information about the disease, in order to educate people about how the disease spread and how to prevent it, also referred to as Goffman’s wise and heroes of adjustment, who strive to break down stigma. The responses that concern the AIDS epidemic are highly contradictory, with opinions that both want to prevent the public acceptance of a gay lifestyle, but still want to distribute pamphlets that would ultimately display acceptance of the alternative lifestyle. The surveys further show how “more than one quarter of respondents agreed “strongly” or “somewhat” that AIDS is a punishment God gave to homosexuals” (482).

This association with God is likewise an important factor when looking at the public’s attitude toward AIDS and homosexuality in America. Episcopal priest, Mark R. Kowalewski offers an account of different attitudes from religious groups toward AIDS and

homosexuality in his article “Religious Constructions of the AIDS Crisis” (1990) and is used here to show a religious aspect of the HIV/AIDS epidemic. Kowalewski narrows the attitudes down to three main positions: Firstly, “Blaming the victim”, to which he argues is a position where AIDS is seen as an absolute punishment of the people who fail to adhere “with traditional norms of sexual morality” (92). Secondly is “Embracing the exile”, indicating that with this position religious groups indicate that AIDS as a disease “can be prevented through avoiding certain behaviors” (92), where this position conveys the message that the disease is separated from sexual morality. Lastly, “Helping the victim”, where this group views AIDS as a public health crisis, “while maintaining the sacredness of traditional moral norms against homosexuality and seeing AIDS as a deterrent to “sinful” behavior” (92-93). These three positions were all present during the emergence of AIDS in the 1980s and play an important role in the public opinion on the AIDS epidemic.

Kowalewski notes that “American society has constructed AIDS as a disease affecting ‘sinners,’ primarily ‘promiscuous’ gays and secondarily drug abusers” (91), but further notes that people with AIDS are also viewed as sick people. These two distinctions made it difficult, and still do, for religious groups to give a proper response to the epidemic, since homosexuality and sickness are two very controversial topics in religious communities. Kowalewski states “while individuals and groups perceived to be guilty of moral failing are stigmatized, sick persons receive succor and care” (91). Religion in general has a rich history of being anti-gay, meaning that they officially perceive homosexuality, more often than not, as a sin. However, religious groups have a common strong connection to helping others in need, and thereby helping the sick as well.

When it comes to “blaming the victim”, the most common standpoint defines AIDS as God’s punishment of homosexual people, where some see AIDS as an act of God who imposes judgement on the people affected. Here, Kowalewski mentions Jerry Falwell who is

quoted: “AIDS is a lethal judgment of God on the sin of homosexuality, and it is also the judgment of God on America for endorsing this vulgar, perverted reprobate lifestyle” (93). Jerry Falwell not only criticizes homosexuality, but also America in general for accepting the lifestyle. Falwell narrows the entire epidemic down to the fact that homosexuality had won a place and acceptance in the society, which it should not have gained. A comment like Falwell’s shows how this position of blaming the victim takes away from the epidemic and justifies AIDS and the lack of response to the disease as simply the inevitable outcome of a homosexual lifestyle and the acceptance of it. Others within this position did not necessarily see AIDS as God’s explicit punishment to the person, but rather “as the logical outcome of violating the natural law” (93). According to Kowalewski, some even compared AIDS to other diseases such as cancer or liver failure, and to the unhealthy lifestyles that can provoke such diseases, which Sontag offers an explanation, she notes that “the sexual transmission of this illness, considered by most people as a calamity one brings on oneself, is judged more harshly than other means – especially since AIDS is understood as a disease not only of sexual excess but of perversity” (Sontag Chapter 3).

Advocates of “embracing the exile” had a slightly more constructive position on the AIDS epidemic, they saw the “disobedience to moral norms as separate from the issue of AIDS” (94), which implies that morality and sickness should not necessarily be intertwined. This position advocates that it is the moral duty of the Church to help the sick, whether the sick is gay or not. Kowalewski quotes a Catholic writer who criticized the Catholic Church and the passivity the Church has had on the matter: “The Church’s slowness to work with these suffering cannot speak well of its fidelity to Christ’s unambiguous mission” (94). This passes on judgment to religion in general, and their inability to help the sick, doing nothing would be a direct insult toward God and religion itself.

The last stance, “helping the victim”, shed a different light on the epidemic. This position sees all people as sinful, and that AIDS should not be viewed as a direct punishment on homosexuality. Kowalewski quotes a Roman Catholic bishop who, unlike the two former position, sees AIDS as a sickness that should be cared for. He mentions that Catholics “should be guided by the Church’s instructions for anointing the sick, which states that while sickness is related to sin, it should not be considered a punishment for sin” (94). This position wants to separate the sin and sickness completely, not only AIDS but all sickness that may be associated with sin. According to this bishop, all sickness is related to sin, so why should AIDS be viewed any differently simply because it predominantly affected gay men? While this position advocates compassion for people with AIDS, it still uses terms associated with the discrimination of homosexuals, Kowalewski notes terms such as “leper” and “outcast”. The official position compels compassion, but the terms are used to disassociate from the gay community, since these religious groups still do not want to identify with or display acceptance of the community or lifestyle. This position’s general attitude is to treat people with AIDS as sick people rather than gay men who have AIDS. Thus, they distance themselves from the gay community while still helping the sick.

According to Alan S. Yang, attitude toward homosexuality in America has improved over the years though, and the percentage of respondents who were “very unsympathetic to the homosexual community” declined from “a high of 46 percent in 1983 and fell 30 percent by 1994” (479). Yang also notes that people who identified the fact of being a supporter of gay rights movements as something wrong was at 66 percent in 1987 and had fallen to 56 percent in 1994 (479). However, during this period the stance on whether or not lesbians and gays should be allowed to legally marry had not seen much increase nor decrease, and, as Yang puts it, a stable majority (more than two to one) had remained opposed to gay marriage up until the 1990s.

It is evident that homosexuality was a controversial and highly relevant topic in the 1980s and that the general public took a step back from discussing the topic. Religious groups, while some more accepting than others, found it difficult to define their view on the AIDS epidemic, as it put them in a conundrum of dilemmas. People with AIDS were highly stigmatized during the 1980s, both by the general public, religious groups and even the President. The AIDS epidemic emerged during a time where LGBT communities were already under heavy stigmatization, especially due to religious beliefs, which made it even harder for these communities to be accepted, since the disease had been engulfed in stigmas related to being gay. The religious notion that being gay was an abomination and that AIDS was God's way of punishing the deviant behavior added to the already problematic discourse that surrounded the epidemic. Simultaneously, America had a leader who refused to comment on the matter, and who was supported by the same religious groups who saw the epidemic as God's way to eradicate the gays. The little information that was given on the epidemic came from activist groups such as ACT UP, but according to surveys, many Americans consistently viewed gay or lesbian activist movements as being "more of a danger to American society than religious conservatives" (479). Gay rights were an important topic in the 1980s but were frequently overshadowed by the stigmas that AIDS gained in the period.

As AIDS became a more discussed, though still tabooed and stigmatized, subject, the media adaptations began to portray the disease in various ways. In the following chapter, we will conduct a visual and discursive analysis based on the HBO mini-series, *Angels in America*, followed by an analysis of *Dallas Buyers Club* and lastly a comparison between the two media.

Chapter Two: AIDS Represented in Fictional Works

HIV/AIDS is an illness which has been deeply intertwined in discrimination and homophobia, people's understanding of the disease is connected to the information shared by the government and official health care services, such as the Centre for Disease Control and Prevention or the United States Food and Drug Administration. But in a modern society, fiction has become a prime example of conveying messages that can bring focus to social problems and topics. Earlier we touched upon the topic of AIDS as an "us vs. them" subject, and AIDS can indeed be difficult to understand if you are not directly or indirectly affected by the disease yourself. Information shared by the government may be hard to comprehend if the problem is far from your reach of understanding, which is where mass media plays an important role. Professor of psychology Franklin Fearing notes in "Influence of the Movies on Attitudes and Behavior" (1947) that storytelling "may be regarded as a means through which the individual understands himself, his social role, and the values of his group" (70). This is further accentuated with the account that "movies, like maps, situate viewers in a manner that is not only physical but also geopolitical, composing the imaginary and mediated relations with hold with the world" (Cartwright 370). The understanding of our own perceptions can be influenced by mass media, our concepts of ideology and attitudes can be altered by what we see in a film or a series. Mass media have the potential to emphasize certain social problems, which can shape our opinions on important, topical issues such as the HIV/AIDS epidemic. In the following chapter, we seek to illustrate how *Angels in America* (2003) and *Dallas Buyers Club* (2013) have depicted the AIDS epidemic. Both texts portray the epidemic in the 1980s, and characterize the issues of stigmas, discrimination, homophobia, and illness combined.

Angels in America

In 2003, HBO released the mini-series, *Angels in America*, based on the play by playwright Tony Kushner with the same title. The series, as well as the play, presents a number of characters in New York City in 1985, a period where AIDS had been rummaging through the lives of many, and presents a focus on the issues that occurred due to the illness both directly and indirectly. For this analysis, we will focus on the themes of religion, politics, identity formation and the overall presentation of AIDS regarding symptoms and the stigma surrounding the disease and how this is presented throughout the series. *Angels in America* presents a variety of different characters to ensure a nuanced view on the themes in question: Joe Pitt, a Mormon, Reaganite, closeted gay lawyer who finds solace in the arms of Louis Ironson, an openly gay Jew, who is struggling to accept the fate of his partner, Prior Walter, who has been diagnosed with AIDS. Other important characters includes Joe's wife, Harper Pitt, a stay-at-home Valium addict in denial, who finds solace in her hallucinations; Roy Cohn, an influential divorce lawyer, as well as a closeted gay in denial of his own sexuality, who is also diagnosed with AIDS; Joe's mother, Hannah Pitt, a woman who presents a tight grip on her religious beliefs and lastly, Belize, an openly homosexual, black nurse and former drag queen, who wishes to break the heterotypical norms.

The first scene in episode one, titled "Millennium Approaches: Bad News", the viewer is presented with a Jewish funeral which features Joe and Prior together, watching and listening to a rabbi, introducing himself as Isidor Chemelwitz, who is giving a speech about the deceased woman and how they may all "collectively mourn this good and righteous woman" (Millennium Approaches - Bad News 00:03:38), presenting a point where Judith Butler's theory on grievability becomes relevant. An interesting aspect of grievability in this aspect is that the rabbi states that he did not know this woman and is "unable to accurately describe her attributes, nor do justice to her dimensions" (Millennium Approaches - Bad

News 00:03:44), and yet presents her as good and righteous. The rabbi goes on to describe her as “not a person, but a whole kind of a person” (Millennium Approaches - Bad News 00:04:00) as she was a part of the communities that crossed the ocean and brought the Jews to America and proceeds to tell her descendants at the funeral that they do not grow up in America as no such place exists. However, without being aware of the deceased’s history in particular, she was a part of the generation of Jews who immigrated to America and settled down, and her partaking in this specific community makes her grievable on a religious plan as well as a personal plan concerning her descendants. The rabbi’s lack of personal information of the deceased does not seem to trouble the family as they watch and listen to the rabbi’s speech about their ancestors’ travels, stating everything with a prideful and hopeful look and pitch.

However, it seems important for further analysis to point out that at the scene of the funeral, Prior and Louis are positioned at a distance, a few rows back, from the other family members who have their backs turned to them. This already shows a discreet hint to their sexuality and relationship not being socially acceptable in society, which is further emphasized in a following scene, where they are seen exiting the funeral and delay a physical show of affection until they are out of sight of Louis’ family, seemingly to avoid possible confrontation. With this in mind, we refer back to Goffman's stigma and the theory on double consciousness by W.E.B. Du Bois. More specifically, we would like to bring up the theory on this being an example of how marginalized people can be stigma resistant, yet still be aware of the stigmatizing views of others to be capable of identity management. In this case, Prior and Louis hide their relationship due to the stigma regarding homosexuals that is found in Judaism, which has influenced the habitus in which Louis is raised in. Here, he is aware of his hesitation as he turns to Prior and says, “Sorry I didn’t introduce you, I always get so closet-y at these family things”, to which Prior replies “Butch. You get butch.” and follows

this statement with “I don’t blame you hiding, Jewish curses are the worst. I personally would dissolve if anyone ever looked me in the eye and said ‘feh’. Fortunately, WASPS don’t say ‘feh’” (Millennium Approaches - Bad News 00:15:30), displaying a sense of empathy toward their differences in habitus and worldviews.

Lesionaires and Homosexuals with No Class

The first time that AIDS is introduced is after the funeral, where Prior and Louis go to sit down on a public bench. Prior then reveals a sore on his chest and refers to it as “the wine dark kiss of the angel of death” and being a “lesionaire”, having what he calls “the foreign lesion”, “the American lesion” and “lesionaire’s disease”, followed with the blank statements “I’m gonna die” and “no wall like the wall of hard scientific fact” (Millennium Approaches - Bad News 00:17:06), the scientific fact at this point being the lack of a cure or medicine of any kind, since AZT had not been introduced yet. The fact that Prior talks about AIDS in a different way also leans on Sontag’s theory of metaphors, as a way to distance himself from the fear of the diagnosis. At this point, AIDS was still surrounded by mystery and stigmatization, mostly due to the lack of information regarding the subject. The stigma regarding both homosexuality and AIDS is highlighted in a later scene, where Louis and Joe coincidentally encounter each other in the bathroom of their workplace, where Louis is seen crying by himself and apologetically states: “Sorry, sick friend”, with no further explanation, failing to mention both the fact that it is AIDS, and the fact that Prior is more than a friend, but a lover, possibly aware of the stigma regarding both subjects. The second introduction to AIDS occurs when Roy Cohen, the aforementioned divorce lawyer, is seen in a doctor’s office, buttoning his shirt back up accompanied by the following conversation:

Roy: “Say ‘Roy Cohn, you are a’...” ... “Not ‘Roy Cohn, you are a drug fiend’. ‘Roy

Marcus Cohn, you are a’. Go on, Henry, it starts with an H. ... “With an H, Henry, and

it isn't hemophiliac. Say 'Roy Cohn, you are a homosexual.' And I will proceed systematically to destroy your reputation and your practice. And your career in the state of New York, Henry, which you know I can do."

Doctor: "Roy Cohn, you are ... You have had sex with men. Many, many times, Roy. And one of those men or any number of them has made you very sick. You have AIDS."

Roy: "AIDS. You know your problem, Henry, is that you are hung up on words, on labels that you believe they mean what they seem to mean. AIDS, homosexual, gay, lesbian. You think these are names that tell you who someone sleeps with. They don't tell you that." (Millennium Approaches - Bad News 00:54:09)

What is particularly interesting about this scene is how Roy's doctor, Henry, is hesitant about calling Roy a homosexual and Roy's threat about destroying his career if he puts that particular label on him - a label that Roy describes as following:

Like all labels, they tell you one thing and one thing only. Where does an individual so identified fit in the food chain? In the pecking order. Not ideology or sexual taste, but something much simpler: clout. Not who I fuck or who fucks me, but who will pick up the phone when I call. Who owes me favors. This is what a label refers to. Now to someone who does not understand this, homosexual is what I am, because I have sex with men, but really, this is wrong. Homosexuals are not men who sleep with other men. Homosexuals are men who in 15 years of trying cannot pass a pissant anti-discrimination bill through city council. Homosexuals are men who know nobody and who nobody knows, who have zero clout. Does this sound like me, Henry?

(Millennium Approaches - Bad News 00:56:07)

Briefly summarized, Roy describes homosexuals as people with less power, who are discriminated and lessened when they try to get justice through the system, and that the label

of homosexuality has nothing to do with sexuality itself but is merely a social construct which determines the pecking order, which in his opinion is very lowly positioned in the social hierarchy. He is painfully aware that his conservative supporters and acquaintances would disapprove of his sexuality, and this would result in a loss of social power. He does state that he has sex with men, but states that: “unlike nearly every other man of whom this is true, I bring the guy I’m screwing to the White House and President Reagan smiles at us and shakes his hand, because what I am is defined entirely by who I am. Roy Cohn is not a homosexual. Roy Cohn is a heterosexual man, Henry, who fucks around with guys” (Millennium Approaches - Bad News 00:57:40)

At the start of this conversation, Roy presents his statement as not being sophistry nor hypocrisy, but the mere reality of their society, which is generally the truth, as he is aware of the stigmatization of homosexuality. With this, Roy once again expresses that he believes that homosexuals are in a lower part of society, someone who is not in a position to shake Reagan’s hand or be socially accepted if they label themselves as a homosexual, which is presented in various ways throughout this series, and will especially be expanded on in the later section on Joe Pitt. Furthermore, Roy believes that his sexuality is directly linked to his popularity, influence, and connections, and therefore refuses to accept the AIDS diagnosis and instead tells Henry: “No, Henry, no. AIDS is what homosexuals have. I have ... liver cancer” (Millennium Approaches - Bad News 00:58:16). To him, homosexuality merely describes a way of power in social relations, rather than a label of sexuality, which explains why he chooses to use the cover story of liver cancer, as he is a highly influential man, and at this point, power is all he has left, and if he loses that, he has nothing.

Reagan is Watching Over Us

Moreover, Roy’s statement about Reagan also functions as the start of Reagan’s indirect

presence throughout the entire series and underlines the prospect as earlier proposed about Reagan's disapproval of what he calls "an alternative lifestyle". As previously mentioned, Reagan was viewed by many as a president for the people, but in actuality more a president for the norm-abiding and conservative population, which is the category that Roy Cohn would fall into - at least on the outside with the image he is trying to upkeep. As Reagan and his supporters were highly influenced by a conservative view of life, his presidency and lack of addressing the AIDS epidemic prompted his followers to do the same, thereby avoiding the subject, and merely adding to the stigmatization and mystery surrounding the disease. Discursively, Roy states that a diagnosis of AIDS would ruin his reputation, as it would implicitly mean that he had partaken in the alternative lifestyle that Reagan did not condone, and as his allegiance lies with Reagan and his supporters, the risk of them assuming and judging him for his indecent encounters, and even what some called "the wrath of God", were high. Unfolding the truth of his diagnosis would at this point ruin his life, as his political power is what his entire existence revolves around, and the disapproval and possible distancing from Reagan and his supporters due to the stigmatization on AIDS and homosexuality would affect him greatly. In the earlier chapter on public attitudes toward AIDS and homosexuality, Mark R. Kowalewski noted that American society has constructed AIDS as a disease affecting "sinners," primarily "promiscuous" gays and secondarily drug abusers, which are both categories that Roy Cohn refuses to be a part of.

This struggle with accepting one's identity and homosexuality, especially in accordance with religious and political influence, is also present in the character, Joe Pitt. Joe is presented as a Reagan-supporting Mormon who is trying to uphold the image of a heterosexual man, as his religion and learned habitus has urged him to be. The first indication of his faith is seen in the scene in the first episode, where Roy is on the phone while Joe is in his office, and Joe agitatedly asks Roy to "please not take the lord's name in vain"

(Millennium Approaches - Bad News 00.08.56), as Roy keeps saying “for God’s sake” as a way to express his frustration. The influence of Joe’s conservative worldviews is also supported by him being a Ronald Reagan supporter, which is seen in the following scene with Joe and his wife, Harper, where Joe states:

I think things are starting to change in the world. For the good, change for the good. America has rediscovered itself. Its sacred position among nations. People aren't ashamed of that like they used to be. This is a great thing. The truth restored; law restored. That's what President Reagan's done, Harper. He says truth exists and can be spoken proudly and the country responds to him. We become better. More good. I need to be a part of that. (Millennium Approaches - Bad News 00:23:40)

The implicit irony in this quote from Joe is especially striking as he states that “truth exists and can be spoken proudly”, as his hesitation to present himself as a homosexual advances slowly throughout the series. His truth exists, but is never once spoken of proudly, as society struggles to accept homosexuality and the stigma regarding this is only strengthened at this point in time due to the rise of AIDS.

Stigma and Stereotypes in a Non-Conforming Society

The stigmatization is also seen in the form of stereotypes that are put onto gay men in this time period, but especially many of them are caused by the influence of religion, and as religion is often a part of a cultural heritage that begins as soon as a child is born, its influence is already seen from childhood. Continuing with the analysis of Joe, he states in a bar scene with Roy that “[Mormons] are not supposed to behave that way, but we do. It is not lying or being two-faced. Everyone tries very hard to live up to God’s strictures. [...] I never stood out, on the outside, but, inside, it was hard for me to pass” (Millennium Approaches - In Vitro 00:10:24). With this, the theory of double consciousness comes back into work, as

Joe here is painfully aware that his worldview is shaped by his position in a social hierarchy, this one being the Mormon church. He is here able to pass as one of Goffman's normals, by being aware of the stigmatization revolving around the identity which he is trying to suppress, to avoid being in the line of fire; to avoid being seen as blemished and non-conforming. At one point, Joe even says to Harper that when he prays, he prays for God to crush him, break him up into little pieces and start all over again, in the hope of eliminating his deviant sexuality.

A second example of these stereotypes is when Prior and Harper meet each other in Prior's medicine-caused dream/hallucination, where he is seen in drag and with visible sores on his chest. In this scene Prior openly tells Harper that he is a homosexual, to which Harper replies: "In my church, we don't believe in homosexuals" (Millennium Approaches - Bad News 00:35:44), and Prior continues to tell her that Joe is a homosexual as well, to which she responds that Joe is a very normal man, indicating that his hidden sexuality would be out of the norm and unaccepted. However, Prior's statement intrigues her, and she asks him: "Do homos take, like, lots of long walks?" to which Prior agrees, presenting this as a stereotype for all homosexuals. These stereotypes, as many others, have the power to become a fixed point in society to a point where they become common knowledge. The slipperiness of stereotypes is for example that Harper now believes that many men who take long walks, may be presented as homosexuals, making them more exposed to stigmatization that they may be infected with AIDS purely due to their sexuality.

The long walks, in this case, are a reference to Central Park in New York, which in *Angels in America* is presented as a meeting spot for gay men to meet up in the dark. It is first presented in the second episode, where the camera zooms from a bar to the park, through the trees, on its way presenting shadowy figures thrusting against a tree, another walking by slowly and lastly ending up showing Louis and an unknown man who is dressed in leathery

attire. An interesting aspect of this scene is that the stranger is played by the same actor as Prior, essentially making him an inexplicit portrayal of AIDS. The dialogue between them continues to prove that the man has been called upon by Louis to perform sexual activities in the dark of the night in a social setting that has become a more socially acceptable place of gathering for homosexuals, where they are able to hide from the normals, but still find a find of solace in a place abiding to their common norms. As Louis proceeds to have intercourse with the strange man, the man stops abruptly due to the condom breaking, to which Louis agitatedly tells him to “Keep going, infect me, I don’t care. I don’t care” (Millennium Approaches - In Vitro 00:16:25) inexplicitly indicating that there is a high probability of the strange gay man having AIDS/HIV and that he will infect Louis with it - an indication that shows the viewer that AIDS is already a widespread disease in the community.

The disease itself and its symptoms, both the physical and mental aspect of it, are shown in Prior and Roy. The first show of physical symptoms is seen when Prior reveals the first sarcoma on his chest, and secondly after talking to Harper in the dream/hallucination, he says out loud to himself: “I do not think there are any uninfected parts of me. My heart is pumping polluted blood. I feel dirty” (Millennium Approaches - Bad News 00:40:25), both indicate a physical aspect as well as mental, as the “polluted” blood is a physical aspect but feeling dirty is mostly connected to him being nonconforming at this point and stigmatized due to the disease. Furthermore, as he talks to Louis, he states that he has developed more lesions, has obtained leg pain, protein in his urine, a chapped anus from diarrhea and blood in his stool. In the second episode, Prior is seen on the floor, unable to walk, crawling, gasping for air and foaming at the mouth, which really underlines the harsh reality of the symptoms shown in *Angels in America*. There is nothing here that is trying to romanticize or downplay the disease. The infected are shown as being physically blemished, which relates to the origin of Goffman's theory on stigma, as the signs at that point were cut or burned into the body and

thereby advertised that the bearer was a blemished person marked by physical traits. In a later scene where Prior is at a check-up with his nurse, he further lists his symptoms as swollen ankles, nausea, as well a fuzzy tongue which, as he says, his dentists react to with disgust and extra safety measures like “little condoms” on his thumb and forefinger as well a mask. This, too, reflects how the stigma affects the surrounding society and leads to lack of proper information, as the dentist in question reacts with disgust and extra protection, as he/she may believe that AIDS will infect through touch or the respiratory system. In the previously mentioned scene with Roy and his doctor, even the doctor falls short of information as the disease is still a borderline mystery at this point in time.

Nurses Are Supposed to Wear White

As Roy is later admitted to the hospital due to further physical complications in connection with his AIDS diagnosis, Belize becomes an important character, especially in portraying the roles of class differences in accordance with intersectionality. This particular scene starts out with Roy’s doctor approaching Belize at the hospital and questions his uniform, as Belize is seen wearing a blue patterned button-up shirt with a graphic t-shirt underneath as well as pink pants and colorful shoes. As Belize proceeds to ask the doctor if he does not like it, he replies blankly with the statement “nurses are supposed to wear white” (E4 00.08.18). The doctor then proceeds to give Belize the patient journal while commanding orders regarding treatment as Belize skims through the journal only to see it marked as liver cancer and refers him to the oncology department instead. However, without further explanation, but merely the clear difference in power structures, the doctor states “I do not give a fuck what it says. I said this is the right floor. You got it?” (E4 00.08.39). As Belize enters Roy’s room, he is met with racist remarks and homophobic expressions, such as “I want a white nurse. My constitutional right” (Perestroika - Stop Moving! 00:09:26), “ya dim black motherfucker”

(ibid 00:09:50), and “oh, you’re a butterfingers spook faggot nurse” (ibid 00:15:00), but nonetheless, Belize proceeds with his job, though paired with a few cheeky remarks toward Roy. To stay on the topic of class difference, Roy talks about how he made the anesthesiologist use a local to “lift his face up like a dinner napkin”, to which Belize reacts with disbelief and Roy states that he is able to get anyone to do anything he wants, which is most importantly seen in the fact that he is able to require his own personal stash of AZT trial medicine, as he acts as a highly influential person in the social hierarchy.

The physical aspect of AIDS in Roy is not mentioned in the same way as Prior, but is displayed visually through pale skin, sweating, sarcoma lesions and cramping. However, something that plays a big part in both of their presentations are hallucinations and vivid dreams. Roy’s hallucinations involve Ethel Greenglass Rosenberg, who watches him and snickers as he aches from the symptoms. She is first introduced before Roy is admitted to the hospital, where she enters his home through the door, quite literally, as he is writhing in pain. They continue to have a conversation and reminisce as Roy falls to the floor. The most interesting aspect is that Ethel, as a hallucination, is able to pick up the phone, call and talk to the hospital, and continues to follow Roy. There is no introduction of Ethel and Roy’s relationship, but merely explicit dislike, and a further search reveals that Roy Cohn is based on a real-life presentation of the lawyer of the same name, who took part in the decision of execution of Ethel and her husband in what is now known as The Rosenberg Trial. As the trial does not seem to have any effect on the plot of *Angels in America*, other than the fact that Roy’s hallucination is presumably based on guilt, it will not be elaborated further in this paper.

The Pressure of The Prophecy

Prior’s hallucinations, however, are a large part of the miniseries, as it portrays him as a

prophet chosen by an angel who looks like his nurse, who ascends from the sky with messages about his great prophecy. A further analysis of this is that Prior sees his nurse as sort of a savior, as she helps him get better through medicine and care. The first indication of the angel is in Prior's dream with Harper, where a feather dawns from a shining hole in the ceiling and a female voice repeatedly tells Prior to look upwards and afterwards the scene fades into Prior waking up only to realize that the singing voice belongs to an upstairs neighbor. As Prior is later admitted to the hospital, he keeps looking upwards and asks if the female voice is still present, to which she replies and tells him to "Prepare for the parting. The breath, the ascent", as if large changes are about to happen.

The next scene with Prior in this episode is when he is at the check-up with his nurse, and he starts having auditory hallucinations and believes that his nurse is speaking Hebrew to him, to which she confusedly responds with a small giggle and "No, I didn't speak in Hebrew" (Angels in America 00.16.24) shortly followed by a hallucination of a large, glowing book on a pedestal shooting up from the floor. Later, Prior is back in his bed and hears the sound of loud, flapping wings from the sky, inflicting fear in him, to which he emboldens himself by saying "I am a gay man, and I am used to pressure, to trouble!" which also briefly highlights the stigmatization surrounding the gay community. After this, the room starts shaking and the roof falls down on him, and the angel descends with the message: "Greetings, prophet. The great work begins. The messenger has arrived" (Angels in America 00.51.09).

A Face of The Heavens

Throughout the series, Prior's angel takes on a large portion of the attention, and as she descends from the sky, she tells Prior: "American prophet, tonight you become American eye that pierceth dark. American heart, all hot for truth, the true great vocalist. The knowing

mind, tongue-of-the-land, Seer-head!” (Perestroika - Stop Moving! 00:28:26). We will here argue that Prior possesses the ability to become a voice for the voiceless, as he becomes an ally for the stigmatized AIDS patients; the knowing mind that experiences the illness from a firsthand perspective. The angel here may also merely be a way of him dealing with facing his own mortality as angels are often associated with death. This further comes to show in the sixth and last episode, promptly titled *Angels in America*, where the angel returns to Prior, as he is admitted to the hospital. At this point, however, she is dressed in black, whereas before she was dressed in all white. She arrives with a thundering voice, suddenly a symbol of anger and death, as Prior has tried to avoid his responsibility for the prophecy she laid upon him. As he physically fights her and wins the fight, a fiery ladder descends from the sky and he proceeds to climb it onto what is presented as heaven: a black and white city with laughing, healthy and happy residents, where Prior is the only one presented in colors, as if to indicate his importance. The surroundings become colorful as soon as he steps into a building, where several angels are visually presented as the people he has interacted with throughout the series: Hannah, Louis, Belize and so on. They give him the opportunity to stay in heaven, where his sores and sickness is gone, and yet he chose to return to Earth, which is here presented as his hospital bed in the middle of a lake, where his condition worsens again the closer he gets to the bed.

The importance of angels, and especially the angel Bethesda, becomes clear in the last episode, where the viewer is fast-forwarded to January 1990, where Prior, Belize and Louis meet up with Hannah in front of the Bethesda fountain. With this scene, Prior breaks the third wall and talks directly to the camera and says “It’s January 1990. I have been living with AIDS for five years” (*Angels in America* 01.04.40) and continues to tell the audience “This angel, she is my favorite angel. I like them best when they are statuary. They commemorate death, but they suggest a world without dying”, as a reference to the angel in the shape of his

nurse. He then refers the audience to Louis who proceeds to tell the background info on the Bethesda angel, including the fact that she landed in the temple square in Jerusalem in the days of the second temple, and as her foot touched earth, and where it did, a fountain shot up from the ground, but ran dry as the Romans destroyed the temple. Belize then adds that if anyone who was suffering in the body or the spirit walked through the waters of the fountain of Bethesda, they would be healed and washed clean of pain, which explains the relevance of the lake in Prior's vision of going to heaven, as his hospital bed was placed in the middle of a lake. At the end of the conversation, Hannah then states that when the fountain flows again, they will go there and bathe themselves clean, which could refer to both physical and mental sickness; to wash themselves clear of the stigma.

The class differences which are presented in *Angels in America* are very distinct in several scenes. As mentioned earlier, Roy is presented with connections to the President and influential politicians, as well as a very assertive doctor who is able to pull the specific strings needed to get Roy his own personal stash of trial AZT medicine - a privilege that many AIDS patients did not have at the time. As Roy passes, Belize chooses to steal the remaining medicine in his fridge in order to help the people around him who need the aid but are unable to get it. Belize does however also act as the perfect example of intersectionality himself, as he is both queer and of color and is mentioned to dabble in the drag queen scene as well. His colorful attire makes him stand out from the crowd, but the discrimination toward this as well as his skin color is made clear by both Roy and his doctor, as mentioned in previous scene. Belize does, however, establish a connection of trustworthiness, both through his job as a nurse, and hereby a hero of adjustment, but also through solidarity, because as Roy questions his motives to help him, Belize merely states: "Consider it solidarity. One faggot to another" (Perestroika - Stop Moving! 00:15:06), which also highlights the ally consciousness of the LGBT community being able to implicitly recognize each other.

A Change of Mind

Turning to Prior, he is presented as a mere layman with no higher connections whatsoever, and yet puts himself on a pedestal through his angelic hallucinations, as he seems determined to have a sense of destiny through his given prophecies. However, he does make important connections throughout the series, but ones who show importance through empathy and grievability, more emotional connections than practical. Although Roy is able to acquire AZT, he still ends up dying alone with no one to mourn him in the end, while Prior lives on with more connections than he began with. He finds solace in Harper in his hallucinations, in Louis as his partner, and lastly through Hannah, who ends up being a great example of fighting stigmatization. Hannah is firstly introduced through the phone, as Joe calls her drunkenly from the park late at night to tell her that he is a homosexual, to which she blatantly replies: “You ought to go home to your wife, right now. This phone call... We’ll just forget this phone call. And drinking is a sin! A sin! I raised you better than that” (Millennium Approaches - In Vitro 00:41:41)). Her introduction to Prior occurs as he finds out that Louis and Joe are having an affair and he chooses to follow Joe to figure out who he is, and ends up at the Mormon center, where he questions Hannah about Joe, but instead ends up having complications from his disease and Hannah takes him to the hospital, where she, despite her stigma toward homosexuals, stays with him and makes sure that his condition is stable. To further minimize her stigma, which is primarily influenced by the Mormon church, she spends time with Prior and asks him questions about his sexuality and disease, and instead of blaming Prior for his sins, she finds herself empathetic toward him.

In this case, Hannah is presented as becoming one of Goffman’s “wise” as she, as a non-queer person, gains a kind of ally consciousness from the encounters she experiences with Prior. It is however unclear whether she uses this knowledge to further improve future

conditions for queer people, to further break down the stigmatization regarding AIDS and queer people in general. The grievability is primarily presented through the fact that through Roy Cohn acted as an important man in political and professional aspects, he passed away with only the hallucination of Ethel by his side, and as far as society knows, his death was caused by liver cancer. Both Prior and Roy are shown to live a precarious life, as Butler presents as a necessary aspect in order to determine the grievability of life, though Prior is presented with a more social aspect. It is though not possible to assess whether Prior is deemed grievable, as he continues to live throughout the series, and the only mourning is seen as Louis grieves the state of his well-being. In an overall aspect, as Sontag states, contracting AIDS was seen as a consequence of having participated in deviant behavior and thereby the ones living with AIDS were seen as deviants by a part of the surrounding society and was therefore in Butler's sense of grievability already less grievable. However, as presented throughout *Angels in America*, it depends on the habitus of the person in question, and whether this matches up with the surrounding field and doxa.

A Reflection of Reality

As mentioned at the beginning of this chapter, the mini-series is based on the play of the same name. According to a bibliography from study.com on the playwright and instructor of the mini-series, Tony Kushner, the experience of having to suppress his own homosexuality in the conservative south influenced his personal identity. Adding to his, Kushner's own experience as a Jewish person in an idea deeply influenced by Christianity, as he was raised in Louisiana, provided him with knowledge on what it feels to be a member of a minority group ("Tony Kushner: Biography and Plays" 1). These themes and personal values are clearly reflected throughout *Angels in America*. The same bibliography states that when Kushner moved back to New York, as he was born in Manhattan, he came out as a

homosexual on a pay phone call to his mother, which is exactly Joe Pitt does in the series. With this, it becomes clear that the play and miniseries is based on Kushner's own experiences with coming out and the struggle of belonging in a society that saw homosexuality as a sin. An interesting aspect to point toward is the titles of the miniseries, as the first two episodes are titled "Millennium Approaches" and the fourth and fifth episodes are titled "Perestroika" followed by a subheading. The obvious explanation for these titles is that the millennium, year 2000, is vastly approaching and at this time, Perestroika was happening in Russia. In the epilogue, the end scene of January 1990, as mentioned earlier, Louis states: "But remember four years ago, the whole time we were feeling everything everywhere was stuck. While in Russia, look, Perestroika. The thaw. It is the end of the Cold War. The whole world is changing overnight" (*Angels in America* 01:03:40). However, Perestroika literally translates to "restructuring", and all the characters shown in the end have all been restructured in their habitus. It features acts of overcoming the barriers of faith, identity, culture, and ideology in order to create a more compassionate society. For example, Hannah is now less closed off regarding her view on homosexuality, mostly thanks to her exposure to Prior, Prior himself seems healthier although he is still seen walking with a cane, Belize gives Roy advice on how to make the best of his condition despite his despise for him and Joe explores his sexuality with Louis. At the very end of the episode, Prior once again turns to the audience with the following hopeful statement, which too highlights the stigmatization and grievability, as the culturally based stigma is slowly being challenged, especially due to the rise of more information and exposure regarding AIDS and homosexuality:

This disease will be the end of many of us but not nearly all. And the dead will be commemorated and will struggle on with the living, and we are not going away. We

won't die secret deaths anymore. The world only spins forward. We will be citizens.

The time has come. (Angels in America 01:07:06)

And thus, the mini-series ends with a display of hope for the future.

Dallas Buyers Club

Another example of media exposure on AIDS is the 2013 film, *Dallas Buyers Club*, which is a biographical movie depicting the life of Ron Woodroof, who was diagnosed with HIV in 1985 and later developed AIDS. The film presents a variety of issues concerning the AIDS epidemic that ravaged the United States during the 1980s, and especially how the government, here represented by the FDA (Food and Drugs Administration), handled the disease and the treatment of it. An important theme in the film is the homophobia and stigmatization surrounding the LGBT community and AIDS, as the film shows multiple instances of homophobia and how AIDS was widely regarded as “the gay plague”. The last important issue of the film is the buyers club, a club which accepts paying memberships from its members in order to obtain and distribute drugs that are not FDA-approved from countries such as Mexico and Japan. Supporting characters in the film include a fictional transgender woman, Rayon, as well as Dr. Eve Saks, the *good* doctor who connects with her patients and helps Woodroof with the *Dallas Buyers Club*, though slightly reluctant. The contrasting doctor to Eve Saks is Dr. Sevard who is depicted as indifferent to the sufferings of AIDS patients. The main antagonist of the film is the FDA represented by field agent Richard Barkley, who seeks to shut down Woodroof's buyers' club. The following analysis of the film will illustrate how the disease was portrayed and regarded in the 1980s, and how the government handled affairs concerning the disease and those affected according to the movie.

The Portrayal of AIDS and Homophobia

Dallas Buyers Club is set in Dallas, Texas and brings the viewer back to 1985, where a newspaper shows Hollywood actor Rock Hudson has been hospitalized for complications with AIDS. The first words spoken in the film illustrate the homophobia and stigmatization surrounding AIDS during the time with Woodroof's comment: "Did ya hear Rock Hudson was a cock sucker?" (00:01:23) referring to the fact that Rock Hudson had publicly disclosed his battle with the disease. The general attitude toward AIDS is already established at the beginning of the film, and clearly sets the stage and shows just how stigmatized the disease was in the 1980s. The conversation that follows makes it clear that this is a group of people who find homosexuality to be deviant from the norms of their society and shows how they see gays as a nonconforming group. Howard Lune in *Urban Action Network: HIV/AIDS and Community Organizing in New York City* (2006) the response from government and public health institutions "was shaped by the ascribed identity characteristics of those most affected, characteristics that necessarily diminished the status of the condition and its sufferers" (21), the identity characteristics here are the fact that most of the early cases of AIDS were limited to gay men and few intravenous drug users. Because of this, the disease was limited to these *identity characteristics* and thereby diminished. Ron Woodroof was born in Texas and saw himself as a cowboy in every sense of the word. "The God damned rodeo is what you see" (00:09:30) he explains at one point, describing himself. Woodroof is firstly portrayed as an electrician and a drunk, his life consisting mainly of work, drinking, doing drugs, or visiting the rodeo where he spends his time gambling. He does not associate himself with the LGBT community and does not wish to, and clearly lives a relentless life and sees himself as his own savior. Homophobia plays an important role in the film, not in the sense that gay men were stigmatized because of their sexuality, but rather that AIDS was stigmatized because it was connected to gays. The stigmatization of AIDS and thereby of those affected shows the

deep mystification that surrounded the disease. It was a direct link to homosexuality and as a result of this, queer people were highly stigmatized, stereotyped, and harassed.

Throughout the film, one of the largest factors that play a role in the discrimination of the disease is homophobia, it is the neglect in informing the public properly of AIDS that has led to the deep stigmatization, and the homophobia that comes from it. However, when it comes to Woodroof's character a progression can be seen, his own views and attitudes toward the LGBT community change drastically. Over the course of the film, it becomes clear how the intense scrutiny the gays were classified under was caused by misinformation and the neglect to inform about AIDS in a proper way. When Woodroof is first introduced, he is clearly manifested as the conservative working-class American with strong relational values and a hard exterior. It is clear exactly how much Woodroof dislikes homosexuality, and his reaction to his AIDS diagnosis shows his complete outrage to be associated with anything related to the LGBT community. Dr. Sevard informs Woodroof of his diagnosis early in the film, and while Woodroof's reaction to the diagnosis is strong and agitated, the doctor's words show just as well the general attitude toward AIDS in the 1980s. Dr. Sevard, who seems to have little compassion for Woodroof and his situation, blankly asks: "Have you ever used intravenous drugs, have you ever engaged in homosexual conduct?" (00:09:11). The question illustrates how even medical professionals saw AIDS as a disease associated with homosexual relations or drug use, but nothing else. This may have been a result of the lack of research and information, but the portrayal of ignorance among medical professionals definitely shows how much the disease had become stigmatized. To the news of his disease Woodroof acts appalled, saying: "I ain't no faggot, motherfucker" (00:09:15), which further illustrates how the disease was stigmatized and how the public associated the disease with homosexuality, which Woodroof clearly disapproves of. Woodroof's comment comes as an outburst, a sign of denial to his diagnosis. This reaction is clearly a defense mechanism

kicking in, as he has already stated earlier that having AIDS is primarily connected to gay men and their sexual endeavors.

According to Susan Sontag, contracting AIDS meant that you had most likely inflicted the disease on yourself. She states that intravenous drug users were seen as committing an inadvertent suicide, while homosexual men were viewed as dedicated hedonists (112). Since the disease is perceived as something one inflicts on oneself, the disease, and those afflicted were judged more severely than others. No matter how a patient may have been infected with the virus, it was assumed that it was through behavior which was condemned by society. Woodroof is not shown as a gay nor bisexual character, but since he associates AIDS with homosexuality, he has been connected to homosexual relations himself by being diagnosed with the disease. The statements made both by the doctor and Woodroof signify the attitudes toward AIDS in the 1980s, and how gay men in particular suffered as a result. Because the disease was an unknown invasion at the time, as Susan Sontag argues, and because of the heavy stigmas that surrounded the disease, the public, government, and medical professionals managed to completely mystify the disease. Woodroof's attitude toward the disease clearly shows this stigmatization and mystification and illustrates how easily these misinterpretations and stereotypes were spread amongst the public.

Sontag further states that every society has a disease which will be embroiled in metaphors and mystification, a disease which is dangerous due to a lack of research and information on the subject. Because of the lack of research, and since the government refused to properly act on the epidemic, both in the film and in reality, it left the public to make their own assumptions on the disease. The examples above clearly show the ignorance from medical professionals and the assumptions made by the public, and illustrate the metaphors and mystification that AIDS had become entangled in. The ignorance from the medical staff

and officials in the film show the slow progress of both accepting and understanding the disease, it depicts a system that was not equipped for an epidemic of the proportions AIDS grew to be. The FDA is portrayed as a government-run organization that could not tackle the demands, and which, according to the film, were corrupted by pharmaceutical companies. In the film, the drug AZT is praised by pharmaceutical companies and the FDA as being the “only viable treatment.” On the other hand, AZT is condemned by Dr. Eve Saks and Woodroof as an absolutely malicious treatment for the body, since it kills all the healthy cells in the body, and not only attacks cells with AIDS. However, AZT was the only drug approved by the FDA for human trials in the hopes that it could remedy some of the symptoms of the disease. The FDA is depicted as an organization which sought to have absolute control of the market, and while the film is fictitious, the real-life FDA also received heavy backlash due to their slow response and progress in research of the epidemic. This leaves the fictitious FDA as the main antagonist to both Woodroof’s story, but also to the general narrative the film seeks to portray. This will be examined more thoroughly later.

Since AIDS became so embroiled in metaphors, those affected by the disease were denounced, punished and society left them to fend for themselves, especially since treatment for the disease was still under research. To fit into a specific societal box was hard for those living with AIDS, since homosexuality was already stigmatized and increasingly so because of the disease. As Goffman states, the normals are those who fit into the societal box, those who abstain from sinful activities and who conform to the consensus of societal norms. Homosexuality was clearly, from the film’s representation, not an act that conformed to the consensus, and because of this, AIDS was stigmatized since it was viewed as “the gay plague”. Those who deviated from the norms were excluded from society, which is what happened to Woodroof shortly after he was given his diagnosis. Once his friends and colleagues were informed of his disease, they instantly distanced themselves from him and

labeled him a homosexual. In a scene where Woodroof visits the local bar, his friends are clearly affected by the knowledge of his diagnosis, and the underlying implications and realization that came with it, such as his colleague calling him “sweetheart,” “sugar cane,” and “faggot” (00:21:23) which clearly shows that they believe Woodroof to be gay, since he is now diagnosed with HIV. This scene illustrates how Woodroof no longer fits into the societal box, and how he was now a deviant and sinful citizen. According to his friends he no longer conformed to the consensus of their society, and as a result he was condemned and abandoned.

Homophobia and stigmatizations are largely connected with the general public’s acceptance of the disease and the people it affected. Since the disease mainly affected gay people, it was, as stated above, associated with gay relations, and the non-stigmatized, i.e., those not infected, distanced themselves from the disease. The homophobia as described above goes to show exactly how the disease had been associated with metaphors and mystification, since so little was actually known about the disease. Because of this, the public were generally susceptible to the consensus of their society. Sontag argues that the metaphors, often generated by the public, are a way for people to come to terms with a new, dangerous disease that is relatively understudied and partly unknown.

Are Rayon and Ron Woodroof Grievable?

Focusing on grievability and whether or not the ill are in a societal position to be grieved, we find a position where those infected with HIV/AIDS are in a different position from those sick with cancer for instance. Butler addresses the death of people who have not led a precarious life as being non-grievable, since a person has to live at the hands of others. In this sense, being diagnosed with AIDS will in most instances be viewed as having lived a precarious life, since the transmission of the HIV virus is through what some would classify

as a sinful connection to others. A person living with HIV or AIDS would then be recognized as grievable on paper. In another sense, being diagnosed with AIDS in the 1980s was, as mentioned, associated with deviant tendencies, and the diagnosed were condemned by society. Butler states that “only under conditions in which the loss would matter does the value of life appear. Thus, grievability is a presupposition of the life that matters” (29). Since people living with AIDS were associated with deviant behavior and condemned by society, their lives had also been condemned, and in this sense, the people living with AIDS were not grievable in the eyes of the general society. In *Dallas Buyers Club*, Woodroof is abandoned by his friends, Rayon is abandoned by her family, and even Eve Saks is asked to resign her position at the hospital as a result of her alleged support for the buyers’ club. It shows how the people living with AIDS and even those who simply support them, are worth less than those living a conforming life according to the norms of society. A conforming life is not necessarily to be heterosexual, but since AIDS gained the reputation, it did it prescribed homosexuality to a non-conforming life. In this situation, the lives of those infected with AIDS do not fall under the condition Butler describes their lives are deemed unworthy and insignificant, and thus not grievable. This is further accentuated by Mark R. Kowalewski’s statement that the American society had constructed AIDS as a disease that only affected sinners. This stigmatization confirmed every person affected by AIDS as a sinner, and people such as Woodroof were left classified as unworthy and non-grievable.

The notion of grievability is also prevalent when we look at a character such as Rayon, who, as stated, was abandoned by her family because of her gender identity. It is important to point out that while Rayon is a trans woman and would go by she/her pronouns, she is referred to as he/him throughout the film by the other characters, throughout the paper, we refer to her by she/her. This distinction is made to clear up any confusions that might occur while reading the following paragraph, it does also show how trans identity in the

1980s was stigmatized and lacked representation. While the character becomes a great friend to Ron Woodroof and Dr. Eve Saks, her life as a trans woman seems to have little value in the eyes of everyone else in the film. Throughout the course of the film, the character deteriorates, and by the time of her death, little notice is actually given to the death itself and the impact it has on the people around her. In a conversation between Woodroof and Eve Saks, Rayon's death is discussed when Woodroof mentions all the side effects to AZT and says that: "It is no wonder Rayon died" (00:01:13), to which Eve Saks quickly responds: "Rayon was an addict" (01:34:20). The dialogue between the two shows a deeper understanding of the perception of AIDS during the time as Saks' comments blame drugs for Rayon's death, while Woodroof blames the AZT medicine. This amplifies the notion that AIDS was highly mystified, but also how Rayon was diminished to nothing but an addict who mistreated her body. Saks further comments that Rayon came to the hospital at her own will, to which Woodroof replies: "He was thrown out in a plastic bag" (01:34:25). Rayon's death does take a toll on Woodroof and Eve Saks, but since Woodroof has AIDS and Saks feels deep compassion for her patients, they are both condemned from society for participating in or sympathizing with deviant behavior and their grief over Rayon will have little impact for society as a whole. Rayon's death is not mentioned further, which illustrates how deaths caused by AIDS were not particularly grievable lives, but "thrown out in plastic bags" and disregarded as having been no life at all. This aligns with Butler's notion that a life is only grievable when the matter of the life appears, and it appears that Rayon's life had little matter. Rather than being depicted as a trans woman living with AIDS as comfortably as she could, dedicating her life to helping others in need, Rayon is merely depicted as a drug addict who had little control over her life.

Sexuality, Society, and Social Identity

Dallas Buyers Club is a complex film since there are a range of layers that can be taken apart and analyzed, but in order to fully understand the complexity, these layers are analyzed as overlapping. The concept of intersectionality is used to understand the complexities and how class, race, gender, sexuality, and disability play an important role in the way the characters of the film are understood. It is difficult to narrow Ron Woodroof down to one aspect of experiencing inequality, just as Rayon should not be diminished to simply her gender, sexuality, or drug addiction.

It would not make sense to simply look at a character as Rayon and pull her identity, personality, and social status apart to analyze each aspect by itself as a way to understand the harassment she experiences. Rayon is not only experiencing a single socially caused issue, so the different perspectives of her identity are better understood as a whole. Rayon comes from a wealthy family, but from a family that does not accept her gender identity. She is a white woman but conforms to the notion of a white woman in different ways than a woman who was assigned female at birth. Her complexity is then of deeper dimensions and seen from a broader scope, and throughout the movie her character faces different forms of stigmatization and struggles. However, as stated, the film manages to reduce her to her drug addiction. The film does address her transgenderism and her relationship with her family but focuses instead on the struggles Rayon had with drugs. The fact that Rayon has AIDS is rarely mentioned, and in contrast to Woodroof, she does not appear to have many symptoms, at least not visible. This however also shows that she is not only reduced to her illness, but the main focus of the film seems to be on her drug abuse which is even stated as one of the reasons for her death in the end.

Ron Woodroof is arguably a slightly less complex character, since he is a straight, white man, which according to Goffman, is the general identity values of American society.

However, when he is diagnosed with HIV and later develops AIDS, his social identity, i.e., the way that society sees him changes greatly. While he still identifies as a heterosexual man, society now identifies him as a gay man, and he is faced with the discrimination he has exerted over others before. The exclusion from the society he knows and which he was a part of before the diagnosis changes a lot for his personality and his identity. While he identifies as straight, he is suddenly associated with homosexuality as a result of his diagnosis.

Woodroof's own identity never seems to falter at the accusations, they do however manage to change his perception and look at his own privilege as a man conforming to the general identity values of American society. Woodroof has no compassion for the AIDS-affected community before his diagnosis, but throughout the film he interacts more and more with people from the community and learns to accept and understand people who are different to himself. By the end of the film, Woodroof has become an ally of the stigmatized, and with the death of his dear friend, Rayon, he soon realizes that the Dallas Buyers Club is not supposed to be a business opportunity, as it started out as, but rather a place for those living with AIDS to get help. The Dallas Buyers Club was initially a way for Woodroof to make money, with little regard to how much the medicine helped people. By the end, Woodroof seems to care little for the income of the club, and more about distributing the medicine to as many people as possible, even going as far as suing the FDA over their ban of a drug he used, peptide T, a feat that helped others who suffered from AIDS.

The Dallas Buyers Club v. The FDA

Another important aspect of *Dallas Buyers Club* is the buyers' club which interconnects with the FDA's handling of the tests and approval of drugs for AIDS treatments. While the film is fictitious and has taken liberties with its portrayal of different aspects of Ron Woodroof's life, there are similarities to the real world. A buyers' club is a network of research,

distribution of non-FDA approved drugs, as well as publishing facts and newsletters concerning HIV/AIDS (Lune 52). The most prominent of these aspects in *Dallas Buyers Club* is that of unapproved treatment for AIDS. For Woodroof's buyers' club, he manages memberships that grant drugs, saying: "Meds and treatments are free, but the membership, 400\$" (00:52:20). In order to access the medicine, buyers' clubs had to import it into the country, which was legal for personal use. In the film, this task is portrayed as smuggling, which is also exactly how buyers' clubs did in the real world. However, drugs were not simply imported and passed on to the members, they were tested and researched properly before the clubs distributed the medicine to their members. Howard Lune notes that "The buyers' clubs treated alternative therapies and FDA-approved drugs equally, providing fact sheets and warnings for both" (53), so the buyers' clubs were essentially doing the work of the FDA, albeit with much less supervision and control. The buyers' club portrayed in *Dallas Buyers Club*, became a success and highly popular amongst the people living with AIDS within the Dallas area. The film portrays the clubs as the opposite of the FDA's testing methods and hospitals' treatment of AIDS, which then portrays the FDA as the main antagonist of the film, while Woodroof, or maybe even more prominent his, buyers' club, is portrayed as the main protagonist.

The Food and Drug Administration is highly criticized throughout the film, their response to AIDS was slow, and their progress in approving treatment even more so. The FDA was also under much criticism during the 1980s in the real world, activist groups such as ACT UP staged multiple demonstrations to protest the organization. In October 1988, the group staged a protest that shut down FDA quarters in Washington DC, a feat ACT UP notes as "A historical event, shutting down the FDA represents to a vast audience the lethargy of this dysfunctional bureaucracy, which is in charge of testing and approving possible AIDS treatments" (ACT UP Capsule). Not only did activist groups applied pressure on the FDA,

also the buyers' club, who were living on the edge of law, put pressure on the organization and their testing methods. One of the main concerns surrounding the FDA in the film is how long it took to approve drugs. This problem was also relevant in the real 1980s, the FDA's progress in approving drugs for treatment was long and tedious, receiving much attention and critique from those who desperately needed treatment. In relation to the ACT UP protest in Washington DC in 1988, a poster with the words "TIME ISN'T THE ONLY THING THE FDA IS KILLING" ("ACTUP Capsule History 1988") was used to convey the message that the prolonged testing time for AIDS treatment was killing more people. Back to the film, a scene which takes place in an AIDS support group, a pharmaceutical representative mentions it can last up to 12 years before medicine is approved for treatment. The film is rather accurate when it comes to its portrayal of FDA's monopoly on AIDS treatments. It clearly shows how the organization was simply not equipped to handle an epidemic and hints at how the FDA was seeking absolute control over the distribution and monetization of medication.

Contrary to the film's depiction of the FDA, an article by scientific journalist Gina Kolata for *The New York Times* shows a different picture. "IDEAS & TRENDS: A Market for Drugs; AIDS Patients and Their Above-Ground Underground" (1988), features an interview with Dr. Frank Young, the Commissioner of the Food and Drug Administration of the time, in which it is noted that: "since AIDS patients are dying and no cure is in sight the agency is trying to be lenient about the drug network" (1). Indeed, the "AIDS underground" did have great success in the late 1980s and early 1990s, but mostly because they operated on a thin line between illegal and legal activity (Lune 53). In *Dallas Buyers Club*, this fine line is clearly portrayed throughout the film, as the FDA never seems to have enough evidence to shut down Woodroof club but continues to grasp at straws to harass him continuously. However, the FDA is clearly portrayed as the antagonist of the film, and therefore portrayed in a rather negative manner. The narrative of the FDA is to show exactly how people with

AIDS struggled for proper, fast, and affordable treatment for their disease and the symptoms that followed.

In order to show the differences and similarities in *Angels in America* and *Dallas Buyers Club*, the following section will offer a comparison between the two media.

Comparison between the two media and real-life representations

The primary key points in the comparison between *Angels in America* and *Dallas Buyers Club* are the different views on the treatment, AZT. In *Angels in America*, it is presented as the drug which keeps Prior alive for five years after his diagnosis, but in *Dallas Buyers Club*, it is presented as a form of enemy which is highly avoided due to its killing of healthy cells. AZT is not introduced in *Angels in America* until the fourth episode, when Roy Cohn is admitted to the hospital, and at this point, it is still described as being a trial drug, and the only reason that he acquires the private stash is due to Belize's warning on his current radiation treatment. Prior, on the other hand, is only seen as being treated with a handful of different pills, presumably to help with the pain, nausea, and issues with bowel movements. Moreover, another clear difference is also in the aspect of how the physical and mental symptoms of HIV/AIDS are portrayed, in *Angels of America*, the physical traits become very visible and displays the harsh reality of lesions, mouth sores and bowel movement troubles, whereas none of these are present in *Dallas Buyers Club*. Ron Woodroof is however seen passed out and covered in sweat, as well as hospitalized, and exhibits the same kind of cramping as seen in both Prior and Roy. In *Angels in America*, hallucinations are a large part of the mental aspect, but remain unseen in Woodroof's character.

Religion takes on a big part in *Angels in America* regarding the stigmatization on homosexuality, while in *Dallas Buyers Club*, the conservatism is primarily due to cultural and political occurrences in Texas. The homophobia becomes more distinct in *Dallas Buyers*

Club, as Woodroof is directly shunned from his circle of acquaintances as they hear of his AIDS diagnosis, and point-blank assumes that it is due to him engaging in sexual activities with men, which they find unacceptable. Paired with statements such as “Nah, I don’t want no faggot blood on me” and physically aggressive behavior in public, the previous statement becomes clear. On the other hand, the only example of direct homophobia in *Angels in America* is when Roy addresses Belize as a “spook butterfingers faggot nurse”, and is otherwise seen as a form of denial, for example when Harper states that her church does not believe in homosexuals. The homophobia is explicitly portrayed as the gay community is quite literally hidden away from society in a dark park at night in *Angels in America*. It is also seen in Hannah, as she tells Joe to stop being ridiculous, as he tells her about his sexuality and encourages him to go back home to his wife. Religion is also seen to determine the grievability of a life in the aspect of Judaism at the start of the miniseries, while this does not come into play at all in *Dallas Buyers Club*.

While *Angels in America* provides a large focus on the political world in terms of Ronald Reagan, *Dallas Buyers Club* focuses on the unreasonableness and irrationality of the FDA and distribution of medication, which is also an indication of the class differences in society. In *Angels in America*, Roy Cohn is able to obtain his own personal stash of AZT, as he allegedly has connections which allow him to do so, even if other people struggle to obtain the medication, as presented by Belize. The lack of access to AZT is visible in *Dallas Buyers Club*, where the drug is exclusively administered through a trial at the hospital. After Cohn’s passing, Belize decides to steal the remaining AZT to give to Prior and the rest of his infected friends and acquaintances. This underlines the class differences, as Belize is presented as being in a lower part of the hierarchy, especially highlighted in the scene where Roy’s WASP doctor talks down to him. In this case, Belize’s characteristics of being the good Samaritan is reflected in Woodroof’s personality as well, when he is seen helping the AIDS community to

improve conditions, although Belize does it out of the pureness of his heart from the start, while Woodroof is motivated by money (at least in the beginning). They do, however, share the same spite toward the inequality of the system: Belize by seeing how influential Roy is, though being both openly homophobic and racist, and Woodroof by seeing how the FDA treats its patients and the delegation of drugs. Belize is however aware that his actions are frowned upon and therefore keeps them a secret, while Woodroof decides to advertise as much as he can about his buyer's club. There is also a clear difference between the representations of the nurses and doctors in the two movies: in *Angels in America*, Prior's nurse is literally portrayed as an angel, a savior with a grand purpose, while there are contrasting presentations of Dr. Eve Saks and Dr. Sevard in *Dallas Buyers Club*. Both of these characters are seen from an influential position, as they have access to trials and medicine, but with this comes the power to choose who receives the help. However, as the story progresses, Dr. Saks becomes more of a savior like the nurse in *Angels in America*, as she helps Woodroof with the delegation of medicine for the less fortunate in the system.

Both films have real-life representations, such as the characters Roy Cohen, Ron Woodroof, Ronald Reagan, Rock Hudson, and the FDA, which helps to show how they are based on real events and how they both reflect occurrences and problems. In the case of *Angels in America*, it is based on Kushner's personal experiences. The movie and the series also present contrasting issues, which create more debate on the subject and offer a mix of entertainment with crucial information. We can merely speculate the reason for choosing these specific characters, but in the case of Roy Cohn, we believe that it is to show that the stigmatization surrounding AIDS was strong enough to derail his entire life, as it revolved around a very conservative approach. Ron Woodroof, on the other hand, was already widely known for his association with the real-life Dallas Buyers Club, as he was given 6 months to live if he chose AZT and decided to become his own physician and figure out his own

personal treatment, as he refused his short death sentence. As previously mentioned, Ronald Reagan takes on an implicit role in *Angels in America*, but as proved earlier, he became a large factor in the stigmatization of AIDS and homosexuals in general, as well as the inclusion of FDA in *Dallas Buyers Club* to display the political aspect, which inevitably had consequences for society. Lastly, we believe that Rock Hudson was briefly presented as he was one of the first known celebrities to die from his AIDS-related complications and the extensive publicity surrounding his death drew attention to the disease. Like Roy Cohen, Hudson's image was unequivocally heterosexual, and he kept his homosexuality a secret from the general public until shortly before his death (Britannica 1).

The Impact of Fiction

Mass media can convey many things, but it also has the possibility to convey a change of attitude, inform, and illuminate social problems in society. Films can have an impact on the audience's understanding of a subject and can be a way for the audience to experience a transformation on an individual and social level (Kubrak 2). Films, though they have to follow conventions within their genre, can influence our beliefs, opinions and change our attitudes toward certain topics. The genre "social problem films" encompass films (and series) that seek to illuminate social concerns in society, the "social problem" will often be one of great importance to the public. A social problem film helps its viewers get a broader understanding of the societal problem in question, "the US film industry and individual filmmakers played an influential role by highlighting and even heightening certain concerns in their films" (Frost and Carr x). In this sense, movies and series can help influence people's opinions on matters such as gender, ethnic and racial stereotypes, and create new opinions on numerous issues (Kubrak 2). A movie or series which display a positive depiction of the LGBT community or show the disparities in race or gender, these depictions can influence

people's perception of the topics and influence people's preestablished values. Kubrak notes that "it has been shown that emotional involvement in viewing [...] increases the effectiveness of influence" (2), in this sense, viewers will gain the most awareness and understanding of the subject; if the characters portrayed in the film are sympathetic, it will give the viewer a sense of immersion into the past and the problem the film highlights. The same goes for the plot, if the plot sparks a notion of empathy toward the problem, the viewer will be more likely to sympathize with the topic (Frost and Carr x).

A film such as *Dallas Buyers Club* and a series such as *Angles in America*, which convey messages of the HIV/AIDS epidemic and depict different gender identities, sexual orientations, homophobia, and illness, can then be used to shape opinions on the topic of AIDS and the stigmas that surround the disease. A character such as Ron Woodroof from *Dallas Buyers Club*, shows a stern, traditionally valued, white, heterosexual man who suddenly finds himself discriminated against because of an illness associated with homosexual conduct. His character development shows a clear change in attitude toward both AIDS and the LGBT community, which can then help the viewer change their own perception of the subject. If a man such as Ron Woodroof, played by famous actor Matthew McConaughey, can learn to accept, understand, and empathize with the LGBT community, perhaps that can influence other people's understanding and attitude on the topic. "Dramatic films taught teenagers about social interaction with the opposite sex and adults, had a positive impact on their self-concept, and [...] increased ethnic tolerance" (Kubrak 3), this points to how film's construction can influence the public's perception of thing, they can be used to teach and understand topical issues, make people question their own biases, and clear up misconceptions, but can also add to misconceptions.

In the aspect of *Angles in America*, the audience may find themselves empathetic toward Prior and his condition, while it highlights the class differences and discrepancies

seen in the distribution of AZT in relation to Roy and Belize. It shows an ability to change worldviews which are highly influenced by religion, for example Hannah's personal development in relation to homosexuals. It also portrays a way of homosexual men being accepted in a society of other homosexual men, even if they have to hide away in Central Park, as well as Joe's sexuality being accepted by Louis, though not accepted by his religious background. Eventually, it conveys a message of hope of HIV/AIDS being treatable to an extent, where Prior is able to live his life somewhat comfortably five years after his diagnosis.

Chapter Three: AIDS Today

In order to present contemporary information, we draw information from the official HIV Government website, hiv.org, and their presentation of a timeline from 1981 until present day. In the introduction of this paper, we touched upon the subject of Ryan White, which later proved to be the kick-start to the Ryan White Comprehensive AIDS Resources Emergency and provided \$220,5 million in federal funds for HIV community-based care and treatment services in its first year in 1990 (A Timeline of HIV and AIDS: 1990). Following this, the Center for Disease Control and Prevention adopted the HIV-prevention model which was described as a "client-centered" approach which would focus on the patient, rather than the disease, providing a larger focus on the stigmatization and mental health surrounding the patients. The exposure and research of AIDS continued throughout 1991 and a visual symbol in the form of The Red Ribbon project was created in order to demonstrate compassion for people living with AIDS, which then continued to become the international symbol of AIDS awareness (A Timeline of HIV and AIDS: 1991). Two years following this, AIDS became a more widely discussed subject and with the rise of new information, such as the fact that women and minorities were now involved in all research would prove to be a large factor in

the elimination of the term gay plague. The exposure spread to the media and in 1993, the movie *Philadelphia* opened in theaters which was the first major Hollywood film regarding AIDS, and the same year, Tony Kushner won the Tony Award for Best Play as well as a Pulitzer Prize for drama for *Angels in America* (A Timeline of HIV and AIDS: 1993). However, even as medicine evolved and tests and drugs became more readily available, AIDS continued to be the leading cause of death for all Americans ages 25 to 44 (A Timeline of HIV and AIDS: 1994), but at the same time, more media-related figures spoke up on their diagnosis to break down taboo and stigmatization. The first substantial decline in AIDS death in the United States was not seen until 1997 as HAART became the new standard of HIV care (A Timeline of HIV and AIDS: 1997). The presidents in the period, in this case Clinton, Bush, Obama, and Trump all presented plans for AIDS relief and spoke, and continue to speak, openly about the issue as opposed to Reagan's hesitation regarding the subject, showing that AIDS is no longer as taboo as it once was.

We believe that one of the biggest influences in the breaking of the stigmas surrounding the disease stems from the emergence of the internet, as information is now readily available. An example in the HIV timeline shows that in 2018 a study in a Northwestern University presented "Keep It Up!" which was a novel online HIV-prevention program made for young men who have sex with men, especially targeted toward the ages of 18 to 29 and proved to reduce sexually transmitted infections by 40%. The program offers a variety of media such as video clips, soap operas and interactive games, and is categorized as the first online HIV-prevention program to show effects on a biological outcome (A Timeline of HIV and AIDS: 2018).

As mentioned before, religion has proven to be a significant factor in American society and therefore several faith-based HIV prevention programs have been founded. A focus in recent years has been on the fact that HIV disproportionately affects people of color

compared to non-African American populations, which suggests a need for innovative prevention programs and a collaboration of prevention efforts. The increasing incidence of HIV and AIDS in the African American community has then become a source of great concern within the public health community, and since African Americans have close ties to the church, it provides the church with access to a wide audience, making them a significant asset that can be used to disseminate key prevention messages (Francis and Liverpool 6) as opposed to the critical view on religion seen in *Angels in America*. Empirical research on the subject has consistently found that substantial proportions of African Americans attend church and/or have strong ties to spirituality, which puts the African American preacher in a position of being a change agent for health among other things. The African American church population and leadership tend to have a strong relationship based on mutual trust, the church leadership is often viewed as a reliable source of information, and as mentioned throughout this paper, negative religious and moral attitudes have historically and typically been a part of the social response to infectious diseases and to the people who suffer from them (Francis and Liverpool 7). Initially, the church's response to HIV/AIDS was that it was caused by homosexuality as a part of a deviant lifestyle, that not many would condone (ibid).

Examples of these faith-based organizations include The Churches United to Stop HIV (CUSH) which is a collaborative effort between the Broward County Health Department and local community faith-based organizations and was established in 1999. In this collaboration, they seek to train faith-based leaders and congregations to develop HIV-educational programs, outreach and referral services, and support programs for infected individuals and others who are affected by HIV (Francis and Liverpool 8). In their effort to do this, they created a training manual, brochures, and palm cards, and despite their limited funding, they were able to reach a community that is at high risk for HIV infection. Similar to this is the Teens for AIDS prevention (TAP), which focuses on adolescents in religious

setting and context, in the hopes that teens educating other teens would prove beneficial (Francis and Liverpool 9). Lastly, there is still a growing response to the spreading number of African American substance users, who are at risk for HIV/AIDS, such as The Metropolitan Community AIDS Network (Metro CAN), which include street outreach and risk reduction, HIV/STD test and counseling, alcohol and drug coordination services that transition participants to treatment, long-term intensive case management, support groups, and spiritual nurturing activities. What is especially interesting about this group is that it is grounded in the principles of love and spirituality, and it stresses creating a community where participants are not judged and condemned, as they are at risk of being in society due to, what some would call, deviant behavior, helping to assure them that they are not in the wrong despite being stigmatized by society (Francis and Liverpool 10).

The newest prevention program presented by The White House was in December 2021, where President Biden commemorated World AIDS day and renewed the U.S. government's decades-long commitment to ending the HIV epidemic in America as well as in a global aspect. As a result of the COVID-19 pandemic, every aspect of the HIV/AIDS response has been affected, from prevention to research, and thus the United States is redoubling efforts to confront the HIV/AIDS epidemic and thereby achieve equitable access to HIV prevention, care, and treatment in all communities, but especially focusing on communities of color, adolescent girls and young women and the LGBT community. As the Biden-Harris administration works to promote American global health leadership while advancing strategies and policies to improve access to health services, address stigma and discrimination, as seen in several examples throughout this paper in order to achieve equity, support human rights and strengthen public health infrastructure, and make sure that the people infected with HIV works as the primary voices to ensure a personal and firsthand perspective. To add to this, Biden added new members to the Presidential Advisory Council

on HIV/AIDS, representing racial, ethnic, gender, and sexual minorities with the needed knowledge and expertise to help further America's HIV response (Fact Sheet 1).

As previously stated in the section on hermeneutics, we may be biased toward the subject due to our own acceptance of the LGBT community, but we believe that the subject on AIDS is no longer as stigmatized as it used to be, as proved throughout this paper, though homosexuality remains a controversial subject, both due to religion and conservatism. Homophobia is still present in modern day America, as many states are influenced by conservative worldviews. Although AIDS is not as prominent anymore, sexuality continues to be an evolving subject, and stigmatization will still occur in social settings.

Chapter Four: A Discussion on HIV/AIDS

The paper has up to this point looked almost exclusively at men living with HIV/AIDS and the stigmatization, intersectionality, and portrayal of homosexuality seen with the disease in the United States. However, the disease is not limited to gay men in the U.S., as HIV/AIDS can infect women, children, drug abusers, heterosexual men, and quite frankly, everyone. At the same time, it does not only affect those living within the borders of the United States, but every country in the world. This chapter seeks to illuminate these groups that are not only missing from this paper, but who were generally suppressed during the early stages of HIV/AIDS in the United States. It also seeks to clarify the reactions and responses from other nations, primarily those who have been heavily hit with the disease, both because of social and economic reasons, but also because of long standing traditions and values. Lastly this chapter will also put focus on portrayals of HIV/AIDS in other fictional works and the impact fictional works can have on our understanding and perception of the disease.

A Global Pandemic

This paper's focus has been on the HIV/AIDS epidemic in the United States, but the disease originated in central Africa, seemingly around 1930 (Gilbert et al. 18566). The disease did quickly become a global event, even though it was far from the leading cause of death, as Susan Sontag states then AIDS did not only become so famous because it affected whites too, but that "it is certainly true that were AIDS only an African disease, however many millions were dying, few outside of Africa would be concerned with it" (chapter 8). Stereotypically, one would think that the handling of HIV/AIDS should seemingly be found to be highly different in regions such as Eastern Europe and Central Asia or the African continent, but not only a few similarities can be found in these places where HIV is so prevalent, yet still surrounded with much stigmatization. Response to HIV/AIDS varies from country to country, while some have strict rules to follow, others are more *laissez faire*. As of 2020, 37.7 million people are living with HIV globally, 28.2 million were accessing antiretroviral therapy as of 2021, 1.5 million became newly infected with HIV in 2020, and 680.000 people died from AIDS-related illnesses in 2022. Since the beginning of the HIV/AIDS pandemic, 79.3 million people have become infected with HIV and 36.3 million of those have died ("Global HIV & AIDS statistics – Fact sheet"). Here, we single out a couple of nations and regions aside from the United States who have dealt with the HIV/AIDS pandemic and the outcome of their policies on the matter.

Because of stigmatization and discrimination against LGBT communities in Eastern Europe and Central Asia, people living with HIV face a greater reluctance to get tested and obtain treatment for the disease in these regions. "In some Central Asian countries, those who test positive for [sexually transmitted diseases] are subject to compulsory treatment for up to 28 days and required to provide the names of their sexual partners for notification" (Pinkham and Malinowska-Sempruch 170), showing a strict policy on the transmission and spread of

STIs, but also a deprivation of liberty among those affected. This indicates a strict policy on diseases such as HIV/AIDS, but the Central Asian region is still one of the few regions where cases of HIV infection are growing (“Region Profiles”). UNAIDS, the United Nations Program on HIV and AIDS, also note the high level of stigmatization and discrimination in this region, one that we have found persisted in 1980s U.S., but which today seems to have been replaced by a deeper understanding of the disease. In Eastern Europe and Central Asia, however, their societies are built on old foundations and traditions. Poland, for instance, recently inducted an almost complete ban on abortion, which show how countries in this region are prone to stick to old traditions and a more conservative view. This suggests that there could be a harsher judgment on those infected with HIV, as they are perceived to have acted on deviant behavior and are therefore condemned outside the box. Policies such as that of compulsory treatment and notification of sexual partners offers even more stigmatization as diagnosis are publicized and poses a risk of greater discrimination and violence against those affected (Pinkham and Malinowska-Sempruch 170).

As opposed to most other countries' statistics on HIV, African countries have more infections among women than men (UNAIDS). Africa has faced a struggle when it comes to the prevalence and treatment of HIV, but since there are more infected people living with HIV in Africa, there is also a greater amount of testing. However, as seen with Eastern European and Central Asian countries, traditions, stigmatization, and discrimination are important factors when we look at the prevalence of HIV in Africa. The lack of information is one of the main reasons African countries struggle with the pandemic, “many young people – particularly girls and particularly young people living in rural areas – lack adequate health services” (“Women and Girls and HIV”). Because of the lack of information, especially girls struggle to obtain treatment. According to surveys, “more than 50% of rural women between the age of 15 and 24 years have had pregnancy before the 18th birthday and only one in two is

able to make decisions on their own health” (“Women and Girls and HIV”). This correlates with the practices of Eastern Europe and Central Asia, it shows a form of deprivation of freedom, and adds to the stigma surrounding HIV and women in general in African regions. Testing and treatment are harder to obtain in rural areas of Africa, which poses a greater risk for those living in these areas, which is also seen in impoverished U.S. areas. Since Africa is a continent with poverty-stricken countries and cities, as well as many rural areas, there are more infected than any other place in the world. South Africa is one of the countries that have face the most severe epidemic in the world, and here it is concentrated in the country’s townships². The underdevelopment of these areas results in higher risks of infection, interconnected with a lack of information and education, these areas see more HIV infections.

“It is common in many traditional African cultures to attribute illness to spirits and supernatural forces” (Kalichman and Simbayi 573), because of the lack of education and understanding of the information of HIV, these areas are often more prone to believe misconceptions of the epidemic and are more likely to follow old, and sometimes violent, traditions as a treatment for the disease. While some Americans in the 1980s believed AIDS to be the wrath of God upon homosexuals, some Africans still see AIDS to be caused by witchcraft and spirits, which is then largely connected with stigmas and discrimination, as they connect it with a form of punishment (Kalichman and Simbayi 573). This view accentuates the risks of contracting illness as there is no connection between illness and God/spirits and leads “directly to stigmatizing beliefs about people with HIV-AIDS as they have surely brought their condition upon themselves and their community” (Kalichman and

² South African townships are areas which are often underdeveloped and racially segregated. During the apartheid era, townships were reserved for non-white citizens, and are therefore today still heavily racially segregated.

Simbayi 578), as seen in Sontag and our analyses. This view is relevant when we compare African countries with the U.S., as the African nations have faced more difficulty in spreading awareness and information about the disease. However, the U.S. in the 1980s, were also highly influenced by beliefs that were based on traditional values and mystifications. Political leaders in African countries failed, just as Ronald Reagan, to properly address the epidemic and as a result have faced greater complications and outcomes. The African nation's continued silence on the matter, however, have resulted in a continuous crisis and a growth in infections across the continent. South Africa in particular has experienced the "wrath" of HIV/AIDS because of their history of segregation and traditional values.

This section is only a small representation of how HIV/AIDS have affected other nations, and not close to illuminating the entire global pandemic of the disease. It does however illustrate how nations across the globe have struggled with HIV/AIDS and how the disease has shaped stigmatization and discrimination against those infected. The disease has clearly affected the impoverished countries and regions the most, and while the United States does have a fair number of cases, they have managed to respond to the disease with more success than for instance South Africa. The disease is most prevalent in impoverished areas, where access and quality of health care is limited and where stigmas and discrimination are largely connected to the number of cases found.

Anyone Can Get HIV

As has been pointed out repeatedly throughout the analysis, HIV/AIDS does not only affect gay men. The paper has illuminated the discrimination gay men faced, and the stigmatization and mystification that surrounded AIDS, especially in 1980s United States. However, AIDS can affect anyone, but other groups of infected may face a different form of discrimination.

We seek here to illuminate the AIDS epidemic from a wider understanding of the disease, and its impact on everyone.

HIV, the virus which causes AIDS, is transmittable through sexual contact, blood, and through maternal-fetal transmission (“How is HIV passed from one person to another?” 1). However, this fact was practically unknown when AIDS first emerged in the 1980s, and when most cases occurred in gay men, the disease was engulfed in stigmatization. Nonetheless, women, heterosexual men, and children were also infected with the disease. In the early stages of the disease, even before it was given an official name, it became known as the 4H’s, namely because it seemingly only affected homosexuals, hemophiliacs, Haitians, and heroin users (Cohen 470). This stigmatization made it hard to distinguish from the fact that the disease was not limited to a few groups, but that it could infect everyone. The U.S. Center for Disease Control and Prevention (CDC) does however now note that “HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender or age” (“HIV by Group”).

A disparity and stigmatization among race and ethnic minorities are also prevalent, this group face discrimination in another way than white women or white gay men for instance and are unfortunately often a group that is bound up in stigmas within their own community: “Race/ethnic minorities at risk of and living with HIV often possess other stigmas beyond their race/ethnicity, including HIV itself and related stigmas” (Earnshaw et al. 227). Intersectionality can be used to understand the complexity of HIV/AIDS stigmas, and a black gay man living with HIV/AIDS faces a different form of discrimination and stigmatization than a white gay man living with HIV/AIDS. Earnshaw et al. note that “at the structural level, Blacks³ and Latinos are more likely to live in risk environments due to

³ We chose to use the term “Blacks” in this section, instead of African American as previously used, since the source text uses “Blacks”.

residential segregation – spaces in which factors external to the individual increases chances of HIV transmission” (227), these risk environments are examples of how race is a factor of transmission. Due to Blacks and Latinos being more likely to live in this environment, they are at a bigger risk than the Whites, which gives a disparity between races and ethnicities. Earnshaw et al. further state that these risk environments also include the criminal justice system, where the incarcerated are disproportionately represented by Blacks, and where there is a higher sexual risk as well as drug injection risk.

While men in general are the biggest group of any gender to be infected with HIV, black men “bear the greatest burden of all races/ethnicities and transmission groups accounting for 40% of diagnoses among men who have sex with men” (Earnshaw et al. 228). A lot of factors play different roles when it comes to the race disparity in HIV infections, as Earnshaw et al. also points to residential segregation, since Blacks and Latinos “are more likely to reside in higher HIV prevalence regions” (229). This residential segregation can also have an impact on the availability of health care, and Blacks are more likely to live in areas where health care is commonly of a poorer state than those of Whites. So, while Blacks both live in places where the prevalence for contracting the disease are higher, they also commonly live in places where the availability and quality of health care is worse. Stigmatization also plays an important role when it comes to race and ethnicity, as discrimination among Blacks are higher than that of Whites, and a “positive diagnosis forever marks an individual with the stigma of HIV” (Earnshaw et al. 229), correlating with Susan Sontag’s statement that contracting AIDS meant that you had most likely participated in deviant behavior (Sontag chapter 3). Accordingly, racial, and ethnic minorities who are at risk of and living with HIV are already subjected to more stigmas including HIV in itself. “On the down low” is a term which describes black men who secretly have sex with other men regardless of their heterosexual identity. According to the popular press, this group has

been suggested to be one of the “prime agents of HIV transmission in the Black community” (Bond et al. 92). As these are Black men who keep their sexual endeavors secret in order to maintain an identity of a heterosexual man, this group are an example of the stigmatization associated with Black identity and how homosexuality is highly discriminated against and shows how homosexual conduct is kept secret in order to avoid the stigmatization.

Mortality rates are not analyzed much throughout the paper but becomes relevant when looking at race disparities among those living with HIV. Earnshaw et al. notes that “Blacks and Native Americans/Alaskan Natives diagnosed with HIV show much higher death rates than Latinos, Whites, and Asians/Pacific Islanders, and they are less likely to remain alive 9 years post-diagnosis” (230). Mortality is prevalent amongst all groups of infected people, though today there are high chances of living a long and otherwise normal life when living with HIV, due to the advances in treatments, but race and ethnicity does display disparities when we look at the mortality of HIV. To mortality, there is also the factor of other aspects that play a role for people living with HIV, such as chronic and acute stressors on different levels. People living in areas of lower-income or residential segregated communities, can expose “elevated levels of chronic and acute stressors at the individual, household, and neighborhood level, including economic hardship and criminal victimization” (Earnshaw et al. 229). HIV does disproportionately affect men who have sex with men, but race and ethnic minorities are at greater risk of contracting the disease because of the disparities in housing, health care, and history of abuse and stigmatization. African American men who have sex with men are “six times at risk for HIV than White MSM⁴” (Pellowski et al. 198). Race and ethnicity cannot be considered separately from other social diversions, gender and class also pose disparities in connection with race/ethnicity and should be considered equally.

⁴ Men who have sex with men, used clinically to refer to sexual alone regardless of sexual orientation.

The first report of a woman diagnosed with AIDS in the United States was in 1981, the same year the first case overall was discovered, and in 2002 an estimated 26% of new AIDS diagnoses were made up by women (Dean et al. 2030). The disease was then prevalent among women from the very beginning of the AIDS epidemic in the United States, but these cases were not featured in the public picture as much as gay men, which made the disease synonymous with gay related conduct. This created a stigma around women with HIV, since they were so unheard of, and left women with little information as to how to deal with the disease. There may also be different reasons why women are stigmatized because of their diagnosis, such as economic dependency on a spouse, mistrust of the healthcare system, depression or domestic abuse are some of the things that can have an impact on women's ability to get proper care and treatment for an HIV/AIDS diagnosis (Dean et al. 2030). But in women there is also a disparity when it comes to HIV/AIDS cases, where Pellowski et al. argues that "although women make up only 23% of all new HIV infections, women of color are also disproportionately affected. Fifty-seven percent of new HIV infections among women occur in Black women and 16% among Hispanic women (200). There are still more men who get infected with HIV, but women do make up a portion of those infected. In the 1980s, women were greatly overlooked because of the heavy stigmas that surrounded the disease in its early stages, and because of the fear that it applied.

Drug users are another risk group, and although this group is also mentioned throughout the paper, it is never expanded on. It is categorized as a group that is especially at risk because of the sharing of needles or syringes, but there is also evidence of a link between sexual and injection risk behaviors (Pinkham and Malinowska-Sempruch 170). Drug users were then at a risk for not only contracting the disease through their drug use, but also from sexual relation, since these two interconnects. "Even in San Francisco, [...], high-coverage syringe exchange programmes achieved drastic reduction in injection-related HIV risk

behaviour, but IDUs continued to be infected with HIV through sexual contact” (Pinkham and Malinowska-Sempruch 170), according to Pinkham and Malinowska-Sempruch, the messages of sexual health were targeted specific risk groups and failed to acknowledge the risks that surrounded drug users, since these are at a higher risk of sexually transmitted diseases because of the drug abuse, and a more casual attitude toward sex.

The social constructions that we find in class differences also play a role when we look at cases of HIV/AIDS. Impoverished neighborhoods are significantly more affected than affluent areas, the epidemic affects a specific socioeconomic group, and is more “densely concentrated in local hotspots that primarily impact the most socially disenfranchised and marginalized populations” (Pellowski et al. 197). These socially disenfranchised and marginalized populations are more likely to be affected by HIV, but also other disease for instance those sexually transmitted, other chronic disease, and are often of poorer health than those in more affluent areas. Many factors are at stake here, stress factors such as economy, stigma, discrimination, migration, and incarceration contribute to a more at stakes environment, where those who live in these neighborhoods are more likely to be infected with illness.

Another important factor in these neighborhoods is the access to health care, as is with the race and ethnic minorities who often find themselves in these disenfranchised populations, class and poorer people often find that health care availability and quality is worse in these neighborhoods. Pellowski et al. state that these “health disparities in the United States are now widely recognized, with disease burden and mortality greatest among the poor and among racial and ethnic minorities” (199). Class seems to interconnect with race according to the findings of Pellowski et al., the disease’s prevalence is disproportionately located with those most vulnerable in society, the disease’s prevalence is seen mostly in those lowest on the social ladder. According to the national HIV/AIDS Strategy of 2010 (updated

in 2015 and renewed in 2021) HIV-related health disparities were a critical and central priority for the overall strategy. In order to address the disparities in that were found disproportionately in the most affected communities and populations, they stated it was important to look at conditions such as “housing, education, employment, and food security; and reducing stigma and eliminating discrimination associated with HIV infection” (37).

A CDC report states that the disease is most prevalent among those below the poverty level, here, economy is a factor, but also education and employment play an important role when we look at those who are more affected with HIV/AIDS, accordingly those who have not completed high school and those who are unemployed see more infections than those with higher education and employment. As a result of the disparities among class, the accumulation of poverty in residentially segregated environments leads to, as is seen with the race disparities, stress factors that may impact HIV after infection, but also stressors that may lead to HIV. Because HIV is transmitted through bodily contact, through blood, semen, or maternal-fetal transmission, HIV is more prevalent among those of a lower social class and those who live below the poverty line, since they have less access to health care, live in neighborhoods in which information can be hard to obtain, and are already stigmatized by their status, which may have an effect of the survival of those living with HIV.

Looking at the numbers and instances above, it is clear that HIV can affect everyone. However, it is also clear that there is a discrepancy of those affected. Those affected are predominantly of lower income, race/ethnicity minorities, and intravenous drug users. It is apparent that these societal boxes do not function independently from one another, but rather interconnect on a more fluid and wider scope. Intersectionality can be used here to better understand how these different attributes are closely connected when we look at who is more likely to be affected by HIV/AIDS, and thereby figuring out how to prevent it in the long run. As can be observed, race minorities are an important factor when it comes to those affected,

from drug users, class differences, and women African Americans make up for the largest amount of HIV infections. They, more often than not, live in areas with poor health care systems, they are subject to a greater stigmatization, there lies traditions and norms which they follow, and they make up for more people incarcerated than any group. Therefore, we cannot simply look at one societal box and put every person living with HIV/AIDS into one of these boxes, their advantages and disadvantages are interconnected from race, class, gender, age, social status, and much more.

Conclusion

As AIDS was first recognized in 1981, it became centered around lifestyle issues, as it was quickly connected to homosexual men and intravenous drug users. With the rise of AIDS, death and fear followed, and with the fear, the stigmatization occurred. The affected communities in this case were hemophiliacs, as the blood banks became unsafe, since it was an unknown factor that AIDS was transferred via blood, the LGBT community, homosexual men in particular, but trans people as well as portrayed in *Dallas Buyers Club*, and lastly intravenous drug users. At the beginning of the epidemic, AIDS was rooted in mystifications, and it was viewed as consequence of having participated in deviant behavior and thus homosexual men were viewed as 'dirty' and flawed. This led to a great amount of homophobia, such as portrayed both in *Angels in America* and *Dallas Buyers Club*, which was often rooted in a cultural conservatism, often influenced by religion.

Due to the belief that AIDS was caused by deviant behavior, the infected became less grievable, and the reactions toward the diagnosis was varied: Prior Walter accepted his fate and faced his, at that point, inevitable death, Roy Cohen chose to disguise it as liver cancer out of fear of stigmatization and loss of power, and Ron Woodroof reacted with direct aggression and denial. However, the double consciousness presented a way of the stigmatized

to virtually disguise the root of their stigmatization until their doxa and surrounding field lined up with their personal habitus, for example portrayed with Roy Cohen hiding the truth about his AIDS diagnosis, as well as Prior and Louis waiting with public affection until they are out of sight from their stigmatizers. The consequences from their surroundings were presented as exclusion, primarily in the case of Woodroof, as he was excluded from his circle of acquaintances as his AIDS diagnosis became public knowledge. In *Angels in America* the stigma is primarily created through religion, especially seen in Hannah and Harper and Joe's refusal of his own sexuality. The gay community is displayed as secluded, quite literally, as they gather in a dark park, hidden away from the rest of the norm-abiding society. *Angels in America* shows a very non-romanticized portrayal of AIDS and its symptoms and displays more of a harsh reality.

Another factor in the stigmatization is presented as a lack of public exposure at the beginning of the epidemic, as the severity of the disease was relatively unknown, and Ronald Reagan stayed silent on the matter for four years, as the disease ravaged through America. As he eventually decided to bring up the subject, it was followed with criticism toward gay-rights movements and a statement of not being able to condone the deviant lifestyle that led to AIDS. However, as the disease spread and infection rates spiked, the infected themselves started speaking up about the consequences and organizations such as the Ryan White foundation, leading to actions all over the globe and thereby showcasing that HIV and AIDS was not dangerous in the way that it had been stigmatized. Moreover, as Ronald Reagan started speaking up, so did the subsequent presidents, as well as influential and popular icons such as Rock Hudson, and plays and movies were created on the subject, which created both debate and exposure. Media exposure was especially important in the way that it could portray personal experiences, where, for example, *Angels in America* was based on Tony Kushner's own experience on coming out and struggling to belong in a society that saw

homosexuality as a sin, and yet cultivate in a sense of hope for the future. More exposure on the subject of AIDS and homosexuality helped with the spread of information and eventually helped to break down the stigmatization, as it became less taboo, and it would then challenge the culturally based stigma. Media can impact the audience's understanding of a subject, especially the genre of social problem films, which seek to illuminate social concerns in society, and influence people's opinion on matters such as gender, ethnic and racial stereotypes, often when sparking a notion of pathos. Nonetheless, media exposure was not the only important factor in breaking down stigma, as the medical research and improvement concluded that AIDS was not merely an illness affecting homosexuals and therefore the perception of AIDS changed from being commonly known as the 'gay plague'. The medical advancement led to AZT becoming the first anti-HIV drug in 1987. In 1996 HAART was introduced and thereby transformed AIDS from an acute, lethal disease to a chronic, manageable infectious process.

Following this, presidents such George W. Bush announced an emergency plan for AIDS relief, Barack Obama followed it with the first National HIV/AIDS strategy for the United States, and Donald Trump presented a goal to end the HIV epidemic in the United States in ten years, followed by the current president, Joe Biden and his plan to end the HIV epidemic by 2030. Another important factor of the portrayal in media is the rise of easily found information through the internet, as there are online and physical HIV-prevention programs to be found, such as "Keep It Up!", CUSH, TAP and Metro CAN. Further research on a direct cure for HIV, as well as prevention programs and battling the stigmatization, proves to be ongoing.

The disease is not limited to gay men in the U.S., as we have focused on throughout this paper, but is a global pandemic affecting women, children, drug abusers, heterosexual men, among other groups. The disease originated in central Africa around 1930, but the

response to the HIV/AIDS pandemic varied from country to country, as some promoted harsh restrictions while others proved to be more laissez faire on the subject. The prominent aspect of AIDS in Africa is that African countries have more infections among women than men. This is primarily due to inadequate health services which limits the ability for testing and treatments, especially in rural areas. Social constructions play a role in class differences as impoverished neighborhoods are significantly more affected than affluent areas. As African cultures attribute illness to spirits and supernatural forces, it would add to the misconceptions of the pandemic, for example like the Americans believing that AIDS was a consequence for the wrath upon homosexual men. The stigmatization revolving around homosexual men in particular made it hard to distinguish from the fact that the disease was not limited to a few groups, and that the discrimination among Blacks are higher of that of Whites, resulting in black men keeping it “on the down low”, keeping their sexual endeavors in secret in order to maintain the identity of a heterosexual man. Mortality is however prevalent amongst all groups of infected, though there proves to be a high chance of living a long and otherwise normal life when living with HIV, due to the advances in treatment, however, race and ethnicity do display disparities when looking at the mortality of HIV. We can, however, conclude that HIV is a risk for everyone and thus information and exposure on the subject proves to be vital for prevention.

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