CONTAGIOUS METAPHORS:


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This thesis is presented for the Honours degree of Bachelor of Arts in English and Creative Writing at Murdoch University 2016
DECLARATION

I declare that this thesis is my own account of my research and contains, as its main content, work that has not previously been submitted for a degree at any tertiary educational institution, including Murdoch.

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Anthony K J Smith
31st May, 2016
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# TABLE OF CONTENTS

ABSTRACT

ABBREVIATIONS

INTRODUCTION

CHAPTER ONE:

The Social Construction of Promiscuity

CHAPTER TWO:

Disease, Risk, and Stigma, 1981-1984

CHAPTER THREE:

How to Interrupt Disease: Richard Berkowitz and Michael Callen’s Approach

CHAPTER FOUR:

Beyond Disease: The Indiscriminate Politics of Larry Kramer

CONCLUSION

BIBLIOGRAPHY
ABSTRACT

The emergence of the AIDS epidemic in New York ignited debates about the perceived centrality of ‘promiscuity’ in gay men. Prior to the epidemic, sexual adventure and numerous concurrent sexual partners were understood to be an essential characteristic of gay identity, however, with the presence of AIDS — immediately linked to sexual transmission — gay men’s sexual behaviour and identity were fractured. This thesis offers an analysis of social constructions of promiscuity in New York’s gay community, through the close reading of texts between 1981-1984. I focus on newspaper and magazine articles, epidemiological reports from the Centers for Disease Control and Prevention, a safe-sex booklet by AIDS activists Richard Berkowitz and Michael Callen, and selected works by AIDS activist and literary figure Larry Kramer. What emerges in this thesis is an exploration of the discursive effects of power/knowledge in relation to gay men, medicine and disease, and sexual norms. The label ‘promiscuity’, despite its relative incoherence, is shown to be a powerful apparatus, circulating through metaphors of sinfulness, psychopathology, contagion, and the socially downtrodden. I argue that these metaphors of promiscuity exacerbated panic about AIDS, slowed down effective sociopolitical interventions for the epidemic, and treated those living and dying with AIDS as less than human.
ABBREVIATIONS

AIDS¹ – Acquired Immune Deficiency Syndrome

CDC – Centers for Disease Control and Prevention – Specifically the
  CDC in Atlanta, United States of America.

CMV - Cytomegalovirus

GMHC – Gay Men’s Health Crisis

HIV² – Human Immunodeficiency Virus – Originally referred to as
  ‘HTLV-III’ (Human T-Cell Leukemia Virus) and ‘LAV’
  (Lymphadenopathy-Associated Virus) from approximately

IDU – Intravenous Drug User (Sometimes referred to as Injecting
  Drug User, or the stigmatising Intravenous/Injecting Drug
  ‘Abuser’). An alternative preference may be ‘PWID’ – People
  Who Inject Drugs.

KS – Kaposi’s sarcoma

PCP - Pneumocystis carinii pneumonia

¹ An important note on the usage of ‘AIDS’ in this thesis: Given that this is a historical
analysis dealing with a portion of time prior to the definition of ‘HIV’, I will be referring to
phenomenon such as ‘AIDS aetiology’, ‘cause of AIDS’, and the ‘transmission of AIDS’. I do
not, in any capacity doubt the solid evidence that HIV causes AIDS, as some individuals do
(HIV/AIDS denialists). Rather my attempt is to avoid unnecessary anachronisms, and to
resist the urge to imply that those who pursued hypotheses other than the single-virus theory
were somehow misguided. Instead, I argue that there were various rationales that motivated
the pursuit one theory or another, and also show how even when those alternative theories
turned out to be incorrect, they contributed in important ways to the corpus of HIV/AIDS
knowledge we now have. For more on HIV/AIDS denialism, see Seth C. Kalichman, Denying
AIDS: Conspiracy Theories, Pseudoscience, and Human Tragedy (New York: Copernicus Books,
2009).

² For a short overview of the relation between HIV and AIDS, see Alan Street, “HIV: Natural
History and Treatment,” Sexual Health Medicine, ed. Russell Darren, David Bradford, and
Christopher Fairley (Victoria: IP Communications, 2011).
INTRODUCTION

Because to talk of AIDS and sex means confronting two taboos, that against promiscuity and that against homosexuality, it is difficult even to find non-emotive language to deal with it. The very word ‘promiscuity’ is loaded, and means very different things to different people; to a small-town Christian it may mean several partners outside a lifelong marriage, to some gay men it means more than this in one night.³

There is, however, a more profound reason why we need to situate HIV and AIDS in a history of sexuality. AIDS was identified at a particular moment in that history, when values and behaviour were in a period of unprecedented flux, and when sex-related issues came close to the top of the political agenda.⁴

Between 1981 and 1984, the AIDS epidemic in New York resulted in the deaths of thousands of gay men, provoking major anxieties about the relation between sexual behaviour, identity, and disease transmission. In particular the meaning of the term ‘promiscuity’ became contested, a concept often understood to be an essential component of gay identity, or at the very least, part of the status quo of the late 1970’s movement of gay liberation. As Steven Seidman remarks,

… the promiscuity of homosexual men is not considered incidental or a historically specific behavioral property of

³ Dennis Altman, AIDS in the Mind of America (New York: Anchor Press, 1986), 143-144.
homosexuality. Rather, it is viewed as essential to homosexuality.\(^5\)

While late gay liberation had configured promiscuity to be a definitive signifier of revolution and the *raison d’être*, the appearance of AIDS transformed promiscuity into a marker of death. It was therefore unsurprising that questions about sexual behaviour and the transmissibility of AIDS came to dominate the discourse in gay community, since a central component of gay identity had suddenly become deadly. However, the implication that ‘gay sex’ or that something about being homosexual was causing AIDS was a problematic conflation of sexual identity and behaviour, and many gay men felt that it was homophobic to express such a claim. Although this implication was no longer an empirically tenable hypothesis once other ‘risk groups’ for AIDS emerged in 1982 - such as IDUs, haemophiliacs, and people from Haiti - this implication continued to circulate through popular discourse. The lack of stable knowledge available about AIDS meant that attacks on promiscuity were often based upon the simplification of vague and correlative epidemiology, sometimes supplemented with underlying beliefs about the sinfulness or pathologisation of the gay and/or promiscuous subject. This was reinforced by assertions by some religious institutions that ‘gay men had brought this upon themselves’ and other such religious metaphors for disease, although

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some gay men also articulated this very same message. Gay communities had invested some level of confidence in medical science, with its dispensing of antibiotics and other medications, which treated the high numbers of sexually transmitted infections that had come to be seen as a minor side-effect of gay sexual life. That medicine could not immediately come up with an answer for AIDS therefore presented even more of a crisis. During this period activists scrambled to disseminate whatever available crude knowledge, support those dying, inform health officials of what they knew, and resist the potential threat of being quarantined. The AIDS pandemic has undoubtedly been one of the most remarkable, longstanding catalysts for widespread change in the history of gay men.

This thesis offers an analysis of social constructions of promiscuity in New York’s gay community, through the close reading of a variety of texts between 1981-1984. I ask, “how was promiscuity deployed as a rhetorical strategy in order to regulate sexual behaviour?” I also explore metaphors that are implicated through ‘promiscuity’ in relation to gay men and AIDS, along with

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8 This is not to imply that HIV/AIDS has only disproportionately affected gay men. Rather, this is the subject with which I am primarily concerned in this thesis.
the available vernacular and scientific knowledge generated about AIDS. In this way I query whether depictions of ‘promiscuity’ were motivated by concerns with disease transmission, or linked to an underlying belief that sex - or gay men’s sex in particular - was inherently pathological, sinful, or otherwise problematic. I analyse these deployments of ‘promiscuity’ in a variety of texts, including newspaper and magazine articles, epidemiological reports, and literature. I argue that in this period the signifier ‘promiscuity’ became a contested and inflammatory metaphor through which the confusion, anxieties, trauma, and guilt of the AIDS epidemic could be played out, eventually generating an adaptive sexual ethic (explored in chapter three) and re-igniting political activism in some gay men (explored in chapter four). In the following section, I will summarise the structure of the thesis.

In chapter one, I utilise the theory of social constructionism in order to define and problematise the concept of ‘promiscuity’, a label that I argue is utilised as a rhetorical device in order to regulate sexual behaviour. I also explore the history of sexuality, and show how promiscuity was built into the concept of homosexuality through the long-standing concepts of ‘sodomy’ and ‘sinfulness’ in religious discourses, and ‘deviance’ in medico-psychiatric discourses of the 19-20th centuries. In order to disentangle gay men from these religious
and medical models, along with the criminal sanctions against homoeroticism, the project of gay liberation in the late 1960’s and 1970’s was born. Initially founded with an anti-capitalist spirit, gay liberation ironically sedimented into a consumer culture through the legitimisation of urban gay spaces that built venues for sex, and by producing and fetishising promiscuity as a revolutionary extension of the gay liberation ideal. This reinforced the gay subject as ‘promiscuous’, and unknowingly, provided an ideal space for HIV to quietly transmit through sexual bodily fluids en masse, appearing as AIDS by the early ‘80’s.9

Chapter two sets out a history of AIDS in New York from 1981 to 1984, along with relevant social responses to the crisis, and a historical summary of the production of knowledge about AIDS. I also discuss the etymological significance of ‘disease’ and its relevant metaphors. My timeline is constructed through a combination of The Morbidity and Mortality Weekly Reports by the CDC, newspaper and magazine articles, along with historical and cultural commentary. In particular I focus on the assumptions and speculations made about promiscuity and gay men, various popular theories of AIDS aetiology and pathogenesis, epidemiological trends, and the formation of ‘risk groups’ for AIDS. The aim of the chapter is not to provide a

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9 On average HIV can take up to approximately 10 years before resulting in the level of immunosuppression defined as ‘AIDS’, although may be a quicker process with co-morbidities.
'complete' historical overview (if such a pursuit is even possible), but rather to highlight specific developments that shaped the way that AIDS was constructed as a promiscuous gay man’s disease.

In chapter three I turn attention to the activist writing of Richard Berkowitz, Michael Callen, and the medical writing of Dr. Joseph Sonnabend. I argue that the ‘multifactorial theory’ that Sonnabend famously argued for, while now understood to be a disproven hypothesis of AIDS aetiology, provided the necessary theoretical lens to develop comprehensive safe sex guidelines. Controversially, the multifactorial theory was first posited on the hypothesis that promiscuity was the direct reason for the AIDS epidemic, and Berkowitz and Callen became spokespersons of this theory through a number of articles. While Berkowitz and Callen initially deployed implicit metaphors of deviance and sin in their critique of promiscuity, they abandoned this moralism once they articulated that risk for AIDS was through particular sexual acts, bodily fluids, and the presence of disease itself, rather than simply a high number of sexual partners. Comparatively, this was not an argument that the single virus theory could articulate, as it was not well understood what bodily fluids contained the virus. Promiscuity for Berkowitz and Callen was only an issue when they thought it was the primary cause of AIDS, and once they developed a conception of
‘interrupting disease transmission’ within sex itself, they could articulate a new sexual ethic, generating the concept of ‘safe sex’.

Chapter four examines the literary and activist work of Larry Kramer, through his novel *Faggots* (1978), newspaper articles, and his play *The Normal Heart* (1985). Kramer was (in)famous for rallying gay men into political activism on AIDS, and for his perceived moralistic attacks on promiscuity, leading him to be widely portrayed as an ‘anti-promiscuity’ gay man. It is crucial to understand that Kramer had critiqued the consumer and sex culture of gay community in New York prior to the AIDS epidemic through *Faggots*, and although he amplified his critiques in response to the epidemic, his critique of gay life and promiscuity was not in the first instance motivated by AIDS (although he has sometimes been credited as somehow prophesying AIDS). Kramer was both subversive and prescriptive with his utilisation of promiscuity, but was consistently sceptical of the notion that promiscuity was a ‘revolutionary ideal’. Instead, he framed the sex culture of gay community as a dehumanising pursuit where gay men were too distracted by having sex with one another to pay attention to the fact that they were oppressed by mainstream culture, and in the context of AIDS, slowly dying. I argue that Kramer’s use of the label ‘promiscuity’ was complicated and multifaceted, and that he used it as a rhetorical device in order to
critique broader ideas about the trajectory of gay culture, although sometimes constructing ‘promiscuity’ in a reductive manner as a result.

In this thesis the concept of ‘community’ is taken for granted, and it is not my aim to invoke a unilateral sense in which all gay men think and feel the same way about promiscuity and/or AIDS, or all consciously belong to the ‘gay community’. Rather, it is my intention to analyse the way in which ‘promiscuity’ was deployed in reference to gay men, however ambiguous and variable their communities may be.10,11 It should also be noted that while AIDS first appeared in the United States of America (at least as a surveillance definition), AIDS has its own discrete histories in various geopolitical spaces. However, like many other cultural and scientific discourses in the last century, the rest of the world inherited much of their knowledge about AIDS from the epidemic in the United States. Furthermore, accounts of AIDS often tend to focus on middle and upper class white, cisgendered, able-bodied gay men, while silencing the voices of bisexual and other homosexually active men, transgender and other

10 Weeks, Making Sexual History, 183 – As Weeks pointed out, the constitution of a ‘community’ is an ideological arrangement in the identity polity of gay liberation’s overall project, “… it is because homosexuality is not the norm, is stigmatized, that a sense of community transcending specific differences has emerged. It exists because participants in it feel it does and should exist. It is not geographically fixed. It is criss-crossed by many divisions. But a sort of diasporic consciousness does exist because people believe it exists. And this belief has material and cultural effects."

gender diverse persons, women, lesbians, people of colour, IDUs, haemophiliacs, and other minority groups adversely effected by the AIDS epidemic. Where possible I offer accounts of these groups, especially IDUs, haemophiliacs, and people from Haiti, as they are directly implicated in the CDC literature in chapter two. At the very least, I provide a further reading list where possible. To not acknowledge these other voices is also problematic for gay men themselves, as it reifies AIDS as an inherently ‘gay disease’, a critique which Douglas Crimp made of some gay male activists.

What emerges in this thesis is an exploration of the discursive effects of power/knowledge in relation to gay men, medicine and disease, and sexual norms. The signifier ‘promiscuity’, despite its relative incoherence, is shown to be a powerful apparatus, circulating through metaphors of sinfulness, psychopathology, contagion, and the socially downtrodden. I argue that these metaphors of

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12 Jennifer Brier. “Locating Lesbian and Feminist Responses to AIDS, 1982-1984,” Women’s Studies Quarterly 35 (2007) – Brier provides an important account of the participation of lesbians and feminists in the AIDS epidemic, beyond what is sometimes portrayed as simply ‘lesbians and women holding the hands of fellow gay men while they died’. While this was sometimes the case, it reifies women into an overtly ‘feminine’ role, subservient to the whims of (gay) men, and ignores the groundbreaking work that other female activists were achieving at the time.

13 Susan Stryker, Transgender History (Berkeley: Seal Press, 2008), 111-114 - While not a specific focus on AIDS, Stryker does cover some of the AIDS epidemic as it affected trans people.


promiscuity exacerbated the panic about AIDS, slowed down effective sociopolitical interventions for the epidemic, and treated those living with AIDS as less than human.
CHAPTER ONE:

The Social Construction of Promiscuity

Social construction theory in the field of sexuality proposed an extremely outrageous idea. It suggested that one of the last remaining outposts of the 'natural' in our thinking was fluid and changeable, the product of human action and history rather than the invariant result of the body, biology, or an innate sex drive.\(^\text{18}\)

Sexuality, as Michel Foucault put it, has been assigned so great a significance in our culture because it has become the point of entry both to the lives of individuals and to the life, wellbeing and welfare of the population as a whole. But it is also, of course, the focus of fantasy, individual and social, and of judgements about what is right and wrong, moral or immoral.\(^\text{19}\)

38. The nature of promiscuity came clear to me the night at the baths when I looked back at the doorway of the room whose occupant I had just fallen deeply in love with after the most wonderful, intense, earth-shattering, intimate, and ecstatic sex and watched another man walk into his room and close the door behind him with a little click.\(^\text{20}\)

The theory of social constructionism is central to my approach in this thesis, and in this chapter I describe the theory and apply it to the label ‘promiscuity’. I then discuss how ‘promiscuity’ has been constituted as an essentialised characteristic of gay men within the history of sexuality, and then contextualise ‘promiscuity’ within the sex culture of gay men in New York in the late 1970’s, which followed

\(^\text{19}\) Weeks, Making Sexual History, 144.
\(^\text{20}\) Holleran, Ground Zero, 116.
the revolutionary project of ‘gay liberation’. Although gay liberation was initially founded upon anti-capitalist tenets, it sedimented into a consumer culture by the end of the ’70’s. Crucially, I argue that this consumerist sex culture reified the gay subject as inherently ‘promiscuous’, and how these changes in the material and cultural mores of gay life unknowingly provided an opportunistic entry point for HIV, resulting in the high proportion of AIDS by the early 1980’s.

The Will to Essence

Social constructionism, or simply constructionism, represents a broad theoretical position articulated in opposition to essentialism. Diana Fuss argues,

Essentialism is classically defined as a belief in true essence—that which is most irreducible, unchanging, and therefore constitutive of a given person or thing.\(^{21}\)

One can speak, although not always explicitly, of a ‘gay essence’, a ‘feminine essence’, a ‘black essence’, which underlies the individual, and accounts for their behaviour and identity. Conversely, constructionism recognises that all meaning-making systems are historically and culturally constituted, and the belief in an underlying essence is therefore problematic.\(^{22}\) The essentialist thinker views the ‘natural’ as a pre-determined building block of society. For

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\(^{22}\) Ibid, 2-3.
constructionist thinkers, the ‘natural’ is not a given, but rather a space produced by hegemonic ideas shifting through time and interacting between cultures, and by the regulation of knowledge through institutions in power. In particular for constructionists, sex, a seemingly ‘natural’ activity, cannot be seen as an unchanging set of behaviours determined by biology, but rather as a fluid and changeable product of human action and history. It is this insight that guides my analysis throughout this thesis.

The constructionist approach is part of wider debates that characterise modernity and postmodernity. These debates are centered around critiquing the canonical Western historical narrative, questioning the role of women (and men) in society, mediating the impacts of colonisation, the growth of late capitalism and a globalised world, interrogating the influence of science and technological change on human life, and searching for an ethics outside the bounds of religiosity. It would be absurd to think that essentialism is totally wrong, as human thinking inevitably relies on a great deal of taken for granted assumptions and generalisations. For example, gay rights

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23 Ibid.
24 Vance, “Social Construction Theory: Problems in the History of Sexuality,” 13 - Which is not to say that sex and sexuality can be simply changed in the same way that one changes in and out of clothing, but rather that the meaning attached to particular sexual behaviours, the legal and cultural (im)permissibility of sexual behaviour and object-choice, and the purpose/s of sex in human culture is subject to change between different societies and historical moments. Crucially, Vance argues that even what can be considered ‘sexual’ is itself culturally and/or historically constituted.
25 Weeks, Making Sexual History, 199-200.
discourse has been very successful when utilising essentialist claims, such as positing that sexuality is a congenital characteristic, and therefore undeserving of any labels of sinfulness, illness, or immorality. Essentialist claims can therefore be deployed purposefully, politically, and contingently in order to achieve certain consequences, an approach sometimes referred to as ‘strategic essentialism’. It is simplistic to treat essentialist thinking as necessarily ‘bad’. Diana Fuss contends

... in and of itself, essentialism is neither good nor bad, progressive nor reactionary, beneficial nor dangerous. The question we should be asking is not "is this text essentialist (and therefore 'bad')?" but rather, "if this text is essentialist, what motivates its deployment?" How does the sign "essence" circulate in various contemporary critical debates? Where, how, and why is it invoked? What are its political and textual effects?

I therefore avoid stipulating that essentialism is bad and constructionism is good, and I am instead interested in the discursive ramifications of particular constructions, such as promiscuity in relation to AIDS and gay men. Importantly, Carole Vance argues that constructionist approaches are not concerned with finding an answer, but rather with a commitment to asking questions, challenging


28 Fuss, Essentially Speaking: Feminism, Nature & Difference, xi – Fuss also questions the extent to which ‘essence’ itself is constructed, and the extent to which constructions can become essentialised. These are important insights that point to the difficulties of language and meaning-making.
assumptions, and resisting a premature closure – the cost of which is developing a tolerance for ambiguity.\(^{29}\) It is in this spirit that I find constructionist approaches more useful, at least when approaching questions about humanity.

**Promiscuity, Which Promiscuity?**

Tolerating ambiguity is certainly necessary when approaching the label ‘promiscuity’, as its definitions are vague, but its applications are often violent. The ‘promiscuous’ subject is generally defined as making no distinctions in their application of method and order - of being ‘undiscriminating’.\(^{30}\) Related to this definition, but more specific to the context of sexual behaviour, ‘promiscuity’ is marked by, “the frequent, casual changing of sexual partners.”\(^{31}\) To be promiscuous is therefore to frequently change sexual partners in a casual manner, and in addition, be ‘undiscriminating’ towards the sexual partner chosen. Comparably, Holleran asserts,

5. Promiscuity is thought of in two ways: as having many, many different partners; and as having no standards for the people with whom one sleeps. The second type is comparatively rare, however, and is held in contempt by the first. The worst thing we can say about someone is that he/she will sleep with anybody.

6. But the truth is that many of us will sleep with *almost* anybody.\(^{32}\)

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The desire to ‘discriminate’ in the process of choosing one’s sexual partner/s probably means to ‘choose’ a partner on the basis of desirable qualities, or at least the absence of undesirable traits (at what point exactly this borders on perpetrating toxic ideologies about race, HIV status, and so on, I am unsure). The dictionary definitions fail to illuminate the ways in which promiscuity is utilised as a relational label that vilifies Otherised persons for their imagined or real ‘sexual excess’, along with the cultural metaphors that come to stand in the place of ‘promiscuity’.33

Dennis Altman’s definition, “…‘promiscuity’ – a word best defined as anyone who has more sex than you.”34 stands as the most useful, albeit polemical, working definition. It alludes to the way that promiscuity is utilised, as it is rarely a neutral description, and more frequently a moralising judgement. Joshua Corum conducted sociological research on the subject of promiscuity with a survey, and found a wide range of definitions of promiscuity.35

33 For example, orientalist discourse constructs the east/orient as hypersexualised, while positioning the west/occident as pure and measured. See Edward Said, Orientalism (London: Penguin Classics, 2003), 190; Christian Klesse, “Sex and Assimilation: Gay Male Non-monogamies and the Question of Equality,” Spectre of Promiscuity (Ashgate, 2012), 58.


35 Joshua O. Corum, “What Do You Mean I’m a Slut?1?1” Deconstructing the Definitions of The Collective Conscience Using Concepts From Labeling Theory and Biopower (Masters Diss., Indiana University, 2012) – Corum also notes the large degree to which definitions of promiscuity oppress women, or have double-standards for women (i.e. men having a higher threshold of sexual partners before accruing the label of ‘promiscuous’).
U.S.A. respondents’ definitions included: total number of sexual partners one had in their lifetime, number of partners relative to one’s age, having multiple sexual partners at one time, cheating on a significant other/spouse, sex while not in a relationship, not using condoms or other contraceptives, engaging in flirtatious behaviour, presenting oneself in a sexual way, anonymous sex, having a lax or flippant attitude about sex, and/or engaging in sex for the sake of sex.\textsuperscript{36} Far from finding a singular definition of promiscuity that every participant objectively used, Corum stresses the misunderstandings over the label, making its usage in social and scientific research highly problematic. Corum’s research legitimises Holleran’s claim that, "Everyone has his/her own definition of promiscuity."\textsuperscript{37} While promiscuity is not unique in its multiplicity of meanings, the consequences of its misuse have real world effects, either in criminalising, pathologising, or otherwise ostracising peoples who come to accrue the label.

Promiscuity is often articulated in opposition to the concept of ‘monogamy’, which originally referred to the state of being married to only one person at a time (as opposed to ‘polygamy’ or ‘bigomy’), but more commonly now refers to, “the practice or principle of remaining faithful to one person during the course of a sexual relationship other

\textsuperscript{36} Ibid; 54-55.  
\textsuperscript{37} Holleran, \textit{Ground Zero}, 113.
than marriage." The monogamous couple - usually thought of as always-already heterosexual - is normalised in such a way that their sexuality is scarcely problematised, and they are positioned as an ideal step in a linear path of adulthood development. Holleran eloquently states,

8. Sex is a pleasurable experience repeated many, many times during our lives that, if experienced with the same person each time, is considered responsible, adult, mature; if experienced with a different person each time, is considered promiscuous. However, Ben Gove wisely points out, in response to Holleran’s assertion, that monogamy is not treated with the same privilege if underscored by a perceived ‘mismatch’ of genders, (dis)abilities, race/ethnicity, religion, and/or class. Therefore, sex in the confines of heterosexual, able-bodied, similar ethnicities, and so on, is highly privileged, whilst other combinations might be perceived to be just as pernicious as promiscuity. The essentialising binary of monogamy/promiscuity filters the way that sexual and/or romantic relations can be thought of, and punishes those who stray from the status quo. As I argue in chapter four, in Larry Kramer’s Faggots, respective obsessions with either promiscuity or monogamy can be

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40 Holleran, Ground Zero, 114.
destructive in their excessive states, as they obfuscate one’s sense of
self.

One Hundred Years of Promiscuity and Other Speculations on Gay
History

The relation between promiscuity and homosexuality holds a
special place in the history of sexuality. Gay men are inherently
thought of as promiscuous; it is understood to be the essence of the
homosexual. This discourse partly relies on gendered notions of
desire; that men desire sex above all else, and women desire love
above all else. The other salient aspect of this ‘homosexual equals
promiscuous’ discourse is the enfolding of notions of ‘sin’ into the
medico-scientific apparatus, related to fears about unrestrained
pleasure and desire. Before the concept of homosexuality, ‘sodomy’
had been the focus of sinfulness, and in the 19th century, the
‘sodomite’ roughly translated into the new construction of the
homosexual. As the disciplines of sexology, psychiatry, and

\[\text{42} \text{ Alan Soble, “Gender,” The Philosophy of Sex and Love: An Introduction (St. Paul: Paragon}
\text{House, 1998) – Soble advances such a position in this chapter. If Soble’s assertion were true, it}
\text{would make homosexuality in both genders a logical solution.}
\]
\[\text{43} \text{ Francis Mark Mondimore, A Natural History of Homosexuality (Baltimore: The John Hopkins}
\text{University Press, 1996); Foucault, The Will to Knowledge: The History of Sexuality: Volume One. –}
\text{Sodomy has ambiguously referred to a variety of non-procreative sexual activity over the last}
\text{few millennia, but accrued the meaning of ‘anal sex’ in the last few centuries. While sodomy}
\text{was a sin that any person could be tempted into, and referred to an action rather than a}
\text{specific character, the new construction of the ‘homosexual’ in the 19th century possessed an}
\text{underlying persona. No longer was the worry as to whether or not the everyday person}
\text{would engage in sodomy, but rather one worried as to whether or not their children,} \]
psychology garnered control and credibility, they variously
developed a medical model of the homosexual, now understood to be
a specific type of human.\textsuperscript{44} Denise Thompson aptly summarises the
medical model,

\begin{quote}
We have been told that homosexuals are childish, immature,
 exhibitionistic, insanely jealous, incapable of long-term
 relationships, sexually promiscuous, have uncontrollable sexual
 passions, and live lonely and frustrated lives because ‘there will
 be no one to care for them in their old age’; that lesbians are
 masculine, violent and aggressive; that homosexual men are
 effeminate, weak and passive, and child molesters.\textsuperscript{45}
\end{quote}

The construction of ‘promiscuity’ was linked to other unsavoury
characteristics that are generally considered pathological, such as
perceived gender dysphoria, narcissism, and paedophilia. Built into
this construction was also a belief that homosexuality was a
“contagious state of degeneracy”, which perhaps explains the
immediate suspicion of disease transmission of gay men that emerged
through the AIDS epidemic.\textsuperscript{46} The construction of gay men as
essentially promiscuous probably began with a restraint against
pleasure, specifically non-procreative pleasures, but it was also
shaped by specific historical and cultural formations that affected the

\begin{flushright}
\textsuperscript{44} Foucault, \textit{The Will to Knowledge}, 43 – “Homosexuality appeared as one of the forms of
 sexuality when it was transposed from the practice of sodomy onto a kind of interior
 androgyne, a hermaphrodism of the soul. The sodomite had been a temporary aberration; the
 homosexual was now a species.” See also Klesse, “Sex and Assimilation: Gay Male Non-
 monogamies and the Question of Equality,” 58.
\textsuperscript{45} Denise Thompson, \textit{Flaws in the Social Fabric: Homosexuals and Society in Sydney} (Sydney:
 Allen & Unwin, 1985), 103.
\textsuperscript{46} Klesse, “Sex and Assimilation: Gay Male Non-monogamies and the Question of Equality,”
 58-59.
\end{flushright}
behavioural patterns of gay men.\textsuperscript{47} In particular, the ‘promiscuity’ of the late 1970’s could be attributed to enormous material and cultural shifts in gay life, which respectively led to an increased availability for sex in urban spaces and an ethos that defined sex as an ideal vision for radical gay liberation. I summarise these shifts as they set the context for the AIDS epidemic.

Often constructed as a ‘sexual revolution’ (and the mythical status of this revolution ought to be treated with scrutiny), the 1960’s and 1970’s were a period of tumultuous social change in the United States of America, particularly in expanding the bounds of erotic choice and diversity.\textsuperscript{48} Seidman summarises the changes,

… the norm that sex is legitimate only as an act of love or a sign of relational fidelity was challenged. Sex discourses and representations (e.g. pornography, sex manuals, radical sex ideologies) appeared that constructed sex as an autonomous sphere of pleasure and self-expression with its own intrinsic value and justification. A libertarian sex ethic accepted sex for its pleasurable qualities in any context of mutual consent and respect.\textsuperscript{49}

Amidst these changes (and propelling them), the canonical moment of ‘gay liberation’ began, its inception usually located within the


\textsuperscript{48} Ibid; 187 – This was particularly the case for women, although Seidman points out that there were lesser known disenfranchised groups such as the elderly and disabled trying to also be accepted as full sexual beings.

\textsuperscript{49} Ibid – Seidman goes on to say that, “In short, while it would be misleading to assert that a revolution occurred, there did transpire important changes in our sexual norms and behavior during this period.”
Stonewall riots of 1969.\textsuperscript{50} At this time, ‘sodomy’ was outlawed; homosexuality was considered a mental disorder in the \textit{Diagnostic and Statistical Manual of Mental Disorders} (DSM) and while many homosexual subcultures in the United States of America existed, they were largely invisible and discreet.\textsuperscript{51} Prior to Stonewall, the ‘homophile movements’ had been quietly lobbying politicians and doctors for tolerance towards homosexuals, influenced by the late 19\textsuperscript{th} century sexologist Havelock Ellis.\textsuperscript{52} Following Stonewall the activists of gay liberation sought to radically reshape society. The early gay liberationists did not simply express that notions of homosexuality as sin, sickness, or criminal were wrong; they also argued that patriarchy structured oppressive gender roles, and capitalism relied on these gender roles in order to produce more workers, while also objectifying sexuality as a commodity.\textsuperscript{53} Furthermore, while many gay liberationists embraced a public gay identity, they were sceptical of both the categories of ‘heterosexuality’ and ‘homosexuality’, and

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\textsuperscript{50} Dennis Altman, \textit{Homosexual: Oppression and Liberation} (Queensland: University of Queensland Press, 2012), 126 – The Stonewall Riots were just one of many other protests and riots that were happening around the same time – but it has since become the overarching evental moment of the early gay liberation. See Annamarie Jagose, \textit{Queer Theory} (Melbourne University Press: Australia, 1996), 30-31.
\textsuperscript{51} Homosexuality as a mental disorder was added in the first edition of the DSM in 1952. Jagose, \textit{Queer Theory}, 22-29 - The homophile movements consisted of the Mattachine Society (largely masculine), initially founded in 1951, and the Daughters of Bilitis, founded in 1955 (split off because of the masculine focus of the Mattachine Society). Influenced by Ellis and sexology, the homophile movements sometimes even characterised homosexuality as aberrant, as a congenital condition that deserved pity rather than persecution. In contrast to gay liberation, their achievements were limited, but they set the scene for a more radical activism.
\textsuperscript{53} John D’Emilio, “A Meaning For All Those Words: Sex, Politics, History and Larry Kramer,” \textit{We Must Love One Another or Die: The Life and Legacies of Larry Kramer}, ed. Lawrence Mass (New York: St. Martin’s Press, 1997), 76.
\end{flushleft}
envisioned a future without such labels, in which mutually consensual sex and/or love would be permissible regardless of gender.\textsuperscript{54} Through their activism, homosexuality as a mental disorder was removed with the publication of the DSM-II in 1974, antisodomy laws were challenged, and police harassment reduced in many spaces. The political, social, and legal gains of gay liberation resulted in the emergence of highly visible gay subcultures in urban centres, such as New York and San Francisco in the 1970’s. However, by the mid-late 1970’s, the radical edge of the gay liberation diminished into a mainstream subculture of gay life, which was more obsessed with consumer culture than political revolution.\textsuperscript{55} D’Emilio explains,

By containing police harassment in major cities, gay liberation opened the door to legitimate investment in gay sex. Cleaner baths, palatial discos, a Fire Island summer undisturbed by intrusive cops: the sex scene these allowed had more allure than self-reflective ruminations about what our erotic lives would look like in a world without alienation, economic insecurity, or gendered oppression.\textsuperscript{56}

D’Emilio notes that it was ironically the anti-capitalist spirit of gay liberation that made this new consumer culture possible.\textsuperscript{57} This consumer culture was represented by the marketing of sex as an ideal, the imbibing of substances in search of the next party and sexual fetish, and the treatment of sexually transmitted infections

\textsuperscript{54} Altman, \textit{Homosexual: Oppression and Liberation}, 247; D’Emilio, “A Meaning For All Those Words: Sex, Politics, History and Larry Kramer,” 77.


\textsuperscript{56} D’Emilio, “A Meaning For All Those Words: Sex, Politics, History and Larry Kramer,” 77.

\textsuperscript{57} Ibid.
with a constant and inevitable trip to the clinic for antibiotics.\textsuperscript{58} In an earlier essay, D’Emilio argues that the emergence of gay men and lesbians could be understood as a possibility realised in the economic changes brought on by capitalism.\textsuperscript{59} That is, capitalism provided the realistic possibility of same-sex coupling. Gay liberation’s relationship with capitalism is therefore a complicated and multilayered space, oscillating between the explicit possibility of gay life via socioeconomic change, and with the transformation of gay liberation’s political and social edge into a vainglorious consumer culture. Michael Bronski captures this latter mood of the consumerism, which operated by, “… promoting the idea that economic power, even for some homosexuals, was equivalent to political power and thus fuller citizenship.”\textsuperscript{60} The problematic assumption that one becomes liberated to the extent that their capital can be sold (or they can be marketed as a target audience) is not unique to gay liberation, and exists as a central tension in most or all identity polities.\textsuperscript{61} The gay consumerism of the time, combined with a simplistic gay sexual ethic, further entrenched the essentialism of


\textsuperscript{59} John D’Emilio, “Capitalism and Gay Identity,” \textit{Culture, Society and Sexuality}, ed. Richard Parker and Peter Aggleton (New York: Routledge, 2007) - In a capitalist setting, the urgency to reproduce is minimised, therefore same-sex families without the reproductive ease of heterosexuals could emerge. Contrary to suggesting that capitalism should be praised for allowing the possibility of alternative familial structures, D’Emilio suggests that gay life would also fit well into the socialist horizon, especially as gay men and women have well demonstrated the capacity to form communities outside of the nuclear familial structure.

\textsuperscript{60} Bronski, \textit{The Pleasure Principle: Culture, Backlash, and the Struggle for Gay Freedom}, 73.

\textsuperscript{61} Mary Bernstein, “Identity Politics,” \textit{Annual Review of Sociology} 31 (2005), 64.
‘promiscuity’ in gay community. Interestingly, Holleran suggests that promiscuity itself is a condition of consumerism and advertising. The theme of ‘promiscuity’ as proliferating a consumer culture is explored further in chapter four with the work of Larry Kramer.

Unknowingly, the sexual culture of the late ‘70’s provided an optimum pretext for HIV to transmit in a clustered space. In this chapter I argued that through the history of sexuality, gay men were constructed as essentially promiscuous. Furthermore, I queried the concept of ‘promiscuity’ itself and assert that its meanings are usually vague, although the consequences of its usage are often violent and/or regulatory. In chapter two I extend this analysis in order to explore how the categorisation of ‘risk groups’ for AIDS further entrenched gay men as always-already promiscuous, and drew upon implicit metaphors of contagion already built into the historical pathologisation of gay men in order to scapegoat AIDS as a ‘gay disease’.

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62 For more on the topic of gay culture and consumerism in the ‘70’s, see Dennis Altman, The Homosexualization of America (Boston: Beacon Press, 1983)
63 Holleran, Ground Zero, 114 - “9. Americans, products of a consumer society, with a short attention span, a bent for instant gratification inculcated by advertising, and a fairly lonesome society, are made for promiscuity.”
CHAPTER TWO: 

Disease, Risk, and Stigma, 1981-1984

For most gay men who came out in the period after the Stonewall riots of 1969, the 1970s were a golden age of sexual freedom. It was an era that not only opened up the possibility of openly acknowledging one's homosexuality and fostering a sense of identity and community, it also initiated a period of radical sexual experimentation (during the sexual revolution of the 1960s and 1970s). The discovery of AIDS in 1981 destroyed that utopian dream.\(^6^4\)

Between 1981-1985, efforts to care for the sick and educate those most immediately at risk happened at a distance from the public view. The epidemic gained its social meaning in relation to deep prejudices about race, class, gender, sexuality, and "addiction;" public ignorance about AIDS and community response to the epidemic fueled discrimination and thwarted education about risk.\(^6^5\)

In this chapter I summarise a history of the AIDS epidemic from 1981 to 1984 in New York, and focus on the way that gay men and promiscuity were constructed in both epidemiology and gay community. Broadly this chapter sets the context for the sociopolitical dimensions of the epidemic, along with summarising shifts in knowledge-construction by the medical discipline. I also analyse the generation of ‘risk groups’ for AIDS by the CDC, and argue how this contributed to the reification of gay men as essentially promiscuous.

While groups such as IDUs, people from Haiti, and haemophiliacs

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were identified as being ‘at risk’ for AIDS, the epidemic was (and sometimes still is) a set of stories read upon the body of the male homosexual, generating what Paula A. Treichler refers to as an ‘epidemic of signification’.66

**Setting the Scene: Metaphor and Disease**

Disease is a profoundly social experience, and throughout history and between cultures, there have been numerous metaphors generated to explain disease.67 Some common examples of these metaphors include disease as ‘divine retribution’ - a literal punishment from God – disease as a psychological exercise in character-building, disease as a battleground, disease as a result of a ‘bad attitude’, and disease as a metaphor for the lower classes or ethnic others. Historian Sean Martin examines the various definitions of ‘disease’, which range from a ‘deranged, depraved, or morbid condition’, ‘absence of good health’, to ‘illness, ailment, malady, or disorder’, but finds that disease as *dis ease*, a ‘lack of ease’, is the most

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66 Paula A Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 19 – AIDS is also frequently read as a disease ambiguously read upon the African continent (despite the prevalence being in Sub-Saharan Africa) in much the same way that notions of ‘poverty’, ‘famine’, and ‘savagery’ are constructed and Otherised on Africa. The significance of the epidemic in Sub-Saharan Africa would not emerge in the popular consciousness until the mid to late 1980’s - an epidemic that was primarily heterosexual in transmission. This process could be linked to Orientalist discourses.

67 For two extensive essays on the metaphors surrounding diseases, see Sontag, *Illness as Metaphor and AIDS and Its Metaphors*. 
historically consistent definition. Metaphors of ‘disease’ are often used in order to blame some group of people for transmitting or causing it, and Cindy Patton argues that the category of ‘disease’ is manipulated in order to justify genocide, ghettoization, and quarantine. Patton gives such historical examples,

Jews spread the plague; Irish immigrants spread typhoid; prostitutes spread syphilis; drug addicts spread hepatitis; Carribean boat people spread god-knows-what exotic tropical diseases.

The political edge of disease can also be mobilised to represent social upheaval, and as such AIDS became a symbol for the ‘crisis’ in Western culture in much the same way that syphilis had done so a century or so prior. Given that gay men were already constructed as contagious through their essentialised sexualities (as I argued in chapter one), the metaphors of illness and disease formed together with promiscuity in order to generate a complex web of significations that resulted in stigma and indifference towards those who were living and dying with AIDS. Furthermore these metaphors carried over into the scientific discourse, making the hypotheses and presuppositions of some reports clouded with moralistic judgement.

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68 Martin, A Short History of Disease: Plagues, Poxes and Civilizations, 14-15 – I believe the usefulness of this term is that ‘lack of ease’ can be both a personal experience, or a feeling towards another person. This captures the sense in which disease can be both defined as sickness, illness, et cetera, and also as a political tool with which to control a designated Other who becomes associated with the disease.
70 Ibid.
71 Weeks, Making Sexual History, 144.
As such, credibility over knowledge-production in relation to AIDS was a contested and political site. This was particularly the case because the separation between ‘layperson’ and ‘expert’ became confused, and for every small piece of certainty that could be attained, many more unanswered questions appeared. In short, no one person or group of persons held all of the answers to AIDS. It was therefore necessary to utilise multidisciplinary approaches, along with less officially scientific methodologies. For example, epidemiologists benefitted from working with and interviewing gay men about their sexual practices and lifestyles in order to influence their epidemiological understanding of transmission and risk. Conversely, gay men could translate this speculative knowledge into health promotion messaging for their peers in a way that was culturally sensitive (see chapter three). Escoffier refers to this layperson-knowledge as ‘vernacular knowledge’, which could be used to inform health officials, and to promote communication suitable to gay men’s cultural mores. In practice this was usually facilitated through the formation of non-government organisations.

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74 Jeffrey Escoffier, “The Invention of Safer Sex: Vernacular Knowledge, Gay Politics and HIV Prevention,” *Berkeley Journal of Sociology* 43 (1998), 3 – Escoffier utilises Foucault’s conception of power/knowledge and Antonio Gramsci’s concept of ‘common sense’ to describe ‘vernacular knowledge’. Escoffier described ‘vernacular knowledge’ as the stock of everyday knowledge that encompasses a person’s framework of meaning-making. For gay men, this could include anything from cruising, gender roles and ‘passing’, sexual positioning, the negotiation of the ‘closet’ and ‘coming out’, and more.
and community groups, who provided advocacy, support, training, information, referrals, et cetera, to those in need. Many of these organisations relied upon activism and volunteerism in order to operate, and some of these individuals became experts about various aspects of the epidemic, slowly gaining formidable respect and influence in the scientific community.

These ‘expert-laypersons’ primarily occurred in the gay community, and although IDU’s, haemophiliacs, and people from Haiti were also classified as ‘risk groups’, these groups had less political mobilisation than gay communities, who had built up institutions (including newspapers and magazine publications) in the late ‘70’s. Although gay men benefitted from a comparably larger visible community, they, along with the other ‘risk groups’ suffered under Governmental inaction, especially since the United States of America did not have an equitable healthcare system. President Ronald Reagan also did not mention AIDS publically until 1987, with many commentators

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75 Susan Chambré, “Volunteers as Witnesses: The Mobiliation of AIDS Volunteers in New York City,” Social Service Review 65, no. 4. (1991) – Chambré explores how volunteerism facilitated an important process of catharsis and meaning-making for those living with AIDS or with friends and loved ones dying.

76 This is a topic that Epstein explores in great detail, with respect to two topics in the HIV/AIDS epidemic between 1981-1996: the established certainty that HIV causes AIDS, and the politics of research and treatment access. See Epstein, Impure Science: AIDS, Activism, and the Politics of Knowledge.

77 Patton, Inventing AIDS, 17 – This was due to the success of gay liberation the decade prior.

78 The existence of grassroots and volunteer organisations meant that the Government was hesitant to fund other services, because the Government felt relieved of responsibility, as these organisations had formed because such structures and institutions were not already in place. See Suzanne C. Ouellet Kobasa, “AIDS and Volunteer Associations: Perspectives on Social and Individual Change,” 68 (1990), 290.
arguing that this was because most people dying of AIDS were homosexual men or IDU’s and therefore ‘disposable populations’.\textsuperscript{79}

The term AIDS was coined by approximately 1982 by the United States’ Centers for Disease Control and Prevention (CDC), to describe an underlying cellular immune deficiency first observed in gay men in 1981.\textsuperscript{80} It should be noted that AIDS is not a disease on its own, but rather the appearance of at least one or more opportunistic infections in a person due to immunosuppression, now known to be caused by the retrovirus HIV.\textsuperscript{81} Patton argues that the conceptualisation of ‘AIDS’ arose due to particular advances in medical technology, and had the symptomatology appeared in such large numbers prior to these advances, it would have been treated as a dozen different diseases, rather than recognised as an underlying immune disorder.\textsuperscript{82} Had the various opportunistic diseases been treated on their own, and not correlated as part of an underlying


\textsuperscript{80} There is some scientifc-historical work that has attempted to trace the appearance of AIDS prior to 1981 through case definitions, or HIV in old samples, and although it could theoretically be older, HIV has been documented as far back as 1959 in a man living in the Democratic Republic of the Congo. See Martin, \textit{A Short History of Disease: Plagues, Poxes and Civilizations}, 207-208.


immune disorder, the conception of ‘risk groups’ would not have been possible.

An Epidemic of Signification

In June and July 1981 the CDC reported the first cases of young gay ‘sexually active’ men in New York and Los Angeles dying of opportunistic infections usually seen in immunosuppressed patients. These opportunistic infections were usually only seen in severely immunosuppressed patients, and as a result the CDC speculated that the cases were suggestive of an underlying cellular immune-dysfunction in the patients. Furthermore, on the basis of the homosexuality correlated in the patients, the report suggested that the cause was, “some aspect of a homosexual lifestyle or disease acquired through sexual contact.” This idea amounted to the first theory of AIDS - the ‘lifestyle theory’ - which posited that some feature of gay life was the cause, namely, ‘promiscuity’. Also speculated by researchers was sperm in the rectum causing built up

83 Centers for Disease Control and Prevention, “Pneumocystis Pneumonia – Los Angeles,” Morbidity and Mortality Weekly Report 30, no. 21. (1981, June 5th) – 5 young gay men in Los Angeles, 2 of which were dead, who were diagnosed with Pneumocystis carinii pneumonia (PCP), alongside other infections.
84 Centers for Disease Control and Prevention, “Kaposi’s Sarcoma and Pneumocystis Pneumonia Among Homosexual Men - New York City and California,” Morbidity and Mortality Weekly Report 30, no. 25. (1981, July 3rd) – 26 men in New York, 6 in California, 8 of which had died. These men had Kaposi’s sarcoma, alongside PCP and many other infections, including toxoplasmosis, recurrent herpes simplex infections, candidiasis, cytomegalovirus, cryptococcal meningitis, and hepatitis.
86 Centers for Disease Control and Prevention, “Pneumocystis Pneumonia – Los Angeles.”
immunosuppression, high rates of STIs, owning pet dogs, and the use of amyl/butyl nitrates (‘poppers’) along with other substances for sex and partying. Although not used by the CDC, the first term for the underlying immune deficiency became known as Gay-Related Immune Deficiency (GRID), a term itself significantly telling of the construction of AIDS as a ‘gay disease’.

The next CDC report emerged approximately a year later, reporting almost half of the 355 cases of immune dysfunction and associated opportunistic infections in New York, and specifying IDU as a behavioural risk factor. The next report on the 18th of June 1982 gave evidence for an ‘infectious agent’ theory of AIDS, as a ‘cluster’ of 19 homosexual men (11 dead) with PCP and KS in California had traced one another as sexual contacts. The infectious agent theory posited that some new virus or other agent was the cause of AIDS, and attempted to decipher how such an agent could be transmitted. However, the report also suggested that the cause could be attributed to lifestyle factors that eventually led to immunodeficiency, especially

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88 Ibid, 33.
90 Centers for Disease Control and Prevention, “Epidemiologic Notes and Reports Update on Kaposi’s Sarcoma and Opportunistic Infections in Previously Healthy Persons -- United States,” *Morbidity and Mortality Weekly Report* 31, no. 22. (1982, June 11th) – Of the 355 reported, 281 were identified as homosexual or bisexual men, 41 heterosexual, 20 unknown, and 13 as heterosexual women.
through the usage of amyl nitrates and other ‘street’ drugs that were common in the cluster of men.\(^2\) The latter attitude would develop into the ‘multifactorial’ theory, which I discuss later in this chapter, and in-depth in chapter three.

The CDC officially used ‘AIDS’ for the first time on the 24\(^{th}\) of September 1982, defining it as,

\[\ldots\text{a disease, at least moderately predictive of a defect in cell-mediated immunity, occurring in a person with no known cause for diminished resistance to that disease. Such diseases include KS, PCP, and serious OOI.}\]

They identified homosexual men, IDU’s, people from Haiti, and possibly haemophiliacs as risk groups.\(^4\) Conflating group membership directly with ‘risk’ was controversial, because it was not yet directly understood how these groups were exactly ‘at risk’, and it gave the impression that these groups of people *posed* a risk to everyone else, thereby propelling enormous stigma.\(^5\) The speculation that people from Haiti were a risk group was almost entirely based on correlation and racism, and a few years later they were removed from the CDC ‘risk groups’ list.\(^6\) The assertion that ‘gay men’ were at risk

\(^2\) *Ibid* – Amyl nitrate is a party and sex inhalant causing temporary vasodilation, and a relaxation of involuntary muscles, making it particularly useful for anal sex.

\(^3\) Centers for Disease Control and Prevention, “Current Trends Update on Acquired Immune Deficiency Syndrome (AIDS) -- United States;” *Morbidity and Mortality Weekly Report* 31, no. 37. (1982, September 24\(^{th}\)) – OOI = other opportunistic infections. At this point 593 cases of AIDS had been reported, 243 of which had died.

\(^4\) *Ibid* – The report recommended that physicians report cases regardless of risk group.


\(^6\) People from Haiti were established as a risk group after a CDC report on the 9\(^{th}\) July 1982 reported 32 U.S. resident from Haiti diagnosed with infections such as PCP and KS, along
by virtue of their identity, rather than say, the exchange of specific bodily fluids potentially transmitted through sexual contact (see chapter three for this development), meant that promiscuity was re-essentialised by the CDC as being intrinsic to the identity of gay men.97 In particular, this brand of ‘promiscuity’ specifically referred to a high number of sexual partners, and the advice for partner reduction became the central prevention model by health officials and some activists.98 Despite a retreat from ‘GRID’, AIDS was still largely conceived as a ‘gay disease’, even though other risk groups were named. An article by Gordan Murray in the Gay Community News rejected the notion of a ‘gay disease’, and correctly observed that the AIDS crisis could be used as an opportunity to catalyse gay movements to “new levels of consciousness, organisation, and loving bondedness.”99 However, other gay men, such as Richard Berkowitz and Michael Callen, constructed AIDS as an implicitly ‘gay disease’

with tuberculosis, who were primarily living in Miami. No patient reported any ‘homosexual activity’ although one reported some IDU. The CDC speculated that the symptomatology appeared similar to the outbreaks among homosexual men and IDU, but were unsure of the specific risk factors involved for this Haitian cohort. Subsequently, individuals from Haiti were marked as a ‘risk group’. Cindy Patton argues that the addition of Haitians as a risk group was largely racialised, and relied on researchers’ beliefs about ‘voodoo religious practices’. Lawrence Altman also covers the issue comprehensively over a few articles. See Centers for Disease Control and Prevention, “ Opportunistic Infections and Kaposi’s Sarcoma among Haitians in the United States,” Morbidity and Mortality Weekly Report 31, no. 26. (1982, July 9th); Patton, Inventing AIDS, 17; Lawrence K. Altman, “Debate Grows on U.S. Listing of Haitians in AIDS Category,” The New York Times, 31 July 1983; Lawrence K. Altman, “The Doctor’s World; The Confusing Haitian Connection to AIDS,” The New York Times, 16 August 1983.

and critiqued what they felt was wrong with gay culture -
promiscuity.\textsuperscript{100} I discuss their work further in chapter three.

On the 5\textsuperscript{th} of November 1982, a report by the CDC explored the
cause of AIDS and provided advice for clinical and laboratory staff
handling infected patients and specimens.\textsuperscript{101} Based on the data
observed, along with the hypothesis of an infectious agent, the CDC
theorised that the transmission factors would involve,

\begin{quote}
... intimate, direct contact involving mucosal surfaces, such as
sexual contact among homosexual males, or through parenteral
spread, such as occurs among intravenous drug abusers [sic]
and possibly hemophilia patients using Factor VIII products.\textsuperscript{102}
\end{quote}

The CDC argued that airborne spread and interpersonal spread
through casual contact seemed unlikely, and that the distribution of
the disease mirrored the spread of Hepatitis B virus.\textsuperscript{103} Precautionary
advice for medical staff amounted to minimising contact with blood
and other bodily fluids, and utilising universal precaution when
handling such fluids, or ‘persons judged likely to have AIDS’.\textsuperscript{104}

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\textsuperscript{100} Richard Berkowitz and Michael Callen, “We Know Who We Are: Two Gay Men Declare
\textsuperscript{101} Centers for Disease Control and Prevention, “Current Trends Acquired Immune
Deficiency Syndrome (AIDS): Precautions for Clinical and Laboratory Staffs.” \textit{Morbidity and
Mortality Weekly Report} 31, no. 43. (1982, November 5\textsuperscript{th}).
\textsuperscript{102} \textit{Ibid} – Factor VIII is a product made up of approximately 20000 pooled plasma samples
from different donors that a person living with hemophilia frequently accesses, providing
ample opportunity for exposure to HIV.
\textsuperscript{103} \textit{Ibid} – Hepatitis B was also found amongst many people with AIDS.
\textsuperscript{104} \textit{Ibid} - Universal (or standard) precaution refers to the attitude in which one treats all
specimens and patients as being potentially infectious, and wearing appropriate safety gear
so as to minimise any potential spread of infection. This is important as many infections are
not immediately visible, and it treats all patients and specimens equally.
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The infectious agent theory gathered even further evidence with two reports on the 10\textsuperscript{th} of December 1982, one officially recognising people with haemophilia A as a risk group due to receiving Factor VIII blood products, and another report identifying a 20-month year old infant in San Francisco developing cellular immunodeficiency and opportunistic infections after a transfusion of platelets derived from the blood of a man who was later diagnosed with AIDS.\textsuperscript{105,106} Epstein argues that the addition of haemophiliacs as a risk group solidified evidence for a viral theory, because it was known that bacteria is screened out of Factor VIII products, while viruses are smaller particles and cannot be filtered out.\textsuperscript{107} A week later the CDC reported transmission of AIDS from mother to child, either \textit{in utero} or shortly after birth.\textsuperscript{108} Due to the increasing number of ‘risk groups’, the concept of ‘lifestyle factors’ was rendered unintelligible, and the epidemiology was pointing towards a unifying cause, particularly a virus.\textsuperscript{109} However, some scientists and activists, such as Dr. Joseph Sonnabend (see chapter three) continued to uphold the ‘multifactorial theory’, which took aspects of the ‘lifestyle theory’ and


\textsuperscript{107} Epstein, \textit{Impure Science: AIDS, Activism, and the Politics of Knowledge}, 56.

\textsuperscript{108} Centers for Disease Control and Prevention, “Unexplained Immunodeficiency and Opportunistic Infections in Infants -- New York, New Jersey, California,” \textit{Morbidity and Mortality Weekly Report} 31, no. 49. (1982, December 17\textsuperscript{th})

\textsuperscript{109} Epstein, \textit{Impure Science: AIDS, Activism, and the Politics of Knowledge}, 59.
argued that multiple behavioural factors (sperm in the rectum and drug usage) and re-infection of different STIs caused a built up state of immunosuppression.\textsuperscript{110} Notably, such a theory offered fairly weak arguments for ‘risk groups’ other than gay men and IDUs. The merit of the multifactorial theory was that it allowed activists Berkowitz and Callen to offer comprehensive and still relevant sexual health guidelines for gay men, which the viral theory on its own struggled to do in 1982-1983 because it was not clear \textit{how} the virus was transmitted, or even in what bodily fluids it was present.

By the 4\textsuperscript{th} of March 1983, the CDC had reported over 1200 cases of AIDS from 34 states, the District of Columbia, and 15 countries, and continued to cite the likelihood of an infectious agent akin to Hepatitis B Virus in transmissibility.\textsuperscript{111} Furthermore the viral theory was no longer just a speculation, and the possibility of a discovered viral link emerged on the horizon with the work of Dr. Robert Gallo in the United States of America.\textsuperscript{112} The Human T-Cell Leukemia Virus (HTLV) had been found in up to one-third of blood samples of people

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\textsuperscript{110} Joseph A. Sonnabend, Steven S. Witkin, and David T. Purtilo, “A Multifactorial Model for the Development of AIDS in Homosexual Men,” \textit{Annals of the New York Academy of Sciences} 437 (1984): 177 - Sonnabend is one proponent of this theory, and in particular, focused on recurrent cytomegalovirus infections in gay men, along with the presence of other STIs. For some other theorists, see Altman, \textit{AIDS in the Mind of America}, 35.
\end{flushright}
living with AIDS, although Gallo and his team were quick to caution about the certainty of the link.\(^{113}\) The researchers would not disclose any specific data as they were in the process of publishing the findings at New York University, leading to many activists protesting against them; this theme of protecting data and information for the sake of potential research prestige would become a regular occurrence throughout the following decades of HIV/AIDS discourse.\(^{114}\) Sometimes referred to as the ‘Magna Carta of AIDS Activism’, people living with AIDS at an AIDS Forum in Denver, including Richard Berkowitz and Michael Callen, declared that they would not be referred to as ‘AIDS patients’ or ‘AIDS victims’, but as ‘people living with AIDS’. They established a set of principles for healthcare and inclusion in decision-making around AIDS, called ‘The Denver Principles’.\(^{115}\) All at once there were tensions between producing certainty about the cause of AIDS, supporting those dying, and arguing over the messaging of information.

Remaining reports between June 1983 and June 1984 continued to update the rapidly rising numbers of AIDS cases and associated morbidity, just under half of which continued to be notified in New York.


\(^{114}\) Ibid; For more on this subject see Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge*.

\(^{115}\) For a copy of The Denver Principles, along with the historical context surrounding it and other forms of activism by people living with AIDS, see Joe Wright, “‘Only Your Calamity’ The Beginnings of Activism By and For People With AIDS,” *American Journal of Public Health* 103, no. 10. (2013).
Notably it was not until a CDC report in 1984 that attention was paid to the distribution of AIDS cases amongst different ethnic groups, 25% of which were reported as ‘black’, and 14% Hispanic. As Patton argues,

Most people assume that all of the blacks are Haitian or IV users, and that all of the gays are white, but this is far from the truth. Blacks and Hispanics are over-represented in the gay AIDS cases, as well.

While Patton notes that some efforts were being made to educate and support Black and Hispanic gay men by holding forums to deal with these intersectionalities, AIDS organisations were primarily a white gay man’s domain, albeit supported by lesbian and heterosexual women. Furthermore, Patton argues that feminist movements and lesbians were not well adapted to dealing with the many women living with AIDS, possibly because AIDS was constructed as a ‘gay disease’ and efforts were therefore centralised around ‘supporting our gay brothers’. It was also possible that the mainstream women’s movements had difficulty supporting women with AIDS because they were likely IDUs, sex workers, or Haitian immigrants, groups of

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119 Patton, “Illness as Weapon.”

120 For the impact of feminists and women on the early AIDS epidemic, see Brier, “Locating Lesbian and Feminist Responses to AIDS, 1982-1984.”
women that were not typically part of the mainstream women’s movement. Stigma, shame, and misinformation therefore circulated along the lines of various intersected identity polities, producing institutions of education, healthcare, and support for some groups of people, and very little or nothing for others.

Fear of transmission at the time was common and misunderstood, and an article in The New York Times by Dudley Clendinen cites a range of panicked behaviour. Individuals were shunned by hospitals, airlines, and then after dying, a refusal of services from undertakers; a woman called an AIDS helpline to ask how to fumigate an apartment she bought from a homosexual; landlords evicted homosexual tenants; and police issued vinyl gloves and masks to fearful officers working in Los Angeles’ predominantly gay suburbs. Another article in Gay Community News discusses a controversy over prison inmates living with AIDS being moved to a hospital in New York - not in order to provide them better treatment - but because the prison guards were scared of exposure to AIDS.

121 Patton, “Illness as Weapon.”
Meanwhile the owner of a gay club reported a turn towards monogamy from his clientele, and a retreat from casual and anonymous sex.\(^\text{124}\) Conversely activists such as Bob Andrews and Patton discussed the right to remain ‘promiscuous’ and criticised the medical reporting of the ‘gay lifestyle’, along with the slow response of governments and medical establishments in providing substantive care to gay men, Haitians, and IDU’s.\(^\text{125}\)

A by product of AIDS and its primary appearance in gay men also resulted in a backlash of anti-homosexual assertions from the political right, with individuals such as Republican Patrick Buchanan claiming, “The poor homosexuals - they have declared war on nature and now nature is exacting an awful retribution.”\(^\text{126}\) As Sontag observes,

AIDS is a favorite concern of those who translate their political agenda into questions of group psychology: of national self-esteem and self-confidence.\(^\text{127}\)

A distinction was also made between those who were considered to have contracted AIDS through their ‘own fault’, such as gay men sexually acquiring it, or IDU’s, as opposed to ‘innocent victims’, such as babies born with AIDS, or haemophiliacs and others who acquired

\(^{124}\) Clendinen, “AIDS Spreads Pain and Fear Among Ill and Healthy Alike.”

\(^{125}\) Andrews and Patton, “Boys and Girls Together; Talking About AIDS.”

\(^{126}\) Lavigne, “Gays Afraid AIDS Spells Repression.”

\(^{127}\) Sontag, Illness as Metaphor and AIDS and Its Metaphors, 149.
it medically.\textsuperscript{128} Such a distinction was reliant on a political context that viewed individuals as largely economically responsible for their own health (instead of viewing disease as a problem facing communities), especially if the result of their illness was through behaviour considered ‘sinful’.\textsuperscript{129} While these metaphors are shocking in their dehumanising attitude, they are at least more recognisable than other more insidious and subtle disease metaphors.

On the 13\textsuperscript{th} of July 1984 the CDC announced that the presence of antibodies of a retrovirus, linked to HTLV, along with another theorised virus, LAV, likely indicated that an individual would later develop AIDS.\textsuperscript{130} The report estimated that the ‘incubation period’ before AIDS would set in, for individuals testing positive to the virus antibody, may range from 1 to 4 years.\textsuperscript{131} While it was certainly not the case that this moment disjunctively ‘solved’ the aetiology of AIDS for good, in retrospect, it marks an important milestone in the history of AIDS. By this time, AIDS was declared a worldwide health problem, with cases emerging in most parts of the world, igniting the

\textsuperscript{128} Although such ‘innocent’ people living with AIDS were not exempt from stigma, and the child Ryan White, living with haemophilia A and acquiring HIV/AIDS from blood transfusion, experienced a significant legal battle simply trying to attend school.

\textsuperscript{129} Graham Hancock, \textit{AIDS, the Deadly Epidemic} (London: V. Gollancz, 1986).

\textsuperscript{130} Centers for Disease Control and Prevention, “Antibodies to a Retrovirus Etiologically Associated with Acquired Immunodeficiency Syndrome (AIDS) in Populations with Increased Incidences of the Syndrome,” \textit{Morbidity and Mortality Weekly Report} 33, no. 27. (1983, July 13\textsuperscript{th}).

\textsuperscript{131} \textit{Ibid} - It is not within the scope of this essay to explore the politicisation of research between America and France in the hurry to discover the aetiology of AIDS, and the rivalry for recognition of discovery.
beginnings of international activism on HIV/AIDS. The establishment of growing medical certainty about AIDS and its transmissibility, marked an end to what I define as the ‘early AIDS epidemic’. It is difficult to grasp in its entirety how the early AIDS period would have felt, both for those dying and those touched by death. I have attempted to convey both social experiences and the discursive elements of the epidemic, as it related to conceptions of risk and promiscuity. In particular I argued that the initial construction of ‘GRID’ as a gay men’s disease was based upon an implicit belief that gay men and their sexual activities are always already contagious and diseased. The subsequent formation of ‘risk groups’ for AIDS resulted in an enormous amount of stigma directed at those part of, or perceived to be in those risk groups, and further enforced simplistic ideas about the promiscuity of gay men. I also discussed the two primary theoretical speculations for the cause of AIDS – the multifactorial theory and the viral theory. By 1983, there was evidence of a virus having been discovered, and the epidemiological pattern of AIDS kept pointing towards a virus similar to hepatitis B virus.


133 The next half of the ‘80’s decade in the U.S.A. involved a greater public awareness of AIDS through the death of actor Rock Hudson from AIDS-related illnesses, heterosexual panic over whether or not AIDS could effect heterosexual individuals outside of IDU or haemophilia, and the formation of the AIDS Coalition to Unleash Power (ACT UP) in advocating for the release of experimental treatment for people dying of AIDS-related illnesses.
chapter three I explore the ‘multifactorial theory’ in-depth through the activists Richard Berkowitz and Michael Callen, and explore their deployments of promiscuity, gay men, and AIDS, and their development of ‘safe sex’.
CHAPTER THREE:

How to Interrupt Disease: Richard Berkowitz and Michael Callen’s Approach

The first safe sex advice was put into circulation by gay men, and was constructed in opposition to the insulting dictates of doctors. By 1983 enough safe sex information was available for a group of gay men, including men with AIDS, to write a forty page booklet called "How to Have Sex in an Epidemic." It still stands as the single most comprehensive guide to safe sex, including explanations of theories of transmission, sexual techniques, and the psycho/social problems of coping with the change to safe sex and with the fear of AIDS. It was important to realize that this booklet was written before a retrovirus was associated with AIDS: men understood and made major, effective changes without the benefit of HIV antibody testing.134

We were able to invent safe sex because we have always known that sex is not, in an epidemic or not, limited to penetrative sex. Our promiscuity taught us many things, not only about the pleasures of sex, but about the great multiplicity of those pleasures. It is that psychic preparation, that experimentation, that conscious work on our own sexualities that has allowed many of us to change our sexual behaviours—something that brutal "behavioural therapies" tried unsuccessfully for over a century to force us to do—very quickly and very dramatically.135

Activists Richard Berkowitz and Michael Callen developed what became one of the most important shifts in gay men’s history of AIDS – the first safe sex booklet. Their booklet, “How to Have Sex in an Epidemic: One Approach”, advised fellow gay men to take on non-penetrative sexual activity, or utilise condoms during penetrative sex. These changes in behaviour would mitigate the spread of bodily

134 Patton, Inventing AIDS, 42.
fluids, which Berkowitz and Callen believed led to the development of AIDS. Prior to the development of this booklet, they delivered a series of criticisms of promiscuity in numerous articles, and usually offered partner reduction as their primary AIDS prevention advice. In this chapter I explore Berkowitz and Callen’s work on AIDS leading up to the development of their safe sex guidelines. Furthermore, I analyse the influence of the multifactorial theory on their work, through its most prominent advocate, Dr. Joseph Sonnabend, who worked closely alongside the two activists. I argue that for Berkowitz and Callen, promiscuity was an epidemiologic problem rather than a moral one, and although they deployed promiscuity in a restrictive manner at times, their influential safe sex booklet argued that promiscuity was neither a necessary nor sufficient cause for AIDS.

Consciousness-Raising: AIDS and the Multifactorial Theory

In 1982 Richard Berkowitz and Michael Callen were both living with AIDS and were patients of Dr. Joseph Sonnabend. In the late ‘70’s Berkowitz was a sex worker (or ‘hustler’) who specialised in dominant sadomasochism, and Callen frequented bathhouses as a bottom (or ‘receptive’ partner in anal intercourse). Callen had been part of a support group for gay men living with AIDS, and invited

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Berkowitz to attend after Sonnabend (permissibly) exchanged their contact details. Berkowitz ended up outraging the other participants by blaming his own promiscuity for his weakened immune system - the other participants believed in the viral theory and felt that Berkowitz was displaying internalised homophobia.\textsuperscript{137} Afterwards, Berkowitz and Callen spoke further and began an enduring friendship, as Berkowitz explains,

> By the time we left the café, I felt so close to him. Born the same year, we were both politically minded, unapologetic sluts eager to admit our mistakes, face the painful truth about AIDS, adapt, and fight—instead of lying down to die like doomed, compliant patients.\textsuperscript{138}

Berkowitz, Callen, and Sonnabend met together on a regular basis and formed an unlikely trio, utilising their various skills and knowledge, such as Sonnabend’s medical expertise, Berkowitz’ proficiency at journalistic writing, and Callen’s charisma and public speaking skills. In addition to writing together, Berkowitz began assisting Sonnabend at the busy medical practice by educating patients in the busy waiting room about their tests, while Callen maintained his full time work despite his worsening sickness.\textsuperscript{139} These biographical details are important to note because the knowledge they produced was derived from a synthesis of multiple

\textsuperscript{137} Ibid; 108-109.  
\textsuperscript{138} Ibid; 117.  
\textsuperscript{139} Ibid; 126-127.
lived experiences, expertise, and vernacular knowledge. Since Berkowitz and Callen were peers to their audience, their publications would be a lot more effective than the advice from doctors and health departments, because the medical institution had historically discriminated against gay men (see chapter one). Sonnabend’s interest in the multifactorial theory provided the basic tenets of their health messaging, as I discuss further.

Sonnabend was not the first proponent of the ‘multifactorial theory’, but he would be remembered for pursuing the theory for at least a decade. The multifactorial theory built upon the simplicity of the ‘lifestyle theory’ (see chapter two), and hypothesised that the cause of immune-deficiency was the result of exposure to combined infections, particularly CMV and the subsequent ‘reactivation’ of Epstein-Barr Virus (EBV). David Durack was probably the first proponent of this theoretical trajectory, publishing in a medical journal in December 1981. He argued that while CMV was not a new virus, the unique combination of infections, multiple sexual partners, and drug usage in gay men was leading to serious...

immunosuppression and subsequent KS. The advantage of the multifactorial theory against the single viral theory was that it paid attention to a range of biological, environmental, and social factors, and to the impact that co-occurring common STIs might have on AIDS. Sonnabend published numerous articles about the multifactorial theory in various journals (and formed a journal of his own), most of which were similar in their scope, focusing primarily on gay men, while usually vague or unsure about the implications for the other ‘risk groups’ emerging in the CDC literature (see chapter two). Although Sonnabend’s articles were mostly concerned with the immunosuppressive and virological implications of CMV and EBV, he sometimes touched upon relevant social aspects of the multifactorial theory. In one article he argues that AIDS is caused by,

An unprecedented level of sexual promiscuity developed among a subgroup of homosexual men in New York City, San Francisco and Los Angeles, permitting the expansion of the pool of men carrying CMV. An increase in the prevalence of other STDs was another consequence of these changes in lifestyle.

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146 Sonnabend, “The Etiology of AIDS,” 3 – A similar passage can be found in Preble & Sonnabend, “AIDS From the Perspective of Experimental Pathology,” 5.
Furthermore in another article, Sonnabend et al cite that gay men developing KS had reported more than 1,100 sexual partners in their lifetime, leading them to propose that both a reduction of sexual partners and the use of condoms (given that CMV is excreted via semen, along with saliva and urine) would reduce transmission and ‘reverse AIDS’. But perhaps the most crucial argument appears in “The Etiology of AIDS”, in which Sonnabend claims that risk for AIDS could be calculated through a combination of three factors – the number of different sexual partners a person has, the prevalence of CMV in each partner, and the specific nature of the sexual practice in each instance. Sonnabend’s theoretical influence on Berkowitz and Callen cannot be understated. Prior to emphasising a combination of factors as risk for AIDS, which would flourish in “How to Have Sex in an Epidemic”, Berkowitz and Callen initially blamed ‘promiscuity’ as a cause of AIDS, as I discuss below.

147 Sonnabend, Witkin, and Purtilo, “Acquired Immunodeficiency Syndrome, Opportunistic Infections, and Malignancies in Male Homosexuals: A Hypothesis of Etiologic Factors in Pathogenesis” – The claim to ‘reverse AIDS’ rested on the multifactorial belief that recurring infection builds up immunosuppression over time - if you stopped exposing yourself, the immunosuppression would hopefully reverse, unless it had been already damaged too much. While we now understand that you are either HIV sero-positive or sero-negative, the advice to reduce ongoing potential exposures to infections would prove to be advantageous at least in minimising the progression of HIV to AIDS.

Attacking Promiscuity?

Throughout their works Berkowitz and Callen employed strategic essentialism (a concept I discussed in chapter one) in their utilisation of ‘promiscuity’. They were simultaneously conscientious of the limitations of the concept, whilst also deploying it in a simplistic and unitary manner. This is best summarised in a speech by Callen given on the gay cable television show, Our Time, in Manhattan February 1983,

“Promiscuity” is a vague word that means different things to different people. But until we develop a better vocabulary, “promiscuity” remains the best word available to describe the historically unique phenomenon of large numbers of urban gay men having large numbers of different sexual partners in such commercialized settings as bathhouses, backrooms, bookstores, balconies and tearooms.149

Callen was aware of the historically contingent sex culture emerging by the end of the ‘70’s, and uses ‘promiscuity’ to signify this mode of sexuality, while also pointing out the ambiguity of the label. Furthermore, Sonnabend advised Berkowitz and Callen that,

‘You must celebrate gay sex in your writing and give men support, but point out that right now there are certain activities that have simply become too hazardous at this time...’150

As such they were not concerned with a psychological or moral preoccupation with sex, but rather with the emerging consensus that particular sexual activities were now understood to be posing a

149 Berkowitz, Stayin’ Alive: The Invention of Safe Sex, A Personal History, 171.
150 Ibid; 121.
significant risk to health. ‘Promiscuity’ was therefore a temporary taboo; a mode of sexuality associated with the yesteryear that was no longer tenable, and which would require widespread awareness of the risks, along with education for a new sexual ethos. This understanding of ‘promiscuity’ appears in Berkowitz’ newspaper article, “When the Epidemic Hits Home”, and profoundly, in Berkowitz and Callen’s newspaper article, “We Know Who We Are”, which I analyse further.

In the late December edition of the *New York Native* in 1982, Berkowitz published an article, “When the Epidemic Hits Home: A Couple of Gay Guys Sitting Around Talking About AIDS,” a candid interview between the writer himself and a man living with AIDS named Mark. Berkowitz introduces Mark as sharing many of the same qualities as himself; age, lifestyle, cruising and disco history, and now both ‘victims of AIDS’, developed through “a lifestyle of excessive promiscuity.”151 Berkowitz interviews Mark about his history of promiscuity and then his subsequent development of AIDS, along with Mark’s management of AIDS, in medical, personal and sexual terms. At the time of the article, Mark has a monogamous lover, and although this lover reports recurrent lymphadenopathy, it

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is not clear if the lover has been diagnosed with AIDS. Berkowitz asks, “what are you doing for sex now?” and Mark explains,

Neither of us has any sex whatsoever. We jerk off together, but that's about it, because the last time we had sex his lymph nodes got swollen. That was probably when I was excreting cytomegalovirus or Epstein-Barr virus. When my blood tests get better we'll go back to having sex again. Occasionally we fool around together, but in ways where neither of us is going to get anything.\footnote{152}

Mark seems to use the multifactorial theory for understanding his own illness and transmissibility, and he conveys awareness that this transmission could be prevented through alternative sexual practice, i.e. mutual masturbation (‘jerk off together’). At the end of the article Berkowitz explains that he and Mark understood early on that it was promiscuity, not some ‘new mutant virus from mars’ that was making them sick. He argues that such a viral theory removes the question of personal responsibility in relation to sexual practice by making gay men feel that infection was inevitable regardless.\footnote{153} The implicit message in this article was that the average gay man could end up like this if they did not change their sexual activity. Significantly, at this point Berkowitz had not clearly distinguished between ‘sexual activity’ and ‘promiscuity’ - and such a distinction would not be made clear until “How to Have Sex in an Epidemic.”

\footnote{152}{Ibid.}
\footnote{153}{Ibid; 22 – “But most gay men are still being told that they have AIDS because they came into contact with a mystery killer virus–by other gay men, no less–so they don’t feel that it makes any difference for them to stop being promiscuous.”}
In November 1982, Richard Berkowitz and Michael Callen publish a newspaper article in the *New York Native*, “We Know Who We Are: Two Gay Men Declare War on Promiscuity”, both ‘coming out’ as ‘AIDS victims’, and confessing that their promiscuity was the cause.\textsuperscript{154} They argue,

Few have been willing to say it so clearly, but the single greatest risk factor for contracting AIDS is a history of multiple sexual contracts [sic] with partners who are having multiple sexual contacts – that is, sex on the circuit. We know who we are.\textsuperscript{155}

The multifactorial theory is central to their argument, and like Berkowitz’s “When the Epidemic Hits Home”, they argue that the viral theory removes the role of personal responsibility by making AIDS seem more like a matter of ‘bad luck’ rather than accumulated exposure that could be mitigated.\textsuperscript{156} They explain,

We the authors, have concluded that there is no mutant virus and there will be no vaccine. We veterans of the circuit must accept that we have overloaded our immune systems with common viruses and other sexually transmitted infections. Our lifestyle has created the present epidemic of AIDS among gay men. But in the end, whichever theory you choose to believe, the obvious and immediate solution to the present crisis is the end of urban gay male promiscuity as we know it today.\textsuperscript{157}

Berkowitz and Callen therefore argue that the ‘promiscuity’ of the last ten to fifteen years is to blame (although they confess their active participation in it). They argue that this lifestyle had been proliferated by the commercialisation of sex on premise venues such as

\textsuperscript{155} Ibid; 23.
\textsuperscript{156} Berkowitz, *Stayin’ Alive: The Invention of Safe Sex, A Personal History*, 147.
\textsuperscript{157} Ibid.
bathhouses, bookstores, and backrooms, and which had lead to a ‘disease-polluted pool of sexual partners’. Such a metaphor is evocative, and implicitly relies upon religious motifs, in which disease is understood as both punishment and a state of excess (see chapter two). Furthermore they suggest that, “The frequency of incidence of sexually transmitted diseases is perhaps a more accurate index of promiscuity.” Such a definition fits well into their ‘promiscuity equals AIDS’ equation because the multifactorial theory speculated that recurring STIs built up immunosuppression. Controversially, they dismiss cases of people who have been diagnosed with AIDS and have reported monogamy (or non-promiscuity), and argue that such persons (if they existed) have probably underestimated their number of sexual partners. Their discounting of these cases most likely stems from their commitment to the multifactorial theory, and they explain that such non-promiscuous cases are usually given as evidence for a single-virus theory. It can also be speculated that their disbelief of the ‘non-promiscuous’ person living with AIDS was reliant on a moral hang-

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158 Berkowitz, Callen, and Dworkin, “We Know Who We Are: Two Gay Men Declare War on Promiscuity,” 25.
159 Sontag, Illness as Metaphor and AIDS and its Metaphors, 131.
160 Berkowitz, Callen, and Dworkin, “We Know Who We Are: Two Gay Men Declare War on Promiscuity,” 25.
161 Ibid – In their defense they claim that, “In our review of medical journals and of literature published by the Centers for Disease Control, we have encountered no evidence that non-promiscuous gay men are contracting AIDS. Further, in our conversations with AIDS victims and their doctors, we have yet to encounter one individual with AIDS who has not been promiscuous for a significant period.”
162 Ibid.
up on promiscuity, as essentially excessive and deleterious to health. In other words, in “We Know Who We Are”, ‘promiscuity’ was the singular cause of AIDS and anything outside of promiscuity could not possibly fit within Berkowitz and Callen’s conception of risk.

However, there is also reason to believe that Berkowitz and Callen did not want to ‘attack’ promiscuity as much as the article’s title suggests. In Berkowitz’ autobiographical account, he explains that the subtitle “Two Gay Men Declare War on Promiscuity” was decided upon by the publisher of the New York Native, Charles Ortleb, and Berkowitz and Callen were given an ultimatum: publish it with the subtitle or do not publish it at all.163 While Berkowitz and Callen certainly aimed to be inflammatory with the article, they did not want to centre the issue of AIDS upon a moralistic discourse on promiscuity. Rather, I argue that it was their intention to communicate that if their readers had the same sexual history as they did, AIDS was a probable result.164 In the article Berkowitz and Callen claim that they were “aware of the potential political ramifications” of relating promiscuity to AIDS, but reason that the epidemic was ‘scientific fact’, not ‘moralistic bluster’, and therefore worth any

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163 Berkowitz, Stayin’ Alive: The Invention of Safe Sex, A Personal History, 149 – The editor, Brett Averill, changed only a few words across the three entire pages - it was also the longest article the New York Native had ever published.
164 Ibid, 125.
potential backlash. They also make it clear that they do not believe that any kind of legislative measure should be used to end promiscuity, but instead that it may be better to, “let people die in the pursuit of their own happiness than to limit personal freedom by regulating risk.” Berkowitz and Callen’s frustration that any critique of ‘promiscuity’ in gay community was always-already political, even in the face of a deadly epidemic, was shared by Larry Kramer (see chapter four). While Berkowitz and Callen certainly deploy promiscuity in an inflammatory manner in “We Know Who We Are”, their concern seems to be primarily epidemiologic, and this is further demonstrated with “How to Have Sex in an Epidemic”, in which they enormously reduce the emphasis placed upon ‘promiscuity’.

**Staying Alive, ft. Safe Sex.**

Six months later in May 1983, Berkowitz and Callen disseminated five thousand copies of a 40-page safe sex booklet, “How to Have Sex in an Epidemic: One Approach” around New York City.

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165 Berkowitz, Callen, and Dworkin, “We Know Who We Are: Two Gay Men Declare War on Promiscuity,” 29.
166 Ibid – Further, they argue, “The tradition of allowing an individual the right to choose his own slow death (through cigarettes, alcohol, and other means) is firmly established in this country; but there is also another American tradition represented by the Federal Trade Commission and the Food and Drug Administration, which warns people clearly about the risks of certain products and behaviours.”
In the first few pages Berkowitz and Callen argue that the cause of AIDS is not promiscuity, but rather the transmission of CMV through particular bodily fluids, which can be reduced by modifying existing sexual practices, such as through using condoms for penetrative sex or minimising contact of bodily fluids. In particular, aspects of sadomasochism and non-penetrative sexual activity are emphasised, which would become increasingly popular in the face of the epidemic, along with the infamous ‘jerk-off clubs’. Although Berkowitz and Callen focus on the multifactorial theory, they acknowledge that their recommendations would apply to the viral theory too. Sonnabend insisted that they should remain open to both theories for “We Know Who We Are” and “How to Have Sex in an Epidemic”. Highlighting the cultural controversy over the theories about AIDS, the GMHC apparently offered to purchase all five thousand copies of the pamphlet, but only if the multifactorial theory was removed and the viral theory was emphasised; Berkowitz and Callen declined.

168 Altman, AIDS in the Mind of America, 125 - For example, Altman says, “Most famous were the ‘jerk-off clubs’, established in a number of cities, where naked men engaged in group masturbation and body play with strict rules – sometimes patrolled by ‘monitors’ with torches. These allowed a sense of physical intimacy, which had become even more important because of the threat of early illness and death.”
169 Berkowitz and Callen, “How to Have Sex in an Epidemic: One Approach”
170 Berkowitz, Stayin’ Alive: The Invention of Safe Sex, A Personal History, 129.
171 Ibid; 177.
Berkowitz explains that the inspiration for writing the booklet arose when one of his previous clients from his sex work career unexpectedly arrived at his door and begged him for sex. Not wanting to expose the client to his AIDS, Berkowitz utilised gloves on his hands in order to stimulate the client’s rectum, as well as using elements of enticement and role-play from his sadomasochistic repertoire.\textsuperscript{172} When Berkowitz relayed his experience to Callen and Sonnabend, the trio decided to write about modifications of sexual activity that ‘interrupt disease transmission’, and importantly, Sonnabend suggested the use of condoms – which had never occurred to Berkowitz.\textsuperscript{173} This influence can be read in one of the introductory passages,

Finding ways to have sex and avoid these epidemics might seem impossible, but we believe it’s not. This pamphlet offers advice on one means of reducing (and hopefully eliminating) risk which has yet to receive proper attention: limiting what sex acts you choose to perform to ones which interrupt disease transmission. The advantage of this approach is that if you avoid taking in your partner(s)’ body fluids, you will also protect yourself not only from most serious diseases but also from most of the merely inconvenient ones. The key to this approach is modifying what you do—not how often you do it nor with how many different partners.

In the end, how you have sex is a matter of personal choice. But in the age of AIDS, it is important to realize that each one of us is now betting his life on what changes we do or do not make.\textsuperscript{174}

While Berkowitz’ earlier article “When the Epidemic Hits Home” briefly alludes to non-penetrative sexual activity, such as mutual

\textsuperscript{172} Berkowitz, \textit{Stayin’ Alive: The Invention of Safe Sex, A Personal History}, 139-141.
\textsuperscript{173} Ibid; 144.
\textsuperscript{174} Berkowitz and Callen, “How to Have Sex in an Epidemic,” 191.
masturbation, “How to Have Sex in an Epidemic” explicitly discusses the risk of almost every conceivable sexual act (and position). To summarise, Berkowitz and Callen give harm minimisation advice on giving fellatio, receiving fellatio, insertive anal intercourse, receptive anal intercourse, rimming, ‘water sports’, using sex toys, sex work (and buying sex), fisting, masturbation, sadomasochism, anonymous/casual sex, kissing, the use of amyl nitrates, sex on premise venues (such as bathhouses), and sex while living with AIDS.175 Far from advising abstinence, a denouncement of sex and/or a call for monogamous practice, this invention of ‘safe sex’ (although this phrase is not used) facilitated the adoption of protective techniques and behaviours to an existing sexual milieu in order to reduce and prevent transmission.176

Berkowitz and Callen also emphasise that partner reduction (or ‘stop being promiscuous’) on its own would not protect a person from CMV, and the subsequent development of AIDS.177 This message goes against “We Know Who We Are” published six months prior – why did they change their argument so much in a short period of time? While it could be suggested that their knowledge around AIDS transmission between the two publications changed drastically

in the ever-shifting scene of speculation on AIDS (see chapter two), Berkowitz indicates that they had started writing the safe sex booklet prior to publishing “We Know Who We Are”.178

I therefore argue that the impetus of “We Know Who We Are” was to shock fellow gay men into taking the epidemic seriously by attacking their most prized ideal – sex - in a similar vain to Kramer’s “1,112 and Counting”, which I explore in chapter four. Berkowitz and Callen felt that the single-virus theory distracted gay men from interrogating the consequences of their own sexual behaviour, and therefore published “We Know Who We Are” with a sense of urgency. The advantage of ‘shocking’ gay men with this article was that they could then set about re-building a sexual ethic with their next publication, shifting the ‘70’s motto of “too many men, too little time” into an AIDS-sensitive “sex with responsibility”. Furthermore, with this safe sex advice, Berkowitz and Callen offered alternatives to the ‘promiscuity equals bad’ motif and the centrality of the partner reduction advice, both of which had limited use, due to the reliance on the heteronormative ‘monogamy’ and miserable abstinence. This shift towards ‘interrupting disease transmission’ over ‘reducing promiscuity/partners’ became a consistent theme in their writing and activism, and in August 1983 Berkowitz and Callen, with contributions from Richard Dworkin and Dr. Sonnabend, published

178 Berkowitz, Stayin’ Alive: The Invention of Safe Sex, A Personal History, 144-149.
an article in the gay magazine, *Firsthand*, “Two Gay Men With AIDS Talk About AIDS & Promiscuity.”179 They continue to assert the multifactorial theory, along with an outline of similar conditions of risk to “How to Have Sex in an Epidemic”, albeit in a less comprehensive form. While Berkowitz and Callen do implicate the concept of promiscuity as a cause of AIDS, they argue that risk is directly reliant on sexual acts, rather than a number of sexual partners, and encourage fellow gay men to think through their own risk and assess if they should present to a doctor for assessment of AIDS.

“How to Have Sex in an Epidemic” employed the best of both the public health imperative and the discourses of gay culture, as it provided risk reductive advice while messaging it in vernacularisms relevant to gay men, respectful of the centrality that sexual adventure held in New York gay communities.180 There is also some limited empirical evidence that Berkowitz, Callen, and Sonnabend’s recommendations were taken up by gay men.181 Remarkably, if

181 John L. Martin, “AIDS Risk Reduction Recommendations and Sexual Behavior Patterns Among Gay Men: A Multifactorial Categorial Approach to Assessing Change,” *Health Education Quarterly* 13, no. 4. (1986) - A sample of 745 gay men in New York gave self-reported information on their sexual behaviour prior to first hearing about AIDS (55% had heard of AIDS before 1981), and Martin compares it to their current self-reported sexual behaviour. There was an overall 72% mean decline in the number of sexual partners gay men reported, and 40% reduced one of either ‘number of different sexual partners’, ‘exchange of
‘CMV’ was altered to ‘HIV’, and several of the transmission pathways modified, along with urine and saliva being removed as transmissible fluids, then Berkowitz and Callen’s safe sex booklet would be as relevant today as it was in 1983. Berkowitz, Callen, and Sonnabend provided the foundation for a behavioural analysis of risk for AIDS, and the necessity to educate and screen patients about specific sexual acts, rather than the vague conception of ‘promiscuous sex’.

Importantly Berkowitz and Callen state,

As you read on, we hope we make at least one point clear: Sex doesn’t make you sick – diseases do. Gay sex doesn’t make you sick – gay men who are sick do. Once you understand how diseases are transmitted, you can begin to explore medically safe sex.

Our challenge is to figure out how we can have gay, life-affirming sex, satisfy our emotional needs, and stay alive!

What becomes clear from the above passage is that their concern with promiscuity was not with any religious or psychopathological metaphors, but rather with an abiding concern with the spread of disease. At the end of the booklet, they remark, "What’s over isn't sex–just sex without responsibility." Responsible sex amounts to caring for one’s partner’s health, and engaging in sexual activity that ‘interrupts’ disease transmission. For these activists, the appearance

bodily fluids during sexual encounters’, ‘avoiding sex in places that promote anonymity’, while only 4% reduced all three categories.

182 Seidman, “Transfiguring Sexual Identity: AIDS & the Contemporary Construction of Homosexuality,” 202 - Because of Berkowitz, Callen and Sonnabend’s work we see an assertion five years later such as, “Promiscuity is not the cause of AIDS but a risk-factor. To be even more precise, it is a risk-factor if one engages in high-risk sex and if one does so in circumstances where the HTVL-III virus is widely circulated.”


184 Ibid; 218.
of AIDS in gay men and its link to sexual activity presented a
dilemma - how do we retain the sexual culture that is so important to
gay culture while preventing the death and sickness that is a result of
our behaviour? With a speculative solution, the question of
promiscuity no longer became such a concern, because the numbers
of sexual partners were unimportant if each sexual act was modified
to prevent disease transmission. In chapter four I analyse the
deployment of promiscuity in another AIDS activist, Larry Kramer,
who focused on the political conditions of gay life and community
moreso than the mechanical aspects of sex and transmission.
CHAPTER FOUR:

Beyond Disease: The Indiscriminate Politics of Larry Kramer

I don't want a friendship with you! That's something else entirely. You don't fuck with your friends. And every faggot couple I know is deep into friendship and deep into fucking with everyone else but each other and any minute any bump appears in their commitment to infinitesimally obstruct their view, out they zip like petulant kids to suck someone else's lollipop instead of trying to work things out, instead of trying not to hide, and... unh... why do faggots have to fuck so fucking much?!... it's as if we don't have anything else to do... all we do is live in our Ghetto and dance and drug and fuck... there's a whole world out there!... as much ours as theirs... I'm tired of being a New York City-Fire Island faggot, I'm tired of using my body as a faceless thing to lure another faceless thing, I want to love a Person!, I want to go out and live in that world with that Person, a Person who loves me, we shouldn't have to be faithful, we should want to be faithful!, love grows, sex gets better, if you don't drain all your fucking energy off somewhere else, no I don't want you to neutralize us into a friendship!, for all of the above!\(^\text{185}\)

Before the AIDS epidemic, Larry Kramer criticised the sexual ethos of gay life in New York through his novel *Faggots* (1978). Due to the reception of *Faggots*, he became typecast as ‘anti-promiscuous’, and when he spoke up about the new disease affecting gay men in 1981, he was accused of inciting panic and hyperbole. Between 1981-1984, he published numerous newspaper articles about the political edge of AIDS, co-founded the GMHC, and his play, *The Normal Heart* (1985) was set during this period. Promiscuity features in most of this

work, although usually implicitly, and while he certainly singles out promiscuity in gay communities as a source of tension for the future longevity of gay men, this was not because Kramer believes that promiscuity is sinful, as one critic Robert Chesley accused him of. Instead I argue that his deployment of ‘promiscuity’ is grounded in a frustration over the consumer culture of gay life, which led to gay men dehumanising one another. In this chapter I explore Kramer’s deployment of promiscuity through some of his literary and activist writing, and explore his vision for gay life. His work presents an important case study of promiscuity, because he critiqued it prior to the epidemic, he is one of the most well-known AIDS activists, and he is mentioned in almost every publication about promiscuity, gay men, and AIDS. Furthermore, Kramer is an important figure for me because he escapes any simplistic assertion that ‘promiscuity equals bad’ and ‘monogamy equals good’, or vice versa.

Kramer is best known as being one of the most vocal AIDS activists, and his utilisation of rhetoric and polemical argument, and his tendency to speak up about his passions made him both loved and reviled, and sometimes both by the same individuals. Kramer’s repertoire ranges from a screenplay adaptation of D.H. Lawrence’s *Women in Love*, to his controversial novel, *Faggots* (1978) to activist

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writing, his founding of the GMHC in 1981, along with the AIDS Coalition to Unleash Power (ACT UP) in 1987, and numerous plays, including *The Normal Heart* (1985) and *The Destiny of Me* (1992). Across his work the themes of love, promiscuity, AIDS, gay identity, and the unity of community are critiqued and complicated. Ben Gove argues that Kramer had a tenuous relationship with the vague concept of ‘promiscuity’, occasionally providing gems of wisdom with reflexive accounts of the concept, and then easily slipping into a repressive and pathological usage of the term:

Kramer argues that '[p]romiscuity is liberating for some people while for others it's dehumanizing, and thus it's hard to come down on one side or the other without taking into account who's being promiscuous.'

Gove also points out, however, that Kramer consistently (and well into the ‘90’s) conflates promiscuity with HIV risk, against what he argues as the preferable options of monogamy or celibacy.

Similarly, Douglas Crimp criticises Kramer’s *The Normal Heart* and says,

Common sense, in Kramer’s view, is that gay men should stop having so much sex, that promiscuity kills. But this common sense is, of course, conventional moral wisdom: it is not safe sex, but monogamy that is the solution. The play’s message is therefore not only reactionary, it is lethal, since monogamy per se provides no protection whatsoever against a virus that might already have infected one partner in a relationship.

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189 Ibid.
It is difficult to gauge Kramer’s familiarity with scientific knowledge around AIDS, especially because he did not speculate much on aetiology or pathogenesis (although he reported epidemiology in some of his articles). Kramer was less oriented towards questions about transmission and prevention, and instead, captivated by the political edge of the epidemic, which amplified the concerns about gay community he already had before AIDS.

Before the Plague Years

Prior to AIDS, Kramer published his most famous work, Faggots, a maximalist and satirical novel which follows the autobiographical protagonist Fred Lemish through a weekend of bathhouses, clubbing, orgies, and recreational drug usage as he pines for love with the ephemeral Dinky Adams in New York. The novel combines a biting satire of gay urban life in New York, with Pynchonesque pastiche, Freudian undertones, a huge cast of characters, and entwining subplots in order to critique gay life. Reviews of Faggots in the U.S. portrayed the novel as anti-promiscuous, but despite this, Faggots went on to sell half a million copies in two years, and received positive reviews in Europe. The

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191 Kramer, Faggots.
core dilemma in the novel can be found in the following thoughts by the character Laverne (AKA Jack Humpstone),

Yes, sex and love were different items when he wanted them in one, and yes, having so much sex made having love impossible, and yes, sadism was only a way to keep people away from us and masochism only a way to clutch them close, and yes, we are sadists with some guys and masochists with other guys and sometimes both with both, and yes, we're all out of the closet but we're still in the ghetto and all I see is guys hurting each other and themselves. But how to get out! And yes, the world is giving us a bad name and we're giving us a bad name and one of us has got to stop and it's not going to be the world.193

This is the centre of Kramer’s wider philosophical quest, a struggle with understanding the disconnect between love and sex, with promiscuity being understood as the essence of gay identity, and the tendency for gay communities to remain in the ‘ghetto’, forming their own isolated subculture and not interacting with a wider world.

John D’Emilio argues that it was not Kramer’s specific critique of gay culture that had provoked outrage, but that he had made any critique at all, and threatened the mantra of ‘gay is good’.194 While the early 1970’s featured a radical questioning of heterosexuality and homosexuality (see chapter one), D’Emilio suggests that by the late 1970’s, the counter-culture of gay life had cemented into its own orthodoxies, which amounted to an unreflective consumer culture.195

Analysed with this context in mind, Faggots functions more as a

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193 Kramer, Faggots, 31-32 - Laverne spent six years pursuing love with Dinky, who had characteristically been cheating on Laverne the entire time.

194 D’Emilio, “A Meaning for All Those Words: Sex, Politics, History and Larry Kramer,” 75.

195 Ibid; 77.
powerful critique of the effect of consumer culture upon gay life, rather than an attack on promiscuity. Despite the claim that *Faggots* threatened the mantra of ‘gay is good’, Fred Lemish neither struggles with his gendered object of desire (men), nor does he contemplate suicide – a common theme in other gay literature – and in *Faggots* there was no question about whether or not homosexuality is bad.\footnote{Ibid; 74-75.}

Although Fred searches for love and monogamy, he cannot help but engage in the world of tricks and casual sex.\footnote{Christopher Bram, “Faggots Today,” *The Harvard Gay & Lesbian Review* 4 (1997), 18.} Furthermore, even though Fred desires monogamy with Dinky, *Faggots* resists an idealization of monogamy, because Fred cannot recall any happy monogamous couples, heterosexual or homosexual, and one of the few straight characters, Abe Bronstein, has had more marriages than he can keep a count of.\footnote{Ibid} In this way, the quest for monogamy is represented as a potential site of self-destruction, as an all-consuming passion that obfuscates an individual’s autonomy, both in Fred and Laverne’s lives. Conversely, *Faggots* did not idealise promiscuity, and the world of casual gay sex in New York is shown to be faceless, consuming, and alienating, themes that are replicated by the style of the novel, in its excessiveness and grandeur. Rather than a novel that exemplifies either monogamy or promiscuity as a site of authenticity, *Faggots* offers a complex, forensic critique of both pursuits. The novel
problematises gay life’s elevation of sex to an ideological status as a disciplining apparatus that morphs individuals into bodies to be consumed, as ‘faceless things’. While Gove argues that *Faggots* generally romanticises monogamy, he also states,

… the novel’s closing scene hints that the insistent reification of monogamy over promiscuous sex and desire produces an abiding concern with promiscuity in the (gay) subject which continues to pull them in both directions at once.\(^{199}\)

It should be noted that the complexity over the novel’s treatment of monogamy/promiscuity comes out of the novel’s dependence on satire as a form, which caricatures, simplifies, and mocks both gay culture and a heterosexist world.\(^{200}\) Despite this complexity in *Faggots* North American readers largely simplified it as anti-promiscuous, and Kramer was typecast as anti-promiscuity so much so that when Kramer first spoke out about AIDS in 1981, attention was drawn back to *Faggots*.

**We Must Rally Together or Die: The Activism of Larry Kramer**

In 1981 when the first cases of AIDS in gay men appeared, Kramer was one of the most vocal respondents in New York’s gay community.\(^{201}\) By late August he published “A Personal Appeal” in the *New York Native*, in an attempt to appeal to fellow gay men to take

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\(^{200}\) *Ibid*; 104.

\(^{201}\) Altman, *AIDS in the Mind of America*, 4.
the reports of the new disease as serious. In this short article he cites that the gay men affected had not behaved any differently to other gay men, and that it was not clear how the disease formed or was being spread. Citing the 120 diagnosed and 30 dead, Kramer appeals for donations for research and for patients who had no money or medical insurance, and claims, “This is our disease and we must take care of each other and ourselves.” Crimp would later criticise Kramer for reifying AIDS as a ‘gay disease’, particularly in The Normal Heart, but at this early point in the epidemic, it had mostly been reported in gay men, and no other risk groups had been formally identified by the CDC.

Following “A Personal Appeal” the playwright Robert Chesley responded in the letters section and proclaimed, “Read anything by Kramer closely, I think you’ll find the subtext is always: the wages of gay sin are death.” Kramer responded by publishing “The First Defense” in late December and said,

I am not interested in sin. I am interested in the difficulties people have in loving each other; I am also interested in how we use sex as a weapon, and I think anyone will find that all of my writing, including my film adaptation of Women in Love, concerns itself with explorations of these subjects, which have nothing to do with the “wages of gay sin are death.”

203 Ibid; 8.
204 Ibid; 9.
205 Crimp, “How to Have Promiscuity in an Epidemic,” 250.
206 Kramer, Reports From the Holocaust: The Story of an AIDS Activist, 10.
207 Ibid; 10.
He also adds sarcastically that he is ‘thrilled’ by the death of his friends from AIDS.\textsuperscript{208} Chesley’s response to Kramer underscores the height of the perceived damage that Kramer inflicted upon the gay community with \textit{Faggots}. In the rest of the article Kramer explains the enormity of the disease approaching, while also defending his past work, arguing that to critique one’s own community does not constitute ‘gay homophobia’, and that \textit{Faggots} was a novel concerned with the lack of love between fellow gay men.\textsuperscript{209} This wariness over critiquing gay community being perceived as ‘gay homophobia’ is similar to what Berkowitz and Callen anticipated with their publication, “We Know Who We Are” (see chapter three).

In late March 1983 in the \textit{New York Native}, Kramer published “1,112 and Counting”, undoubtedly his most famous article.\textsuperscript{210} He starts by proclaiming,

If this article doesn’t scare the shit out of you, we’re in real trouble. If this article doesn’t rouse you to anger, fury, rage, and action, gay men may have no future on this earth. Our continued existence depends on just how angry you can get.\textsuperscript{211}

Kramer’s use of polemics and rhetoric as persuasive strategies are at their height in this article, as Bonnie Dow and Erin Rand separately

\textsuperscript{208} \textit{Ibid.}\textsuperscript{209} \textit{Ibid}; 16.\textsuperscript{210} \textit{Ibid}; 33.\textsuperscript{211} \textit{Ibid.}
explore. Kramer cites the 1,112 cases of AIDS and the speculation that the epidemic would only grow, as a rallying point for gay men to engage in more and better activism. He not only criticises the lack of national Government response, New York City’s lack of cooperation with the GMHC, and difficulties which arose with the slow process of medical publishing with research, but also criticises fellow gay men for not being angry or vocal enough about the epidemic. Kramer does not prescribe a stereotype of the person living with AIDS, and argues,

No matter what you've heard, there is no single profile for all AIDS victims. There are drug users and non-drug users. There are truly promiscuous and the almost monogamous. There are reported cases of single-contact infection. All it seems to take is the one wrong fuck. That's not promiscuity— that's bad luck.

In comparison to Berkowitz and Callen, Kramer was less concerned over the politics of medical knowledge and disease theory, and seems to endorse the viral theory (see chapter three). Furthermore, Kramer does not rely on a partner reduction theory, nor does he really engage in any kind of nuanced preventative message – what he does instead is implicate all gay men as part of the AIDS epidemic. To this extent he is culpable of reifying AIDS as a ‘gay disease’, but he certainly mentions other risk groups, and it is part of his polemical strategy to

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214 Kramer, Reports From the Holocaust: The Story of an AIDS Activist, 35.
primarily engage gay men in activism. Later in the article Kramer returns to the thesis of *Faggots*, and argues,

I am sick of guys who moan that giving up careless sex until this blows over is worse than death. How can they value life so little and cocks and asses so much?

…

I am sick of guys who think that all being gay means in sex in the first place. I am sick of guys who can only think with their cocks.\(^{215}\)

This perhaps further entrenched Kramer’s anti-promiscuity image, and yet when this was published, there were 1,112 cases of AIDS, and at the end of the article he lists twenty dead men that he knew who had died of AIDS. Given his concern for gay life, and his personal implication in the epidemic, it is difficult to criticise his polemics and deployment of promiscuity, although Gove wisely points out that his activism should not make him immune from critique.\(^{216}\)

On the 26\(^{th}\) of June 1983 Kramer gave a speech “The Mark of Courage” at a gay pride parade, which was published shortly after in the early July issue of the *New York Native*. Amongst citing the developments of the epidemic, Kramer asks,

Can we afford to continue living under the tyranny of beauty and muscles and big tits and big dicks and clonedom and youth? Can we afford not to begin working hard toward eroticizing intelligence, kindness, responsibility, devotion, achievement, respect—skills and qualities that are far more sexy, far more lasting, and far more important for our survival than big pecs and biceps and a washboard stomach?\(^{217}\)

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\(^{215}\) *Ibid*; 46.


This passage echoes much of what he satirises in *Faggots*, the capitalistic excess and consumer nature of gay life. On October 4th 1983 Kramer published “2,339 and Counting” in the *Village Voice*, a follow-up to his “1,112 and Counting” from six months earlier. With twice as many cases of AIDS, and a death toll of 945, Kramer again urges for more activism. He emphasises that AIDS is effecting ‘sexually active gay men’, to which he notes that ‘sexually active’ is defined as ‘having sex at least once’, and cites a nun in Haiti who had sex only once in her life and died of AIDS.\(^\text{218}\) Despite this he continues to emphasise the desire to see fellow gay men retreat from promiscuity.\(^\text{219}\) Condoms and other behavioural changes are never mentioned in any of Kramer’s writings, and instead, he is consistently concerned with political questions about gay men’s worth in a democracy, rather than with health promotion messaging. Health promotion messaging over the topic of ‘promiscuity’ however, would become a source of contention with his involvement with the GMHC, which I discuss below.

**The Normal Organisation: Grassroots Bureaucracy**

In late 1981 Kramer and other gay men formed the GMHC, the first organisation responding to AIDS. The focus was on educating

\(^{218}\) Whether or not this nun acquired HIV through another means is another question.

\(^{219}\) *Ibid*; 69-70.
medical staff and fundraising for research, as well as providing support for people living with AIDS. Kramer himself raised a number of controversial disputes in the organisation, and he eventually resigned by 1983. These tensions were dramatised in his play *The Normal Heart*, which although would not be produced and performed until 1985, provides an accessible summary of what happened with the GMHC, from Kramer’s point of view. The play follows an autobiographical trajectory of Ned Weeks (Kramer’s autobiographical counterpart, much like Fred Lemish from *Faggots*) from 1981 to 1984, and his involvement with the formation of the GMHC, although in the play the organisation is not named. The central tension in the text is with the initial impetus to respond to AIDS becoming obscured by internal politics in the organisation - Ned prefers an outspoken and public activism, while Bruce Niles (Based on Paul Popham), who is elected president of the organisation, takes a cautious and private approach. This is amplified by the fact that Niles was not publically ‘out’ about his homosexuality in his day job, and could potentially be fired. Two particular issues eventually lead to Ned resigning from the organisation; the first involving Ned being pressured by doctors to tell fellow gay men to stop having sex amidst the epidemic, and the second being Ned’s continuous stream

220 Altman, *AIDS in the Mind of America*, 84 – In the first year the organisation raised over $150,000, printed 300,000 health recommendation brochures and almost 100,000 copies of two newsletters and established a hot line to provide information and referrals to doctors.
221 I am not analysing the recent film version for the purposes of this essay.
of publications outside of the organisation about AIDS which differ to
the organisation’s imperatives and position statements.\textsuperscript{222} The
organisation is unwilling to “tell gay men how to live” and therefore
criticises Ned as being far too polemical and authoritative. \textit{The Normal
Heart} dramatises Kramer’s frustrations with the political milieu of gay
culture and AIDS - a Government that does not care about gay men,
and gay men who are too self-interested with sex to mobilise
‘properly’. Kramer therefore constructs gay men as both essentially
promiscuous, and as complicit in their own destruction, unwilling to
change despite the epidemic killing them. The problem with this
simplistic condemnation of gay men is that Kramer expects gay men
to change their behaviour and cultural values in a very short period
of time, and such social change is rarely, if ever, so quick and
absolute. Furthermore, the GMHC was inundated with providing
support and care for those dying of AIDS-related illnesses - services
that the Government should have been providing (see chapter two) -
and could not act as politically outspoken as Kramer would have
liked.

The other portion of the play follows Ned’s relationship with
Felix Turner, who is diagnosed with AIDS and eventually dies of
AIDS-related illnesses at the end of the play. Most iconically, on

\textsuperscript{222} Many of Kramer’s articles in \textit{Reports From the Holocaust: The Story of an AIDS Activist} state
very clearly that his views differ from the GMHC.
Felix’s deathbed, the doctor performs a mock marriage ceremony between Felix and Ned, before Felix dies. This moment could be read as the force of love countering sorrow and death, or more politically, as an assertion that monogamy is the ideal utopian vision for gay community.\(^2\) However, the fact that the ceremony is so haphazard and performed by a doctor could also be an attempt to satirise heteronormativity and the institution of marriage.\(^3\) Gove suggests that Felix’s sudden death after the ceremony presents, for Kramer, a kind of foreshadowing that monogamy is too late now that the epidemic has hit.\(^4\) All of these readings probably depend upon a person’s attitude towards Kramer, and whether or not he is considered to be a sex-negative self-hating homophobe, a brave AIDS activist, or somewhere in-between.

That such an exacting analysis of Kramer’s stance on promiscuity in his literary works is so difficult to find highlights the difficulty of asserting a universal sexual ethic. The simultaneous allure towards monogamy and the sexual adventure characterised by promiscuity produces a polarising obsession with the most extreme representations of either pursuit, in both their grandeur and their despair. The assumption that a specific sexual and/or romantic

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\(^3\) It is interesting to contrast this image with Kramer’s own marriage in a hospital while he himself is sick. The man he marries also turns out to be the man who Dinky Adams was based off of in *Faggots*. Kramer’s life always closely blends with his literature (or vice versa) - See *Larry Kramer in Love and Anger* (USA: Home Box Office, 2015), DVD.

configuration, by virtue of the value placed on it by a commitment to
tradition or a romanticised revolt against conformity, will somehow
bring a person happiness or purpose, obscures the person’s own
relation to these configurations. This does not, however, reduce the
debate to a matter of relativism, as Kramer also alludes to the
destructive force of a sexual ethic entwined with rampant
consumerism. Kramer is restrictive in his construction of promiscuity
only when it entails that gay men will treat one another as less than
human. This is especially important because the rest of the world was
unwilling to love gay men, and so if their very own community
taught them to exclude one another, how could they survive an
epidemic as deadly as AIDS? Kramer’s deployment of promiscuity is
never about sin, and only tangentially about disease. Instead, it is
about the capacity to love one another, and to rally together in order
to treat one another as full-fledged beings, rather than as a faceless
fuck or an inevitable AIDS-related death. In this way, Kramer’s
activism and literary work is beyond disease, and yet the importance
of his work can only be appreciated because of its impact on the
epidemic.
CONCLUSION

In this thesis I have argued that promiscuity is a vague concept that relies upon a series of metaphors, such as contagion, psychopathology, sinfulfulness, and consumerism, in order to function. It has been used to oppress various groups of people, and in particular, became widely understood to be an essential characteristic of gay identity in the history of (homo)sexuality. Given that AIDS was first linked to sex—especially homoerotic sex—it immediately became contained within discourses of promiscuity, gay rights, and homosexuality. The emergence of ‘risk groups’ for AIDS, including gay men, conflated behaviour with identity, and further entrenched the metaphorical relationship between contagion and promiscuity. With the speculation that AIDS was transmitted by bodily fluids exchanged through particular sexual acts, activists Richard Berkowitz and Michael Callen were able to untangle the relation between gay sex and disease, while espousing a new sexual ethic that emphasised mechanical changes to sex and the communal value of ‘responsibility’. Promiscuity itself also became understood by some gay men to be a feature of consumer culture rather than a characteristic of gay men in and of themselves. In this way, promiscuity was essentialised because of the material and cultural changes to gay communities in urban centres following gay liberation.
in the 1970’s. It is this tangent of gay community that Larry Kramer critiqued, even before the AIDS epidemic. His concern was that gay men could not possibly learn to love one another when they were too busy objectifying each other’s bodies. Furthermore, in the face of an epidemic in a political climate where the Government did not care if gay men lived or died, this could have marked the end of gay community.226

HIV/AIDS has been, and continues to be one of the most globally controversial and challenging diseases of the last century. First and foremost, this is because HIV is transmitted through some of human society’s most vulnerable and culturally significant means – childbirth, breastfeeding, injecting drug usage, and sexual contact. Since these activities are variously taboo, criminal, medical, sacred, primal, and/or personal, the cultural discourse generated is almost always complex, multi-layered, and fragile. Successful prevention and management of HIV has required nation-states to not only accept the existence of HIV, and acknowledge the disease burden it has caused in their jurisdiction, but also to actively and openly discuss and evaluate cultural attitudes towards healthcare access, sex, gender, and sexuality, the treatment of those who inject both licit and illicit substances, and sex worker industries. This thesis has contributed in a small way to understanding the history of ideas concerning

226 Kramer, Reports From the Holocaust: The Story of an AIDS Activist, 33.
HIV/AIDS, disease, sex and sexuality, and gay men, and the metaphors generated in these contexts.

There are numerous trajectories of research that could follow from this thesis. Of interest to me would be to investigate how (and if) ‘promiscuity’ has been retained as a regulatory concept within gay men to the present. While the medical and scientific literature has certainly shifted from the vague conception of ‘promiscuity’ to more somatic accounts of sexual behaviour, the idea of ‘risk groups’ continue to exist in many areas of HIV prevention. There is a constant mental effort that must be made to separate identity and behaviour, although this seems to be a feature of every epidemiological conception of ‘risk’. The significant shifts in HIV/AIDS prevention, management, and treatment have had enormous impacts on the way that people living with HIV and those ‘at risk’ for HIV negotiate their lives, including sex. These shifts include: the availability of HIV antibody/antigen testing and the negotiation of sex with the awareness of a person’s positive or negative HIV status; the gradual transformation of HIV from a ‘death sentence’ to a ‘chronic, manageable illness’ in geopolitical spaces with healthcare access following the availability of Protease Inhibitors in 1996 and increasingly effective medications; the discovery that successful treatment for a person living with HIV, while not completely
eradicating the virus, renders their infectivity as negligible, generating the concept of ‘undetectable viral load’ (UVL/UDVL) or ‘treatment as prevention’ (TasP); and the use of medication by HIV-negative persons in order to significantly reduce their risk of acquiring HIV before or after exposure – ‘pre-exposure prophylaxis’ (PrEP) and ‘post-exposure prophylaxis’ (PEP). The cultural mores and metaphors generated by such a field of technology, disease, and sex are powerful and generative, and it is difficult to predict how the future boundaries of pleasure and disease prevention will converge, contest, and copulate.

Metaphors are contagious; they ignite the imagination, implicate unseen cultural mythologies, and impact upon the way we relate to one another. Their effect can be so ‘real’ that they appear to be essential, universal, and absolute, and even when pointing out their potential constructedness, they continue to operate. Sontag’s attempt in *Illness as Metaphor* was to “calm the imagination, not to incite it”; because she was convinced that the metaphors and myths applied to particular illnesses are dangerous.227 Metaphors of AIDS discriminate against those living with HIV/AIDS, those who are construed as being ‘at risk’ for HIV, and generate unfounded beliefs about how HIV is transmitted. Metaphors of promiscuity trick us into thinking that certain sexual configurations - despite pleasure and

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consent - are somehow dangerous or shameful. It has been the goal of this thesis to calm the imagination of metaphors concerning AIDS and promiscuity in gay men, and to call into question the relations between these signifiers.


“Antibodies to a Retrovirus Etiologically Associated with Acquired Immunodeficiency Syndrome


Corum, Joshua O. "What Do You Mean I'm a Slut?!?" Deconstructing *The Definitions of Promiscuity Of The Collective Conscience Using*


http://www.oed.com

“Promiscuity, n.” http://www.oed.com

“Monogamy, n.” http://www.oed.com


