

HIV/AIDS IN AMERICAN THEATRE: QUEERNESS, SPATIO-
TEMPORALITIES, AND EMANCIPATION

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TEMPORALITIES, AND EMANCIPATION

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DECLARATION OF ORIGINALITY

I, Çağdaş Özerk Duman, certify that

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ABSTRACT

HIV/AIDS in American Theatre: Queerness, Spatio-Temporalities, and Emancipation

This thesis examines American HIV/AIDS theater in the context of time and space. Drawing mainly from queer approaches to time and space, it explores the plays of Paula Vogel's *The Baltimore Waltz* (1990), Cheryl L. West's *Before It Hits Home* (1990), and Harry Kondoleon's *Zero Positive* (1989), respectively. This study, first and foremost, aims to discover overlooked queer politics and spatio-temporal potentialities embedded in these plays. Torsten Graff suggests that queer theory, especially textually, neglects drama. It would not be wrong to say that, apart from some canonized plays, the potentials of HIV/AIDS theater have been overlooked by queer criticism. For that reason, this study aims to awaken these ostensibly dormant queer potentialities as well as to enhance their (re)visitability. Also catalyzed by Erving Goffman's influential study on "Stigma," and offering a concept of the "spatio-temporal stigma," this study shows how this normative duress exacerbates the extant stigma on queer and black PLHIV. Ultimately, it also argues that theatre intervenes such oppressions, providing a liberating alternative spatio-temporality, and thus, heralding a resistant transformation.

ÖZET

Amerikan Tiyatrosu'nda HIV/AIDS:

Queerlik, Zaman ve Mekansallıklar, ve Özgürleşme

Bu tez, Amerikan HIV/AIDS tiyatrosunu zamansallık ve mekansallık bağlamında inceler. Bu çalışma, başta queer teori olmak üzere, zaman ve mekan mefhumlarına olan çeşitli yaklaşımlardan faydalanarak Harry Kondoleon'un *Zero Positive* (1989), Cheryl L. West'in *Before It Hits Home* (1990), ve Paula Vogel'in *The Baltimore Waltz* (1990) isimli oyunlarını inceler. Bu oyunlar ile varılan ilk husus, göz ardı edilmiş queer politikaları ve zaman ve mekansal potansiyelleri keşfetmektir. Torsten Graff queer teorisinin, dramayı—özellikle metinsel boyutta—ihmal ettiğini belirtir. Belirli oyunlar hariç HIV/AIDS tiyatrosunun da potansiyellerinin gerek queer teori gerekse edebi kanon tarafından göz ardı edildiğini söylememiz yanlış olmaz. Bu yüzden bu çalışma öncelikle bu oyunlardaki uyku halindeki queer potansiyelleri uyandırmayı ve bu metinlerin tekrar ziyaret edilebilirliğini arttırmayı planlar. Erving Goffman'ın “Damga” kavramından da yola çıkarak, “zamansal ve mekansal damgalama” olarak öne sürdüğüm normatif baskının bilhassa HIV ile yaşayan queer ve siyah bireyler üzerindeki süregelen damgayı daha da kuvvetlendirdiğinin ve ek baskılar oluşturduğunun altını çizer. En nihayetinde ise, bu çalışma tiyatronun özgürleştirici bir müdahalede bulunduğunu ve böylece alternatif bir zaman ve mekan anlayışı sağlayarak direngen bir dönüşümü muştuladığının savunur.

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*I can no other answer make but thanks,
And thanks, and ever thanks.*

(William Shakespeare, *Twelfth Night*)

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I would like to dedicate this thesis to my grandmother and grandfather who always believed in me and supported me. My grandfather died last year in winter during my master’s study at Boğaziçi. I am sure there are traces of your infectious

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CHAPTER 1

INTRODUCTION

“Considering its spatial and temporal dimensions, its structure of relays and delays, no human being is ever safe from AIDS.”

—Jacques Derrida, “The Rhetoric of Drugs: An Interview”

“Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.”

—Susan Sontag, *Illness as Metaphor*

In this thesis I investigate American HIV/AIDS Theatre by prioritizing the concepts of time and space. My specific choice of plays will be Harry Kondoleon’s *Zero Positive* (1989), Cheryl L. West’s *Before It Hits Home* (1990), and Paula Vogel’s *The Baltimore Waltz* (1990). I will examine the relation between the HIV/AIDS stigma and the spatio-temporal coordinates of normative heterosexuality, seeking to find queer theatrical possibilities in the plays of Kondoleon, West, and Vogel. My aim is to reveal how spatio-temporal normativities structure, if not strengthen, the discourse of HIV/AIDS. These plays, along with a considerable number of other, lesser-known HIV/AIDS plays, are rife with queer potentialities, full of queer politics that need to be examined in light of queer criticism, and in this project’s case, specifically with regards to their spatio-temporalities. Both textual analysis and a consideration of the functions of theater will help me underpin my argument. Throughout this research, I will put forward numerous arguments: at the height of the HIV/AIDS crisis, heteronormative conditions and/or constraints allowed only certain people to claim spatio-temporal continuity with mainstream public life. Queer

PLHIV (People Living with HIV/AIDS) were rendered non-temporal and non-spatial, and thus completely suspended in certain imagined times and spaces. The plays that I am going to examine reclaim the non-temporal and non-spatial statuses of queer PLHIV. The characters in these plays create fissures in normative spatio-temporality, demonstrating ideological, sexual, and racial resistances to hegemonic spatio-temporal constraints. Drawing on the work of José Esteban Muñoz and Jill Dolan, I will also argue, in my conclusion, that HIV/AIDS theatre can be remedial and utopian. Theater can help queer PLHIV to synchronize and ensconce without heteronormative constraints. Theater can function as a gateway to new worlds, a “world-making,” that is always already secluded from normative spatio-temporal constraints in its counterpublicity, accommodating utopic and emancipatory potentials for queer and minoritarian PLHIV. In contexts where there are no social or public spaces to occupy, and all spaces are predominantly set for “the general public,” and where the normative constructions of time privilege the future, thus casting the shadow of an imminent death in its imagination for the queer PLHIV for whom the present is nothing but a “hollow” moribund reality, as Muñoz suggests, theatrical time and space can provide an unencumbered, liberating potentiality.

If the discourse of the HIV/AIDS epidemic has consistently rendered queers neglected and non-existent, then, I would say, we should not only not neglect these plays but also frequently turn back to them for further analysis, further explorations and further remembrance and repetition in light of extant and flourishing queer criticism. I want to offer a rethinking of the canon of HIV/AIDS plays, not only the plays of my choice, but also other dramatic texts that emerged during the first and second-generation of playwriting (1984-1993) that characterized this canon.

American HIV/AIDS theater’s memory of this period has been dominated by widely-

celebrated plays such as Larry Kramer's *The Normal Heart* (1985), William M. Hoffman *As Is* (1985), and Tony Kushner's *Angels in America: A Gay Fantasia on National Themes* (1992-3). The plays that have been left out by canonicity have remained as marginal remnants of a once-important era. My proposition, basically, is to enhance these plays' visibility and to claim their potential (re)visitability. As Jack Halberstam, drawing on Michel Foucault, exhorts in *The Queer Art of Failure*, we need to "untrain ourselves so that we can read the struggles and debates back into questions that seem settled and resolved" (Halberstam, 2011, p. 11). Or, as Elizabeth Freeman admonishes in *Time Binds: Queer Temporalities, Queer Histories*, this project is a close reading of the past for "resistant moment[s], and to look "askance at the norm[s]" of canonicity as well (Freeman, 2010, p. xvi-xvii).

With these reconsiderations in mind, this revival, of course, should not only prioritize plays written by white gay male playwrights; this banality needs to be questioned as well, along with their relationship to other literary loci such as poetry, the novel, and non-fiction. When compared to other non-canonized and experimental and variegated HIV/AIDS plays, my choices might also appear canonical. However, I have chosen these plays for their aptness for a study that focuses on queer spatio-temporal possibilities. In this project, I also encourage future students and/or researchers who share a similar purpose with me to do their best to look beyond tenuous canonicity and to question books' (as textual spatio-temporalities) ostensible outmodedness. If "literature is a health," as Gilles Deleuze remarks, then perhaps we should tirelessly search for the cure amongst texts (Deleuze, 1998 p. Iv).

Torsten Graff aptly reminds us that "queer theory is characterized by a profound neglect of drama," and adds that "[t]he discussion of drama is either left in the hands of critics perpetuating anachronistic paradigms, or, in the context of gay

and lesbian communities, has been relegated to newspapers' art sections. Since theatre critics exclusively focus on performances, the text itself seems irretrievably lost" (Graff, 2001, p. 11-12). Graff, criticizing queer theory's "silence with regard to drama," calls for a wholesome textual analysis of queer dramas in light of queer theory, since he believes these plays, "cannot be understood without queer theory" (Graff, 2001, p. 23). Although Graff's admonitory reminder in his article "Gay Drama / Queer Performance" was published in 2001, his remarks continue to be valid even in 2020. Surely, there are a number of performance reviews of HIV/AIDS plays from the 1980s to the 1990s, but there have been few academic accounts.¹ I'm not suggesting that these performance reviews are not insightful and/or that they are insignificant but rather that these reviews significantly overlooked the context of the dramatic text. My goal in this study is to combine the focus on the dramatic text with its significance as performance, thus taking a closer look at performance/theater's spatio-temporal possibilities.

1.1 An overview of the HIV/AIDS epidemic in the United States

Although representations of the HIV/AIDS Epidemic in the United States have changed from the early 1980s to the contemporary period, there have nonetheless been continuities in terms of patterns of stigmatization. In 1981 the U.S. Center for Disease Control (CDC) published a report in which the descriptions of rare infections (*Pneumocystis carinii*), and Kaposi's sarcoma were featured (Whiteside, 2011, p. 1). Initially, because it is mostly seen among gay men, it was believed to be a "gay men's disease" (Whiteside, 2011, p. 3), and referred to as the "gay cancer" (Whiteside, 2011, p. 105). As such, in 1982, it is named as Gay-related Immune

¹ Joanna Mansbridge's monograph *Paula Vogel* (2014), which features an insightful analysis of Vogel's *The Baltimore Waltz*, is an important exception.

Deficiency (GRID) (Veronika, 2013, p. 20), suffusing the stigma on gay people. By 1982, the disease's name changed to Acquired Immune Deficiency Syndrome (AIDS) (Veronika, 2013, p. 23), which suggested that homosexual men were not the only group that was affected (Reilly, 2009, p. 363). It became apparent that AIDS was also seen in other groups, such as "hemophiliacs, blood transfusion recipients, and intravenous drug users (IDUs)" (Whiteside, 2011, p. 1), and "Haitian immigrants" (Reilly, 2009, p. 363).

Resistant discourses appeared as early as 1983. One of the most conspicuous reactions to dominant representations of HIV/AIDS was authored by activist and playwright Larry Kramer. Kramer published an enraged essay titled "1,121, and Counting" on the governmental negligence of sick gay people as well as the stagnant scientific research that blatantly stalled the development of medical interventions (Shilts, 2011, p. 509-10). The following year, researchers identified a retrovirus, the Human Immunodeficiency Virus (HIV) as the cause of AIDS (Veronika, 2013, p. 30-1). The discursive approach to people living with HIV/AIDS (PLHIV) began to change around this time, and the term "AIDS victims" slowly gave way to "people with AIDS" in 1987 after PLHIV, at the "March on Washington for Lesbian and Gay Rights," announced that "they are people *living* with AIDS" (Grover, 1987, p. 26). Regarding the word victim, Grover also writes that the word "reduces him or her to a foredoomed conclusion, an end point, a single final word," whereas the other phrase "reveals the life, the activity, the continued and not to be forgotten existence of those who *now* have AIDS and demand our attention" (Grover, 1987, p. 29). Despite these positive developments, however, it was around this time that gay people, seen as the paradigmatic disease-spreaders and potential threats, began to be "fired from their jobs, evicted from their homes, ejected from public spaces," and completely pushed

to the margins of society in the name of the sanitization of the public sphere and the securitization of the general public (Seidman, 1998, p. 52).

In the mid and late 80s, there were medical, governmental, academic and artistic advancements and responses. The U.S. Food and Drug Administration (FDA), for instance, approved the first commercial blood test, Enzyme-Linked Immunosorbent Assay (ELISA), for the detection of HIV and the first international HIV/AIDS Conference was held in Atlanta, Georgia (Oppenheimer, 1992, p. 70). Larry Kramer's *The Normal Heart* and William M. Hoffman's *As Is* were performed as well, two of the first plays that dealt with the HIV/AIDS epidemic (Pearl, 2013, p. 112). Moreover, President Ronald Reagan spoke publicly about AIDS for the first time in September 1985, almost five years from its outset (Grover, 1987 p. 23). This, as Grover suggests, was because "the Administration did not perceive AIDS as a problem" (Grover, 1987 p. 23). Reagan's belated address, indeed, indicated that PLHIV were intentionally left in a temporal abeyance. This, I believe, is extremely important, since it showed that HIV/AIDS was purposefully allowed to disproportionately impact marginalized and vulnerable communities. As Randy Shilts writes, in 1985, "12,000 Americans were already dead or dying of AIDS" while "hundreds of thousands more were infected with the virus that caused the disease" (Shilts, 2011, p. 21).

The virulent stigma under which PLHIV would come to be ostracized were laid bare by a number of occurrences over the course of the 1980s. The Pentagon, for instance, implemented HIV/AIDS testing for their military recruits and decided to reject people who were seropositive (Keller, 1985). Further, queer spaces across the country, which were gay bathhouses, gay bars and clubs, continued to face the threat of closure by public health officials due to their supposed impurity and high-risk

state (Grover, 1987 p. 28). Also, quite a few American people became proponents of quarantining PLHIV according to a Los Angeles Times poll (Balzar, 1985). Ryan White, an American teenager who became a public figure, was banned from his school because he was living with HIV (Veronika, 2013, p. 37).

A turning point came in 1985 when Rock Hudson, the famous American actor, announced his seropositive status, thus becoming the first major figure to do so publicly (Treichler, 1999, p. 73). Hudson's death attracted much publicity and made HIV/AIDS visible in an unprecedented way. Eminent queer poet Edmund White states that the never-before-seen publicity around AIDS was broken with the death of Rock Hudson which, in the words of White, "had the effect of bringing AIDS out of the closet (White, interviewed by E. Landau, May 25, 2011). With Hudson's death the mainstream media's reticence and negligence about the issue ceased. The general public felt suddenly threatened after the revelation of Hudson's—a seemingly healthy heterosexual public figure—status (Meyer, 1991). The case revealed that the idea of the safe heterofamilial home, an image that was central to the movies that had brought Hudson the stardom he enjoyed was non-existent. It showed that HIV makes no exceptions to the heterosexual families. In that sense, Hudson's declaration also disproved heterofamilial temporality, exposing its spurious synchronicity. Home and family are two of the most striking mechanisms of oppression in the discourse of HIV/AIDS and as I will show in the upcoming chapters, all of these three plays problematize the idealized notions of space and time that are associated with the heterosexual home and family.

There were valuable structural and cultural developments in the late 1980s. In 1987, ACT UP (the AIDS Coalition to Unleash Power) was founded by Larry Kramer in New York City (Crimp, 2004, p. 144). ACT UP was (and still is) one of

the most prominent and effective group of health activists whose efficient protests are still influential to this day. Also, the World Health Organization (WHO), supported by the United Nations, declared the 1st of December to be World AIDS Day (Veronika, 2013, p. 43). When CDC reports showed that AIDS affected African-Americans disproportionately (Cohen, 1999, p. 95), the first steps towards establishing the National Minority AIDS Council were taken (Cohen, 1999, p. 110).

It was around this time that the FDA approved azidothymidine (AZT), the first antiretroviral drug to be used as a treatment for HIV/AIDS (Veronika, 2013, p. 40). AZT was, however, expensive and failed to reach poor and vulnerable citizens. Additionally, it involved painful side effects and a burdensome regimen (Garfield, 1993). The inaccessibility and acute side effects of AZT signaled the beginning of a broader problem of medical unresponsiveness, a problem that all three plays will feature in their depiction of medical power and futile hope. The same year, in 1987, there were mandatory AIDS testing for immigrants (Bordowitz, 1987, p. 185), and implemented a travel ban on immigrants who were living with HIV (Miller, 2009). This development from a national to an international strategy showed that HIV/AIDS was becoming a global issue and this betokened that race would play an important role in policy-making. As I will demonstrate, in *The Baltimore Waltz*—though not a play about immigrant PLHIV—Paula Vogel covertly mocks this ban. Journalist Randy Shilts' bestseller *And the Band Played On: Politics, People, and the AIDS Epidemic* was published in 1987, and provided an account of the early years of HIV/AIDS (Grover, 1987 22).

Throughout the 1990s, the public visibility of HIV/AIDS was fundamentally enhanced, since well-known public figures died of HIV/AIDS and/or ARC (AIDS-Related Complex). As such, cultural responses and representations, too, began to

escalate. Nevertheless, the bias of the general public and its concomitant stigma were still part of the discourse of HIV/AIDS despite these broadening cultural representations (Treichler, 1999, p. 325).

The mid-1990s witnessed to the emergence of new treatments, decline in some cases and, most importantly, a surge of HIV/AIDS occurrences in the African-American community, becoming a “disease of people of color” (Cohen, 1999, p. 21). In 1995, as Cohen notes “the proportion of those classified with AIDS who were black (40 percent) was for the first time equal to the proportion of those classified with AIDS who were white (40 percent)” (Cohen, 1999, p. 21). And in 1996, African-Americans displayed greater percentages of infections of “HIV than all other racial and ethnic groups combined” (Cohen, 1999, p. 23). Washington, too, in her sweeping account on black medical history *Medical Apartheid*, writes, “a sea change had taken place [...and by the mid 1990s] HIV affected a much larger percentage of blacks than whites, that it had become the chief killer of young African Americans, and that most children with HIV were black and/or Hispanic” (Washington, 2006, p. 332). Washington also notes that many black people “[didn’t] get tested for STDs and AIDS,” because they “[saw] such programs as monolithic institutions that grew out of Tuskegee experiments” (Washington, 2006, p. 338). These dynamics, which further emphasize the imbrication of racial stigma and prejudice with the HIV/AIDS stigma for ethnic minorities, will be demonstrated in detail in Chapter 3. By the turn of the century, AIDS was still one of the biggest causes of death in especially South Africa (Whiteside, 2008, p. 109). Indeed, it was an alarming global problem at the turn of the century.

In the twentieth century, AIDS had become no longer merely a national concern, but an international one. President Bill Clinton, in 2000, announced

HIV/AIDS as a threat to U.S. national security (HIV.gov, 2020). In 2001, UNAIDS (the Joint United Nations Programme on HIV/AIDS) reported that HIV/AIDS was still the number one cause of death in sub-Saharan Africa (HIV.gov, 2020). In 2009, Barack Obama lifted the long-standing ban on HIV-positive immigrants which, up until this point, had inhibited them from entering the USA (Miller, 2009). The FDA approved PrEP (pre-exposure prophylaxis) in 2012 (HIV.gov, 2020). PrEP reduces the risk of getting HIV when exposed to the virus. It has remained as an efficient preventive method and was able to prevent the infection by up to 90 percent or more (Myhre & Sifris, 2020). In 2014, amfAR (The Foundation for AIDS Research) announced a research initiative “Countdown to a Cure for AIDS” and was planning to find an efficient cure for HIV/AIDS by 2020 (HIV.gov, 2020). Today the vast majority of people who are living with HIV/AIDS are predominantly located in low-income countries Sub-Saharan Africa still remains the most acutely affected region with a population of almost 68% PLHIV (Avert, 2020).

Since the outset of the HIV/AIDS epidemic, over 70 million people have been infected and almost 32 million people have died of AIDS-related illnesses (Avert, 2020). Currently, HIV/AIDS remains as a treatable chronic disease (World Health Organization, 2018). Nevertheless, the disease itself continues to be as ravaging as the stigmas that have surrounded it. Certain cultural, racial, and homophobic stigmas are still valid and prevalent. HIV/AIDS is still permitted to disproportionately impact marginalized and vulnerable communities who are denied fundamental health care necessities even today; their lives matter less, often deemed as unlivable and expendable (World Health Organization, 2018).

As this brief overview demonstrates, the spatio-temporal stigmatization of PLHIV, was embedded in the historical development of HIV/AIDS in the United

States. They were deep-rooted in these state-sanctioned regulations, implementing sexual, racial and medical impossibilities for the sake of supposedly synchronous and safe heterofamilial family and home, while stalling queers and queer PLHIV.

1.2 American HIV/AIDS theatre

During the 1980s, the rampaging epidemic wreaked havoc on the gay community, leaving them with countless losses and traumas. Theatre and performance were among the prominent artistic media that responded to the epidemic, including photography, choreography, painting, visual art, and film-making. Theatre, however, achieved perhaps more than the other cultural mediums that represented HIV/AIDS. Not only did theatre problematize the HIV/AIDS discourse and showcase how it sustained the stigma on queer and black PLHIV, its unique co-presence, affective immediacy and resistive potentiality directly contributed to the era's cultural activism. When analyzing theatrical/performative responses to HIV/AIDS theater, it would be apt to turn to David Román who shows how theater helped propel activism. Providing an overview of the earliest HIV/AIDS drama, he writes that the “[p]roductions of these plays often helped launch local AIDS service organizations throughout the United States. Early AIDS plays, like early AIDS activism, were directly linked with lesbian and gay politics and the lesbian and gay theaters that emerged after Stonewall” (Román, 1998, p. 54-5).² HIV/AIDS theater brought forth

² Román, as to the particular plays and playwrights, writes “The first plays to address AIDS include *One*, Jeff Hagedorn’s one-person drama produced by Chicago’s Lionheart Theater in 1983; Warren, Rebecca Ranson’s multicharacter play, produced by Atlanta’s Seven Stages Theatre in 1984; and *The A.I.D.S. Show*, a collaborative production at San Francisco’s Theatre Rhinoceros in 1984. *One* and *Warren* were both produced as AIDS fund-raisers, education campaigns, and memorials. [...] The first plays produced in New York City were *Night Sweat* by Robert Chesley and *Fever of Unknown Origin* by Steven Holt. Both these plays, however, failed to galvanize New Yorkers. It was not until 1985, with the premieres of William Hoffman’s *As Is* and Larry Kramer’s *The Normal Heart*, that AIDS theater crossover into the mainstream [...] Gay playwrights such as Harry Kondoleon, David Greenspan, Scott McPherson, Terrence McNally, Harvey Fierstein, and Craig Lucas were among the first dramatists to address AIDS in their work. Solo performers and performance groups such as

radical and variegated perspectives to the stage. Robert Chesley's *Night Sweat*, first performed in 1984, was the first full-length play about the impact of HIV/AIDS on the queer community, as well as the first American AIDS play produced on a theatrical stage. (Nelson, 2003, p. 75). Chesley's interruption challenged the "rising anti-sex rhetoric," as Rebecca Gavrila puts forward (Gavrila, 2013, p. 1222), by depicting gay sex, but was ultimately considered too radical to achieve mainstream recognition.

The first plays to attract mainstream attention were Larry Kramer's semi-autobiographical play *The Normal Heart* (1985), and William M. Hoffman's *As Is* (1985). Both were published and staged in the thick of the epidemic, the first one dealing with the impact of the expanding HIV/AIDS epidemic and the stigmatizing/marginalizing politics visited upon the gay community and the latter, with a gay couple who are on the verge of a break-up when one of them finds out that he is seropositive. Like these two plays, Tony Kushner's highly political epic play in two parts, *Angels in America: A Gay Fantasia on National Themes*, canonized by theatre history as well, became a mainstay of HIV/AIDS theatre. Premiered in 1996, *Rent* is also quite renowned and highly recognized. It is a rock musical with music and lyrics which are written by Jonathan Larson and recounts the story of a cohort of impoverished and struggling young artists in the midst of the HIV/AIDS epidemic. Other canonized plays include Harvey Fierstein's *Safe Sex* (1987), Paul Rudnick's *Jeffrey* (1993), and Terrence McNally's *Love! Valour! Compassion!* (1995).

Charles Ludlam and the Ridiculous Theatre, Michael Kearns, Ron Vawter, Luis Alfaro, Tim Miller, Pomo Afro Homos, and David Drake had also begun to explicitly discuss and reference AIDS, many as early as the mid-1980s. The proliferation of AIDS performance in the late 1980s also included plays and other productions by women. Paula Vogel, Diamanda Galas, Cheryl West, and Sarah Schulman were among the first women playwrights and performers to join Rebecca Ranson and write about AIDS" (Román, 1998, p. 54-5).

The function of these art works involved coming to terms with the pain and the loss engendered by the epidemic. These artistic responses were commiserative acts, responses, indeed, responsible action/ignitions of mourning. Nevertheless, theatrical responses showed key divergences in terms of form. Therese Jones, in her introduction to the anthology *Sharing the Delirium: Second Generation AIDS Plays and Performances*, differentiates what she refers to as first-generation HIV/AIDS plays from the second-generation of plays (Jones, 1994, p. x). For example, the first-generation of HIV/AIDS plays and performances, as Jones points out, were “traditional in form, sentimental in tone, and assimilationist in aim” (Jones, 1994, p. x). Despite its cyclical ending and striking juxtapositions, Cheryl L. West’s play, *Before It Hits Home*, belongs to this first-generation. It deals squarely with the repercussion of the disease within the black community, is rife with political undertones, and is conspicuously awareness-arousing as well as bombastically sentimental. According to Jones, the second-generation plays and performances “represent a radical shift in theatrical representations of AIDS, no longer an event to be comprehended but a reality to be accommodated [...] Unlike first generation plays, humor is not incidental but essential in second generation theatre, an entire spectrum of comedic drama: satire, farce, romance, slapstick, and burlesque ” (Jones, 1994, p. x-xi). Paula Vogel’s *The Baltimore Waltz* and Harry Kondoelon’s *Zero Positive* belong to this second-generation of HIV/AIDS plays, as their portrayal of the epidemic is deliberately subtle and playful, full of covert ironies, using fantastical elements and adding intertextual dimensions recurrently and sarcastically.

What can be added to the discussion of the first and second-generation HIV/AIDS plays is that even these generational differences are constituted through certain mainstream and majoritarian principles. To be more specific, I have found

Vogel and Kondoleon's plays by way of two anthologies, *The Way We Live Now: American Plays and the AIDS Crisis* and *Sharing the Delirium: Second Generation AIDS Plays and Performances*. As Sandoval-Sánchez contends, these plays posit the gay white experience as "the dominant paradigm," adding that theater of HIV/AIDS, for this reason, has the danger of becoming "a theater of exclusion" (Alberto Sandoval-Sánchez, 1999, p. 129). Sandoval-Sánchez questions this anthologized canon and criticizes the fact that these plays are devoid of women and people of color. Rife with radical black and queer politics, meanwhile, Cheryl L. West's *Before it Hits Home* interrupts this continuity. Kondoleon, in *Zero Positive*, also portrays a non-white HIV-positive woman, thus showing an ethnic diversity in the presence of the predominantly white male characters of HIV/AIDS theater. Yet this HIV-positive character, named Samantha, is specified as: "She is attractive, perhaps black or Oriental and Hispanic" (Kondoleon, 1993, p. 210). As this nebulous and somewhat careless stage direction indicates, Kondoleon's play, unlike West's, does not really formulate an effective racial politics of being a minoritarian woman with HIV. Samantha is an important character, yet appears to have been added for the sake of diversity.

In considering these three texts in relation to one another, my aim is to display similar thematical concerns, such as the institution of family, the problematization of home, and medical control. I find it particularly useful to bring these plays together mainly because they help flesh out notions of time and space. While acknowledging oppressive "spatio-temporal stigmas," which I will elaborate on a little later, they also offer queer alternatives. Importantly, despite their generational differences, spatio-temporal stigmas, I would argue, are resolutely prevalent in all three plays. At the same time, these plays also finds ways to resist

these stigmas through their unique theatrical interventions, namely, West's juxtaposition, Vogel's defamiliarization, and Kondoleon's metatheatricality. West uses juxtaposition, that is, she intertwines different scenes with which she de-emphasizes the spatio-temporal stigmas of HIV/AIDS, annulling racial and sexual ostracizations. Vogel's use of defamiliarization, the derailing of the audiences' traditional expectations and perceptions, helps her to disrupt linear temporal coordinations, supposedly safe familial spaces, and even the experience of HIV/AIDS. Finally, Kondoleon uses metatheatricality, accentuating theatre's unreality by implementing a play-within-a-play, which not only conveys a comedic allegorical commentary on the reality of HIV/AIDS, but also turns the clinic into a hospitable space, finding potential cures as opposed to depicting the dire reality. Furthermore, Paula A. Treichler, in her influential book *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*, argues that HIV/AIDS is "an epidemic of meanings or signification" (Treichler, 1999, p. 11). For Treichler AIDS "is constructed through language and in particular through discourses of medicine and science," adding that "the name AIDS in part constructs the disease and helps make it intelligible" (Treichler, 1999, p. 11). Treichler draws attention to a linguistic stigma with which HIV/AIDS discourse is sustained. These three playwrights deliberately try to abstain from this linguistic stigma. Kondoleon suggests that his play is not about AIDS. As such, he neither uses the word HIV nor AIDS, in fact, he changes the medical jargon "seropositive," to "zeropositive." Vogel, similarly, never uses the word AIDS, but fabricates a mock-disease (ATD or Acquired Toilet Disease) to defamiliarize AIDS, thus transcending the linguistic stigma. And West approaches HIV/AIDS in an elliptic fashion. That is, AIDS is not named initially, the play's protagonist is "dying of some disease" instead (West, 1990, p. 52). In doing

so, West, too, annuls this linguistic stigma. She does that because the black community is impacted in a fundamentally different way by HIV/AIDS than the white community. In West's play, AIDS is just another disease and chain of processes of pathologization that maintain racial discrimination; in other words, AIDS is a white disease.

Theatrical/performative "interventions" assist people in unloading their emotional distress during times when the established laws and rules imagine and actualize nothing but mere devastation for PLHIV. Román posits HIV/AIDS theatre as an "intervention" through which our "understanding and experience of AIDS" is shaped and in turn, contributes to shaping "the ideological formation of AIDS," with which "activists, artists, people with AIDS united to revise the cultural psyche that sustains AIDS. The theater remains a viable site for these deliberations and interventions" (Román, 1998, xiii; 72). In terms of the general style and content of the American HIV/AIDS theatre, Therese Jones notes:

The theater of AIDS can be situated within the tradition of Greek drama, as it is driven by similar civic concerns and shaped by similar artistic forms. AIDS theater can also be examined within the tradition of American social drama which includes the plays of Elmer Rice, Clifford Odets, and Arthur Miller, as well as that of American political drama, represented by street and guerrilla theater and feminist and queer performance art. Finally, it can be approached as the ongoing elaboration of gay identity and community as manifested in American drama since the late 1960s. (Jones, 1998, p. 725)

Indeed, HIV/AIDS theater did not introduce queerness to the American stage, it built on existing traditions and perhaps even helped highlight its past. In this regard, indeed, it accommodated similar civic, social, political concerns and carried these a step further by linking them to the emerging human rights concerns that accompanied the advent of HIV. These qualities, I believe, strengthen the (re)visitability of HIV/AIDS theater as they problematize a vehement social crisis whose repercussions are still internationally valid and controversial. Moreover,

HIV/AIDS theater also inevitably functions as a communal act to raise awareness and to augment monetary assistance for further research and just treatment. It also functions to educate the general public since the impact of HIV/AIDS on the gay community, specifically during its initial couple of years, wasn't featured in cultural discourses, but almost always suppressed by certain AIDS-phobic discourses. These discourses are also questioned by HIV/AIDS theater because this theater had a political propulsion in its creation; it is a resistant medium where, as Alisa Solomon remarks, "queerness can't help but thrive" (Solomon, 2002, p. 19). What also cropped up in the midst of virulent shame and stigma was the urgency to create something, to resist and express rage by way of artistic media while facing vehemently life-occluding stigmatizations. There was this type of urgency, this type of "theatrical rage," in the words of Judith Butler, which was embedded in the theatre of HIV/AIDS:

To the extent that shame is produced as the stigma not only of AIDS, but also of queerness, where the latter is understood through homophobic causalities as the "cause" and "manifestation" of the illness, theatrical rage is part of the public resistance to that interpellation of shame. Mobilised by the injuries of homophobia, theatrical rage reiterates those injures precisely through an "acting out," one that does not merely repeat or recite those injuries, but that also deploys a hyperbolic display of death and injury to overwhelm the epistemic resistance to AIDS. (Butler, 1993, p. 233)

"Theatrical rage" is one of the most crucial impetuses behind HIV/AIDS theatre.

And, as I will demonstrate, West, Kondoleon and Vogel, all in their unique ways, offer a "theatrical rage" against spatio-temporal constraints, homophobic as well as AIDS-phobic persecutions.

Likewise, bell hooks, in her article "Performance Practice as a Site of Opposition," underlines the importance of "radicalism in contemporary black performance" (hooks, 1995, p. 219). She contends that African-American performance practices are crucial, since they pave the way for the decolonization of

the “minds and imaginations” of audiences (hooks, 1995, p. 213). I believe West’s play has this kind of radical edge. She lays bare a topic which is an unspoken agenda within the black community. She also destabilizes the idea of home, making it tenuous and discomforted. West also sheds light on historical traumas sustained through temporal stigmas. She “reclaim[s] subjugated knowledge and historical memory,” especially via the maladjusted character Wendal, thus putting into practice a “collective black political self-recovery” (hooks, 1995, p. 220). Not surprisingly, West dedicates this play to “those who have to hide and those who refuse to” (West, 1990, p. 3).

1.3 Queer approaches to normative spatio-temporalities

Time and space are crucial concepts through which to think about both heteronormativity and the possibilities of queer theater. Time and space are two crucial *modus operandi* of heteronormativity. That is to say, they structure the ideal image of the healthy, heterosexual, white, that is, good citizen. Barbara Adam, in her book *Timewatch: The Social Analysis of Time*, argues that “clock time is finite,” since it “excludes becoming” (Adam, 1995, p. 52). She draws attention to the fact that “clock time” allows certain spatio-temporalizations, while rendering others stagnant, not allowed to “become,” but locked in. Clock time indicates “the institutional structures and practices of Western-style education work to socialize, habituate and train” (Adam, 1995, p. 7). Indeed, it is the capitalistic time that “constraint[s], discipline[s], control[s] and structure[s]” (Adam, 1995, p. 6). Adam also, and very importantly, criticizes the association of certain diseases with the “pervasive feeling of time running out, with the speeded-up pace of living, and with the pressure of getting things done in time,” and bases these associations on a “clock-

time conception of finite time” (Adam, 1995, p. 53). Adam, for this reason, contends that “health [...] is not identifiable by the harmonious orchestration of the rhythms of our biological and social being but also with reference to how we relate to the times of the world around us, our identity, and the past, present, and future” (Adam, 1995, p. 53). Adam implies alternative ways of temporalization that are dependent on the position of the observer.

Adam’s points are helpful in understanding how alternative and/or queer temporalizations occur. In the homophobic discourse of HIV/AIDS, we encounter a similar mindset by which queer and minoritarian PLHIV are temporally ostracized. For instance, the normative dictum deems gay lives as lived in the fast lane. The idea of a fast-lane life points to a supposedly dangerous, hectic life which is purportedly different than the lives of the majority, that is the general heterosexual public’s safe, measured life in the slow and ordered lane. These supposedly dangerous, hectic lives are thus kept out of the normative temporal order in which the slow-lane life denizens solely temporalize. This particular slow-lane life leaves no time for the ostensibly death-ridden, careless queers. It thus renders them as people who are living on borrowed time. Adam’s arguments can be thought along with what Elizabeth Freeman, in *Time Binds: Queer Temporalities, Queer Histories*, refers to as “chrononormativity,” in other words, “the use of time to organize individual human bodies toward maximum productivity” (Freeman, 2010, p. 3). The embedded necessity of productivity and organization relates to heteropatriarchal capitalism, which requires an organized chronological obedience, and hence, certain gendered distributions of work and teleological goals. Chrononormative arrangements such as “marriage, accumulation of health, and wealth for the future, reproduction, childrearing and death,” are allowed temporalized realities against which queer and

minoritarian PLHIV are rendered as unsuccessful, unfruitful, untenable, immature and unfitting (Freeman, 2010, p. 4).

Recent developments in queer theory have prioritized notions of time and space, particularly as they relate to heteronormative representations of life span development and futurity. This spatio-temporal turn in queer theory offers alternative ways of conceptualizing time and space, being at war with their habitual codifications. Jack Halberstam, in *In a Queer Time and Place: Transgender Bodies, Subcultural Lives*, argues that “[q]ueer uses of time and space develop [...] in opposition to the institution of family, heterosexuality, and reproduction,” adding that they “develop according to other logics of location, movement and identification” (Halberstam, 2005, p. 1). Queer time, Halberstam asserts, “perhaps emerges most spectacularly at the end of the twentieth century, from within those gay communities whose horizons of possibility have been severely diminished by the AIDS epidemic” (Halberstam, 2005, p. 2). As such, Halberstam continues, queer time denotes a break from the “paradigmatic markers of life experience—namely, birth, marriage, reproduction, and death” (Halberstam, 2005, p. 2). The temporal linearity Halberstam criticizes is addressed by José Esteban Muñoz as well in his book *Cruising Utopia: The Then and There of Queer Futurity*, in which he proposes the notion of “straight time,” which is “the only futurity promised is that of reproductive majoritarian heterosexuality” (Muñoz, 2009, p. 22). “Straight time,” he underlines, “naturalizes cultural logics such as capitalism and heteronormativity” (Muñoz, 2009, p. 12). Lee Edelman, too, problematizes the idea of the future in *No Future: The Future is Kid Stuff*, where he criticizes the “political discourse” that resolutely depends on the inimitable “figure of the child” (Edelman, 2004, p. 11). This anticipates what he refers to as, “reproductive futurism” which according to

Edelman prioritizes “the absolute privilege of heteronormativity” by correlating the future with (hetero)reproduction (Edelman, 2004, p. 2). Edelman in this critique of the “constraining mandate of futurism” (Edelman, 2004, p. 4) offers a radical “disidentification from the promise of futurity” (Edelman, 2004, p. 27).

The sustenance of white superiority, too, is consolidated through temporal structures and normativities. Frantz Fanon, decades before the advent of the HIV/AIDS epidemic, writes in his seminal book *Black Skin, White Masks*, that “the architecture of [his] work is rooted in the temporal,” and admonishes that “every human problem must be considered from the standpoint of time” (Fanon, 1986, p. 5). Fanon promises himself not to “undertake to prepare the world that will come later,” and that he “belongs irreducibly to his time” (Fanon, 1986, p. 6). For Fanon, both immediacy, and timeliness are bestowed to white personhood and in this debilitating order Fanon stresses the importance of belonging to “his time,” the taken and/or suspended now by the white. This is why he castigates “the white world,” that “bar[s] [him] from all participation” (Fanon, 1986, p. 86). These blocked participations, I believe, also point at spatio-temporal ones. Cathy J. Cohen, three decades later, in her influential book *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, underlines the marginalization of African-American communities during the HIV/AIDS epidemic and how the idea of the normal (as a barrier) is constructed: “[T]he construction of what is normal evolves over time, usually endorsing the dominant characteristics and experiences of whiteness, maleness, heterosexuality, and class privilege” (Cohen, 1999, p. 39). This evolution involves the temporal sustenance of the colonial past, an historical subjugation through which spatio-temporal stigmas are purposefully set for the black community. These stigmas are to be distributed in the HIV/AIDS epidemic as well. Its

disproportionate impact on the black community is, thus, further consolidated in the discourse of HIV/AIDS, as Cohen accentuates.

Heteronormativity is similarly propagated and recurrently legitimized through space. Foucault draws attention to space's connection to power, saying that space is "fundamental in any exercise of power" (Foucault, 1984 p. 252). Similarly, Sara Ahmed elaborates on how heterosexuality spatially normalizes itself. Ahmed writes that "[h]eterosexuality in a way becomes a field, a space that gives ground to, or even grounds, heterosexual action through the renunciation of what it is not, and also by the production of what it is" (Ahmed, 2006, p. 558). This, as Ahmed suggests, ossifies heterosexuality as normal, pinpointing and immediately sacralizing certain spaces, objects and practices as normative and thus "creat[ing] a background" (Ahmed, 2006, p. 558). Mortimer-Sandilands and Erickson, similarly, write that homosexuality's supposed abnormality is also legitimized through "the heterosexist spatiality of cities and urban spaces" (Mortimer-Sandilands & Erickson, 2010, p. 19). Mortimer-Sandilands also suggests that "many modern formations of natural space – including parks and other designated nature spaces – are organized by prevalent assumptions about sexuality, and especially a move to *institutionalize* heterosexuality by linking it to particular environmental practices" (Mortimer-Sandilands, 2005). The outside and inside, then, are definitively conceptualized as well as actualized for the good citizen, in other words the heterosexual. These regulative attempts only allow pseudo-normal and natural spatializations.

What is more, HIV/AIDS discourse also renders the queer body as an uninhabitable space. Jan Zita Grover, as to the risk groups, writes that the concept is used "to isolate and condemn people rather to contact and protect them" (Grover, 1987, p. 27). Grover's definition is helpful because risk groups are, then,

imagined groups who purportedly live in unsafe spaces in which unclean practices take place. The concept is open to this kind of simple yet sinister othering. In that sense, non-heterosexual practices and spaces are perceived as the other spaces in which other (diseased) bodies live. One cannot help but remember what Deleuze & Guattari assert: “the first organ to suffer privatization, removal from the social field, was the anus” (Deleuze & Guattari, 1983, p. 143). Guy Hocquengham attributes the privatization of the anus to the fixation of phallic power. The anus belongs to “the most secret depth of [...] a person” as opposed to the “phallus which guarantees [...] a social role;” the anus, indeed, is “excluded from the social field” (Hocquengham, 1993, p. 97, 103).

Queer spaces point to alternative productions of space where normative practices and regulations are interrupted. According to Halberstam queer spaces gesture toward “the new understandings of space enabled by the production of queer counterpublics” (Halberstam, 2005, p. 6). Diane Chisholm, as to the queer space, also writes that it “demarcates a practice, production, and performance of space beyond just the mere habitation of built and fixed structures,” (Chisholm, 2004, p. 10) and as Ingram, Bouthillette and Retter specify queer spaces are an “expanding set of queer sites that function to destabilize heteronormative relations” (Ingram; Bouthillette, Retter, 1997, p. 449). They also propose the idea of “queerscape,” with which they refer to “a physical landscape that harbours queer sites and queer space, where resistance to heteronormative constraints and a diversity of homoerotic relations intensify, cumulatively, over time.” (Ingram; Bouthillette, Retter, 1997, p. 449) The queer body, too can be thought of, indubitably, as a queer space since it destigmatizes the rectum as the loci of viral production and propagation. The rectum, indeed as Leo Bersani famously states, is “the grave of phallic power” (Bersani,

2011, p. 107). In that sense, as Jonathan Goldberg contends, the anus is “unassimilable to normativizing politics” (Goldman, 1994, p. 14). It is outside of the Oedipal normalization of the body as a space and can be radically recalibrated as “the grave of the phallic power.”

Racial discriminations are also propagated through the imposition and reimposition of white-oriented spatial normativities. Fanon tells his experience about the cruel reality of feeling unable to spatialize within the white world without stigmatization and trivialization:

I occupied space. I moved toward the other . . . and the evanescent other, hostile but not opaque, transparent, not there, disappeared. Nausea. . . . I was responsible at the same time for my body, for my race, for my ancestors. I subjected myself to an objective examination, I discovered my blackness, my ethnic characteristics; and I was battered down by tom-toms, cannibalism, intellectual deficiency, fetishism, racial defects, slave-ships [...] (Fanon, 1986, p. 84-5)

Perhaps it is possible to put forward a useful concept proposed by Treva Ellison here. Ellison suggests that there are “carceral geographies,” in other words, spaces that are “appropriated for domination and control,” produced spaces through which “racial differentiation is cohered” (Ellison, 2016, p. 326, 339). Ellison’s concept, I believe, is akin to what Fanon stresses while also adding another layer to the spatial discrimination of the black body, especially in the context of HIV/AIDS. That is, “carceral geographies,” in the context of HIV/AIDS, are irreducibly white and unwelcoming social spaces, pathologizing hospital spaces, and, of course, the imagined black body as a space with its supposed impurity, unintelligibility, *evanescence*, *hostility*, *opaque*, and the list goes on.

Spatial processes of rendering black bodies as inferior, indeed, are magnified with HIV/AIDS. As Cohen writes, black queers and queer PLHIV “faced a dual process of secondary marginalization—one originating within black communities

and the other rooted within white lesbian and gay institutions and space” (Cohen, 1999, p. 94) Alongside intracommunal blockage, then, the white gay community’s “failure to make connections with other oppressions, with other spaces of disempowerment” also push black queer PLHIV to the margins (Hemphill [in Duberman’s text], 2014, p. 212).). In West’s *Before It Hits Home*, it is also the home, an ostensibly safe space, that fails to be a hospitable space for black queer PLHIV. Martin Duberman elaborates on what home and the idea of going back to its safe famililal zone mean to black queer PLHIV as follows:

[B]lack gay men desperately ill with AIDS who more than anything had wanted to return to their families of origin to be taken care of and to die, but whose families had been unable or unwilling to take them in. Learning, often for the first time, of their son’s sexuality and illness, some of these families expressed their shock and grief as “shame and anger” and had disowned “their own flesh and blood, denying dying men the love and support that friends often provided as extended family. (Duberman, 2014, p. 211)

This is exactly what West emphasizes in *Before it Hits Home*. Wendal, the play’s protagonist, returns home after having been diagnosed with HIV. Yet, the home to which he returns is neither safe nor habitable. Understanding Wendal’s heterogeneous struggles in the face of oppression, therefore, requires an intersectional approach. As Kimberlé Crenshaw propounds, acknowledging intersectionality helps us lay bare “the need to account for multiple grounds of identity when considering how the social world is constructed” (Crenshaw, 1991, p. 1245). If we want to ascertain the complex systems of oppressions in these plays, then we need to approach them with intersectionality in mind. It is only if we take this kind of stance that we can understand how oppressive mechanisms such as heteropatriarchy, homophobia, racism, and sexism create and perpetuate the HIV/AIDS discourse.

Cohen writes that “if there is any truly radical potential to be found in the idea of queerness and the practice of queer politics, it would seem to be located in its ability to create a space in opposition to dominant norms, a space where transformational political work can begin” (Cohen, 1997, p. 438). This potential, as I will demonstrate in Chapter 3, is found and activated in/through theater.

1.4 The homosexual and black continuum, the spatio-temporal stigma, and theatre

In many ways, HIV/AIDS discourses are the culmination of the spatio-temporal pathologization of queer and black bodies. Jonathan Goldberg, in *Reclaiming Sodom*, elaborating on what lies beneath the normative imaginations of HIV/AIDS, asserts that the “sodomitical imaginary has become imbricated with the pandemic of AIDS” (Goldberg, 1994, p. 12). In the same vein, Lee Edelman suggests that “the homophobic response to the demands for gay social and political equality, long *before* the phenomenon of “AIDS,” was predicated on the historic equation of homosexuality with the unnatural, irrational and the diseased” (Edelman, 1994, p. 86). Goldberg and Edelman emphasize that the ever-present homophobic cathexis centralizes itself in the discourse of HIV/AIDS, thus the already existent historical sediment of the dehumanization, irrationalization, and pathologization of the queer body is aggravated by the advent of the HIV/AIDS epidemic. In other words, the normative imagination/contention posits that queers are inherently sick, as if, as Steven Seidman points out, there is “an intrinsic tie between homosexuality and AIDS” (Seidman, 1988, p. 190). This is the reason why it was first diagnosed as gay-related immune deficiency (GRID), which, again, points at the signified condition of

the disease within which queers, echoing Foucault, were imagined as a different “species” with different spatio-temporalizations.

This accumulation of “terrible historical accident[s],” as David Halperin puts it, associates death with the life of queers, relegating them to the margins of time and space, which boils down to a life-in-death (Halperin, 2012, p. 80). And as Ellin Hanson remarks, “notions of death have [always] been at the heart of nearly every historical construction of same-sex desire,” underlining the entrenched normative consensus on queer people (Hanson, 1991, p. 324). The pioneering French queer theorist Guy Hocquengham, in his groundbreaking *Homosexual Desire*, also contends that “the only acceptable form of homosexual temporality is that which is directed towards the past, to the Greeks or Sodom” (Hocquengham, 1993, p. 107-8). In mainstream HIV/AIDS discourse, queer PLHIV are perceived from these viewpoints. The idea of a temporal stigma points at a homophobic continuum that comes to a climax with the construction of HIV/AIDS, which, according to Jonathan Goldberg, is “the latest episode in the persecution of sodomites” (Goldberg, 1993, p. 26).

Analogously, the idea of a temporal stigma also points at a black continuum. To Washington, this is “a peculiar type of injustice in health: the troubled history of medical experimentation with African Americans” (Washington, 2006 p. 5). As she writes, “no other group as deeply mistrusts the American medical system, especially medical research” as African-American people (Washington, 2006, p. 5), and importantly adds, “the experimental exploitation of African Americans is not an issue of the last decade or even the past few decades. Dangerous, involuntary, and nontherapeutic experimentation upon African Americans has been practiced widely and documented extensively at least since the eighteenth century” (Washington,

2006, p. 7). Taking these into consideration, again, it can be said that the experience of HIV/AIDS is the latest episode of a continuous historical sequence of oppression. I will demonstrate how this distrust and temporal stigma is informed by the long-standing “experimental abuse” of black people in my analysis of West’s *Before It Hits Home* in Chapter 3 (Washington, 2006, p. 8).

Sociologist Erving Goffman, in his seminal study *Stigma: Notes on the Management of Spoiled Identity*, writes that a stigmatized identity characterizes “an undesired differentness” (Goffman, 1963, p. 5). Considering this along with the discourse of HIV/AIDS, PLHIV appear as that “undesired differentness.” As such, they are pushed to the margins of normative spatio-temporalities. Goffman also contends that stigma is:

concerned with the issue of “mixed contact”—the moments when stigmatized and normal are in the same “social situation,” that is, in one other’s immediate physical presence [...] The very anticipation of such contacts can of course lead normal and the stigmatized to arrange life so as to avoid them. Presumably this will have larger consequences for the stigmatized, since more arranging will usually be necessary on their part” (Goffman, 1963, p. 12)

The avoidance Goffman puts forward, in the discourse of HIV/AIDS, is sustained through spatio-temporal “arrangements.” Building on Goffman’s formulation of stigma, I propose the concept of the “spatio-temporal stigma” in my analysis of *The Baltimore Waltz*, *Before It Hits Home*, and *Zero Positive*. Here, spatio-temporal stigmas refer to the systematic prolongation of normative spatio-temporalities in the control of non-normative people and spatio-temporal others, such as queer and black PLHIV. The goal of the following chapters is to demonstrate theatre’s ability to create counter arrangements of spatio-temporality, effectively queering time and space. The plays I have chosen, as I will demonstrate, are simmering with queer politics. It is possible to flesh out these neglected queer potentialities through,

especially, the lens of the spatio-temporal turn in queer theory, but also other disciplines such as cultural studies, philosophy and sociology.

CHAPTER 2

PAULA VOGEL'S *THE BALTIMORE WALTZ*

“And no matter where I go
You’ll always be here in my heart
Here in my heart
Here in my heart”

—SOPHIE, “Immaterial”

“No family is safe
When I sashay”

—Perfume Genius, “Queen”

The Baltimore Waltz (1990), written by prominent American playwright Paula Vogel, is a mordant comedy about two American siblings, Anna and Carl. It portrays their dream-like journey to Europe which they embark upon after Carl is diagnosed with a fatal disease. In the play, however, it is his sister Anna who contracts the disease which is called ATD or “Acquired Toilet Disease.” Once she learns that it is deadly, the journey starts off and its main purpose, as it appears, is to find a cure for Anna’s ATD. As the ending of the play reveals, this journey is actually Anna’s fantastical story. She fabricates this journey to obviate her brother’s HIV/AIDS-related death; it helps her to come to terms with it. In that sense, the play itself stands as an ameliorative theatrical intervention as it is also a heavily sarcastic take on HIV/AIDS discourse. Vogel, through Anna, imagines herself as a love-embodying sister who experiences ATD (HIV/AIDS) on behalf of her brother Carl. Joanna Mansbridge observes that, in *TBW*³ “gender and sexuality are not fixed identities, but learned dispositions [...] and [Vogel’s] characters often challenge the social,

³ From this moment onwards I will use the abbreviation *TBW* in my references to the play.

historical, and theatrical conventions through which normative gender and sexuality establish their authority, even as they are also bound by them” (Mansbridge, 2014, p. 10). In addition to Mansbridge’s comments, I would argue that the spatio-temporal coordinates of *TBW* are also not fixed, but unrestricted. Vogel achieves this effect by texturing *TBW* with counter and/or queer spatio-temporal possibilities which point to alternative realities unencumbered by normative structures. Vogel’s theatrical formula gestures towards a queer spatio-temporality that is non-linear, flowing and allowing becomings. This theatrical strategy impedes any kind of spatio-temporal stigma, since Vogel mocks the normative fixations with spatio-temporal finitude with which PLHIV are regulated.

The play, as Vogel notes prior to the first act, is based on autobiographical events. It stemmed from Carl’s invitation of “a joint excursion to Europe” that never happened “due to *pressures of time* and money;” [italics mine] a journey that “exists only in the imagination” (Vogel, 1996). Vogel, in her dedication, notes that *TBW* is written in memory of her brother, Carl, “because [she] cannot sew” (Vogel, 1996). With this tongue-in-cheek comment, Vogel notes that her commemoration has taken the form of a tragicomic dramatic work in lieu of participating in the famous AIDS Memorial Quilt project that was begun in 1987. Written in 1989, the play is one of the first noticeable dramatic responses to the HIV/AIDS epidemic written by a woman “to receive a major production” (Román, 1992, p. 520). *The Baltimore Waltz* was first workshopped at the Perseverance Theatre in Douglas, Alaska under Molly D. Smith in October-November 1990 and was produced in February 1992 at the Circle Repertory Company in New York City under Tanya Berezin (Savran). As Savran comments the play is a “utopian fantasy” (Savran, 1996, p. XIV). Through the play, Vogel translates the loss of her brother into a public memorial for the

purpose of honoring him, celebrating their sibling love that overcomes, indeed, the *pressurizing* force of time and space.

In his introduction to the play, David Savran suggests that Vogel's plays presciently mirror the "queer politics of the 1990s" in their approach to gender roles, sexual identities, and the institution of the family (Savran, 1996, p. XIV). *TBW* indeed liberates the body, gender and sexuality from the normative positionality they are locked into, challenging the notion of a monotypic, standardized idea of gender and sexuality. I would also add and argue that *TBW* offers a queer understanding of time and space, debunking as well as mocking the normative spatio-temporal constraints that HIV/AIDS discourse obligates. It attacks the spatio-temporal control of PLHIV and it does so through various dramatic factors, such as reversal, juxtaposition and defamiliarization. Defamiliarization in particular, as Joanna Mansbridge notes, is heightened by Vogel's "camp sensibility," which is visible in *TBW* through the reversal of gender roles and unconventional deployment of time and space as opposed to linear spatio-temporal conventionalities that support HIV/AIDS-phobic normativities (Mansbridge, 2014, p. 15). This, surely, brings to mind Eve Kosofsky Sedgwick's approach to camp. Sedgwick suggests that camp plays with time, it "juxtapos[es] present with past," creating a "disorienting" effect (Sedgwick, 2003, p. 150). Likewise, Vogel's campy methods disorient time in *TBW*, helping her play with the prosaic binaries of "past and present [...] heterosexual and homosexual [...] fantasy and reality" (Mansbridge, 2019, p. 123). In fact, the play is fully functioning exactly because of its non-linear temporal structure, which constantly creates ruptures within linear time, jumping through past and present, making it flexible. Indeed, these interruptive theatrical methods cloud normativities. By doing so, the play goes beyond the immutability of spatio-temporal constraints.

Vogel “stops time,” finding continuity in discontinuity (Mansbridge, 2014, p. 162). She deludes, mocks, and thus de-emphasizes spatio-temporal boundaries’ restrictive mobility and fixity.

Ultimately, *TBW* is not defined and/or controlled by spatial-temporal constraints but always defies/queers them. It gestures toward atemporal and aspatial planes and it is with these gestures that *TBW* shuns spatio-temporal codifications. These codifications are elaborated in the introduction chapter of this thesis, yet the most conspicuous ones pertaining to *TBW* are in need of re-emphasis, such as Edelman’s “reproductive futurism,” in other words, the politicization and sanctification of the future in the name of the figure of the child. In a similar vein, the prioritization of the institution of family and the systematic decontextualization of the lives of queer people, the centralization of the idea of death (which is almost always associated with queers and queer PLHIV)⁴ as well as the normative notion of expendable queer lives are all part and parcel of heteronormative spatio-temporalities. All of these factors position PLHIV as threats, as non-entities who deserve to be dispossessed of *timely* and *spatially*-living [italics mine]. Vogel purposefully stays outside of these majoritarian spatio-temporal dictums. Her lateral theatrical formulation is unaffected as well as unhampered by the finitude and exactitude of spatio-temporal control. Anna and Carl’s alternative reality is not inhibited by normative spatio-temporal (dis)order. Vogel’s boundless theatrical chronotope surpasses these inhibitions. As such, it also creates spatio-temporal warps within the inhibiting borders of realistic theatre, activating spatio-temporal interstices that are already inherent in the spatio-temporality of theater. But what are these

⁴ Of course, this is compounded by the fact that queer lives are allegedly frivolous, and that HIV/AIDS is a poetic justice; a cherry on top. Queer people are living their lives in the fast lane, having uncontrollable and death-ridden lives, wasting their lives with deadly sexual practices enacted in morbid spaces.

inhibitions per se and how does the play deactivate them? In what ways does Vogel portrays the methods by which PLHIV are ostracized? What kind of counter-theatrical possibilities are offered by the playwright? These questions will be the mainstays of this chapter.

2.1 Infected spaces

The Baltimore Waltz, right off the bat, portrays how workspaces are spatially inhibitive for Anna and Carl. By so doing, Vogel lays bare the normative notion that workspaces are in need of sanitization from the potentially dangerous presence of queers and queer PLHIV. Prior to Anna and Carl setting off on their dreamy journey, Anna, worried, asks Carl a question about leaving his job and Carl's response is as follows:

ANNA: What about your job?

CARL: It's only a job. (Vogel, 1996, p. 14)

Carl works as a librarian in the North Branch of the San Francisco Public Library and his work requires interaction with children. He is recently informed by his supervisor that he will be dismissed from his job very soon because he wears a pink triangle on his lapel, a symbol of queer resistance especially used to call attention to HIV/AIDS in the 1980s with its emphasized motto "silence = death" (Vogel, 1996, p. 8). Carl's overt homosexuality seems to be the sole reason why he is pink-slipped from this job. The job makes him precarious, rendering him disqualified, inefficient and incapacitated, therefore, it has no importance to him. Anna, as well, is engulfed by a workspace that excludes her. She is a single schoolteacher who contracts ATD (Acquired Toiled Disease), a simply named mock-disease that satirizes the

complicated medical jargon of HIV/AIDS,⁵ from the toilet seats which are mostly used by her elementary students. As the Doctor, who is played by the play's enigmatic, all-encompassing character The Third Man, reveals, Anna contracts ATD because she is single, unlike her married colleagues who happen to develop "immunity" to the virus (Vogel, 1996, p. 11). Anna already seems hazardous due to her singledom and with the advent of her new status she is further stigmatized as the expendable one with the disease. The Doctor says that ATD is lately seen "in elementary schools," emphasizing that she might have contracted it through the restroom "in [her] classroom" which is mostly used by her students:

DOCTOR: You did use the facilities in your classroom? (*The Doctor makes notes from this*)

CARL: Is that a crime? When you've got to go, you've got to—

ANNA: I can't believe that my students would transmit something like this—

DOCTOR: You have no idea. Five year olds can be deadly. It seems to be an affliction, so far, of single schoolteachers. Schoolteachers with children of their own develop an immunity to ATD—Acquired Toilet Disease. (Vogel, 1996, p. 11)

Here, Vogel is mocking early AIDS-phobic discourse that focused on space. She de-emphasizes the stigmatized spatial significations of HIV/AIDS, showing that the myth of the sanctification of heterosexual marriage and its so-called hygienic space do not add up to families being immunized to ATD. Vogel covertly de-essentializes gay bathhouses and their spatial attributions. During the early years of the epidemic, gay cruising in restrooms were conceived as risky, and restrooms in general were deemed unhygienic spaces potentially harboring HIV, thus resulting in a spatial stigma. In *TBW* there are no cruising scenes per se, however, Vogel, by positing the toilets of elementary schools where ATD is originated from, de-essentializes the

⁵ Indeed, as Anna says, the medicalization of language further "terrifies" her (Vogel, p. 10). Here, perhaps, Vogel purposefully trivializes the ostracizing significations the word/concept AIDS conveys, making up a mock-disease (ATD) which is blatantly direct.

spatial ascriptions of HIV as well as public spaces in which queers sexually interact. As Vogel shows, everyone is in danger in this play. In fact, the disease might be coming from the families of Anna's students; it is transmitted from families to their children, and, perhaps, from children to Anna. As Mansbridge asserts, Vogel defamiliarizes AIDS "through the parodic humor and displacement of the causes, symptoms and group associated with the disease" (Mansbridge, 2014, p. 149). Additionally, by associating children with ATD, Vogel also engages with what Edelman calls "reproductive futurism," ridiculing the idea of a future which is overshadowed by the ever-present child figure. Here, the danger is normative heterosexuality's mandating and stigmatizing continuance, "the absolute privilege of heteronormativity" (Edelman, 2004, p.2).

2.2 Medical temporalities

Whereas the beginning of *The Baltimore Waltz* immediately introduces the spatial dimensions of AIDS-related homophobia, Vogel goes on to suggest that medical discourse and medical personnel in general are the vessel and purveyors of normative time and space. As such, Vogel, I would argue, mocks the medical control of time and space throughout the play. Before delving into Vogel's mockery of medicine I will first elaborate on the idea of medical spatio-temporal control. As I have shown in the Introduction Chapter of this thesis, medicine's spatio-temporal restraints, in the discourse of HIV/AIDS, are decisive. They formulate oppressive spatio-temporal dictums in the control of PLHIV to continually pathologize them. After Anna is diagnosed with ATD, her Doctor, referring to the disease, says that this "pestilence" needs to be publicized appropriately (Vogel, 1996, p. 11). His manifestation indeed reveals that HIV/AIDS needs to be manipulated through spatio-temporal

appropriations prior to its announcement. This means that there will be particular limitations as well as stigma and concomitant discriminatory practices, all of which are connected, in fact aggravated by medicalization. Some people will be deemed healthy while others are deemed sick.

Moreover, medicine's future-oriented, hope-giving state point towards the control of time. To give an example, The Public Health Official announces that ATD is the "82nd national health priority" (Vogel, 1996, p. 18). He adamantly stresses that there is no cure as of now "until a cure can be found," and lays down absurd rules that supposedly prevent the "single elementary schoolteachers" from contracting ATD (Vogel, 1996, p. 18). These rules and the fact that possible treatment is vaguely belated means the essentialized "single" schoolteachers will face no cure (Vogel, 1996, p. 18). Indeed, hope is nothing but a belated wishful thinking, a systematic method of stalling PLHIV. The fact that the Public Health Official perseveringly emphasizes the importance of "here" and "now" in his statement demonstrates how spatio-temporal constraints are deep-seated in the formulation of a policy as to the disease. "Here" and "now" unfailingly belongs to the non-single, single elementary teachers like Anna are the spatio-temporal others. Hence, the justified trivialization and prolonged neglect. When Carl, worried about his sister, asks the doctor:

CARL: Is there any hope at all?

DOCTOR: Well I suppose there's ... always hope.

CARL: Any experimental drugs? Treatments?

DOCTOR: [...] There is a long-shot avenue to explore, nothing you understand, that I personally endorse [...] (Vogel, 1996, p. 12)

Here, the doctor's elliptic response merely consists of elusive time references. It suggests that PLHIV should always hope for a better and healthier future while trusting doctors and medical practices, however, this future-oriented expectation not

only controls the present and makes it unlivable, but also amounts to a premature death.

Medical time perpetuates the temporal stigma on PLHIV. Doctors are obscurantists, prognoses are temporal limitations, medical stoppages are incomprehensible delaying tactics. Anna is unable to understand what is yet to come. She feels confused since her wellbeing is predicated on ambiguous future expectations, a falsifying stack of hope. She is “terrified” by the medical jargon (Vogel, 1996, p. 10) and arrested by “the false confidence of [her] prognosis” (Vogel, 1996, p. 26). As such, Anna, later in the play, realizes that the wait will not be “proportionate to the medical expertise,” which again emphasizes the fact that medical time is normativizing, using hope as a falsifying tactic (Vogel, 1996, p. 51). In this case what is “proportionate to the medical expertise” is a premature death of PLHIV who would maintain a futile hope for a better future while pinning their faith on medical projection for treatment.

In the play, the futility of so-called medical treatments is only aggravated by the compassionate conservatism of the Reagan-era (Domestic policy of the Ronald Reagan administration, n.d.). Vogel criticizes this emptied-out politicization of hope, which inscribes temporal constraints on the already stigmatized PLHIV. The prolonged absence of medical expertise manipulates hope, rendering it malleable at the hands of normative politics. Clearly, this ironic compassionate conduct helps normalize and centralize the delayed response, thus further bolstering the stigmatization and pathologization of PLHIV. In the play, these dynamics are both demonstrated and mocked through the figure of the heavily campy, à la drag queen German scientist Dr. Todesrocheln. *TBW* builds up towards the expectation of the arrival of Dr. Todesrocheln and his unorthodox treatments. This “eighty-year old

urologist,” who is praised and suggested by Anna’s doctor, has a clinic in Vienna (Vogel, 1996, p. 12). What also makes Dr. Todesrocheln interesting is that he deploys “uriposia,” the drinking of urine, as a cure (Vogel, 1996, p. 15). Once Anna and Carl arrive at his clinic, Dr. Todescrocheln’s miraculous cure is laid out by his own words as follows:

DOCTOR TODESROCHELN: We must have many more such specimens from you—the urinocryoscopy, the urionometer, the urinoglucosometer, the uroacidimeter, uraazometer, und mein new acquirement in der laboratorium—ein urophosphometer.

ANNA: My goodness.

DR. TODESROCHELN: Ja. Nowadays, we have learned to discover the uncharted mysteries of the fluids discharged through the urethra. We have been so primitive in the past. Doctors once could only analyze by taste and smell—but thanks to the advancement of medical science, there are no limits to our thirst for knowledge

ANNA: What can I hope to find out from these...specimens?

DR. TODESROCHELN: Ah, yes—the layman must have his due! [...] Let us look at the body as an alchemist, taking in straw and mud und schweinefleisch and processing into liquid gold which purifies the body. You might say that the sickness of the body can only be cured by the health of the body. To your health! (Vogel, 1996, p. 53)

As I have mentioned, in one of the previous scenes Anna somberly expresses that she is “terrified” by the medical language (Vogel, 1996, p. 10). While confusing, and yet Dr. Todescrocheln’s language is almost like a nursery rhyme, hard to utter and/or perceive which underlines the medical establishment’s unnecessarily complex method of approaching the issue. Here, Vogel unabashedly satirizes the controlled absence of “advanc[ed] medical science.” What is more preposterous is that this absence is systematically attached to the notion of a false hope which further stalls required treatments. However, in the words of Anna, the wait is never “proportionate to the medical expertise” (Vogel, 1996, p. 51). The temporal politics of prolonging a false hope—which is strengthened by the medicalized and purposefully justified eschewal of implementing necessary treatments—is what Vogel satirizes here. To make matters more ridiculous, Dr. Todescrocheln offers to treat the unwell body with

its own health. This weird perception comically suggests that the body, in and of itself, is sufficient to fight its malign interlopers without the medical intrusion. This comedic turn nullifies the (ab)use of medicine, and thus, impeding the spatio-temporal stigmas it obligates. That is to say, if Anna's body is able to retrieve itself through its own health, the medical intrusions will not be necessary at all. In that sense, Vogel's comedic approach can be seen as healthy. It reminds us that PLHIV are always locked in spatio-temporal stigmas but that it is possible to break these stigmas within the theatrical scene.

In a similar vein, subsequent to this scene, the demented Dr. Todesrocheln explains that his experimental treatments will only work if Anna gives "twenty-four hours of [her] time for a urononcometry" (55). This mock treatment points at how temporal necessities of medicalization harm rather than heal. The time reference, again, accentuates the futilely demanding temporal control of medicine. In *TBW*, medicine amounts to mediocrity, if not inefficiency. Hope and medical time are ridiculed by way of Dr. Todesrocheln's miraculous cure for ATD.

2.3 Decontextualizing beds

The play's spatial and temporal politics converge around the figure of the bed. The play's reversal of spatio-temporal appropriations is also questioned through the decontextualization of the bed as a definitive locus of PLHIV. Hospital beds are medically deemed to be the one and only space where PLHIV belong, but Vogel unshackles the bed's restrictions in *TBW*. She expands the capacities and constraints of the space on which PLHIV are expected/left to die. In doing so, she posits the bed as an entrance door to atemporal and aspatial realms for her brother, making it flexible. In the figure of the flexible bed, perhaps Vogel also implicitly criticizes the

infamous HIV/AIDS related travel restrictions. The regulations as to the PLHIV travelers have been quite problematic still to this day (UNAIDS, n.d.). Vogel's spatial appropriation resists this history, creating temporal and spatial possibilities that are then manifested through theatrical strategies.

The spatial appropriation of the bed stems from the division and/or regulation of it for Carl and Anna, two very intimate siblings. The shape-shiftingly enigmatic character "The Third Man" elaborates on how Carl and Anna's family separated their beds when they were children, which resulted in a somewhat bittersweet trauma. He notes:

THE THIRD MAN: The first separation—your first sense of loss. You were five; your brother was seven. Your parents would not let you sleep in the same bed anymore. They removed you to your own bedroom. You were too old, they said. But every now and then, when they turned off the lights and went downstairs—when the dark scared you—you would rise and go to him. And he would let you nuzzle under his arm, under the covers, where you would fall to sleep, breathing in the scent of your own breath and his seven-year-old body. (Vogel, 1996, p. 17)

The adjustment of the bedrooms along gender lines is named as their "first sense of loss". This moment of separation, indeed, is very crucial, since I believe Vogel is calling for a smooth interpellation to the normative spatio-temporality by this familial interruption. There is a gender-essential spatio-temporal anticipation as well as a set of rules embedded in this separation. The bed and/or bedroom emerges as a consummatory space par excellence. It is a valid space on condition that heterosexual consummation takes place. As such, it points at normative heterosexuality and its spatio-temporal normativizations. Vogel, I believe, (c)overly criticizes how this regulatory heteronormative interruption shadows Carl and Anna's sibling love.

In contrast, there are no spatial restrictions in the siblings' dream-journey. In fact, Vogel diligently deconstructs the normative spatial connotations of the bed,

reclaiming Anna and Carl's "first sense of loss" by celebrating their sibling love by positing Anna and Carl on the bed:

(Anna joins Carl in the bed. He holds her hand.)

ANNA: Well, there's one good thing about travelling in Europe...and about dying.

CARL: What's that?

ANNA: I get to sleep with you again. (Vogel, 1996, p. 17)

The power of sibling love is stronger than any normative spatio-temporal appropriations. Vogel deliberately imagines Anna and Carl together, finding ways to ameliorate their first separation through her theatrical interruption. Anna and Carl are always together, in this journey, "mak[ing] up for lost time," as Anna says (Vogel, 1996, p. 42). By the same token Carl manifests that he "just want[s] to spend time with [Anna]," and that "[they] should spend a little more time together" (Vogel, 1996, p. 42, 43). Undoubtedly, all of these time references, in other words, drawing attention to the insufficiency of time spent together, is the impetus behind Vogel's motive. This is about the retrievability of time. Stuck between the familial separation of the past and futuristic expectation of remedy, Vogel makes room for a dreamy present in which Anna and Carl can be together.

Additionally, there is also, I believe, an emphasized minoritarian sibling solidarity. Through the medium of Anna, Vogel underscores her own non-belonging to any gender-essential spatio-temporal appropriation as a gay woman. She repudiates the ingrained gender norms, rescinding the patriarchally complacent wish to be included in the normative spatio-temporal (dis)order, freeing herself from them. This is further exemplified through Anna's sexual escapades and conspicuous promiscuity during their European journey. Beds are no more a domestic place where ritual-like heterosexual consummation takes place in *TBW*. They are also the locales where promiscuity, especially gay promiscuity in the time HIV/AIDS is

celebrated. As it is well-known in the discourse of HIV/AIDS, PLHIV are shamed and stigmatized on account of their sexual promiscuity. This punitively sexphobic and homophobic claim accounts for why PLHIV are always deemed as immoral, reckless and faulty. Ultimately, such discourses are used to justify the absence of adequate treatment, ever-belated health care and spatio-temporal stigmas. Yet, as Douglas Crimp influentially calls for, promiscuity is vital and positive (Crimp, 1987). Crimp vindicates gay promiscuity during the HIV/AIDS epidemic against the prevailing monitoring discourse on gay promiscuity, purportedly, the reason of the spread of HIV/AIDS. Crimp advises us to reassess our frowned upon promiscuity, asking “why they insist that our promiscuity will destroy us when in fact it is our promiscuity that will save us” (Crimp, 1987, p. 253).

Anna’s hookups can be read in this light. Vogel unabashedly mocks the supposed recklessness of PLHIV by way of Anna’s celebrated escapades during their European journey as exemplified by a scene in Berlin:

ANNA: I’m going to enjoy Berlin without him. I’ll show him. I’m going to be carefree, totally without scruples. I’ll pretend I’ve never taught first-graders.

(Beat)

I’m going to have a perfectly miserable time. (Vogel, 1996, p. 44)

In the scene above Anna expresses that she will no longer act according to propriety. Vogel, here, criticizes the institutionalized sexual normativities that entail and maintain spatio-temporal stigmas. “Miserable time” indicates queer time. It gestures towards what normative notions designate as failing and miserable. Anna’s understanding of “miserable” winks at an uninterrupted time in which she celebrates promiscuity as a PLHIV. It is uninterrupted in the sense that its purpose is not contingent upon preconceived temporalizations (familiality, “reproductive futurism” and “straight time”), and spatializations (particular bodily and sexual practices in

particular places), but as a “revolutionary act” (Vogel, 1996, p. 45). Sex no longer is centralized according to spatio-temporal inscriptions. “Miserable time” is corporeal time, outside of the teleological, *normal* time that purports to be the opposite of miserable. This key scene is followed by Anna’s pillow talk with her partner, The Radical Student Activist. Here, again, Vogel underlines how the deployment of “miserable time,” is of crucial importance:

RADICAL STUDENT ACTIVIST: There is something radical in two complete strangers committing biological necessity without having to give into bourgeois conventions of love, without breeding the produce workers for a capitalist system, without the benediction of the church, the family, the bosses— (Vogel, 1996, p. 46)

The refusal of ideological state apparatuses renders the sexual activity more satisfying. It is evident that Vogel gravitates toward a temporality which is unhampered by what Elizabeth Freeman calls “chrononormativity, or the use of time to organize human bodies toward maximum productivity” (Freeman, 2009, p. 3). The activist disaffirms “reproductive futurity” and “straight time,” since these, as Vogel underlines, merely contribute to the strict temporal regimen, in other words, indeed, to the “capitalist system.” Anna’s engagement with radical sex and promiscuity, her “miserable time,” is outside of capitalistic temporal regulation. Anna practices a “bodily potentiality that neither capitalism nor heterosexuality can fully contain” (Freeman, 19, p. 19). Additionally, when the sex ends Anna also picks on traditional sex positions and devalues the Radical Student Activist’s pseudo-radicality: “And by the way—the missionary position does not a revolution make (Vogel, 1996, p. 46). The potentiality of imagining sex outside of normative spatio-temporal coordinates is chiefly heightened by means of Vogel’s theatrical interventions. By putting herself (Anna) as a proxy for Carl, Vogel simultaneously resists patriarchal norms along with homophobic and HIV/AIDS-phobic.

2.4 Theatrical interventions

As I have mentioned earlier, Vogel's theatrical interventions are substantial. The play takes place in a hospital room: "*The Baltimore Waltz takes place in a hospital lounge in Baltimore, Maryland*" (Vogel, 1996, p. 6). Yet, Anna and Carl set off on a European journey hovering between Baltimore and Europe. They roam through countless spaces (France, the Netherlands, Germany and their final destination, Vienna), unsettling the normative myth of the bedbound-ness of PLHIV. Whereas PLHIV are normatively imagined; on their deathbeds where deathwatches take place within the boundaries of a hospital, the uninhabitability of the hospital room and the restrictions of the bed are contrasted by Carl and Anna's intertemporal and interspatial leaps. There are scenes in *TBW* in which imbricated spatio-temporalities flow into each other. Vogel impedes the immutable spatio-temporal constraints of the hospital and hospitalization, that is to say, processes that oblige a spatio-temporal regimen as well as sustain its concomitant stigmas. For instance, in a scene where Anna and Garçon, one of her sexual partners, are having a boisterous sex, Carl, simultaneously walks through the Louvre and talking about a French painter:

CARL: Jean Baptiste Camille Corot lived from 1796 to 1875. Although he began his career by studying in the classical tradition, his later paintings reveal the influence of the Italian style.

ANNA: (*Muffled*): Ah! Yes!

GARÇON: (*Also muffled*): Ah! Oui!

CARL: He traveled extensively around the world, and in the salon of 1827 his privately lauded techniques were displayed in public.

ANNA: Yes—oh, yes, yes!

GARÇON: Mais oui! (Vogel, 1996, p. 22)

Towards the end of the scene Carl tells how it has been pleasing to see the paintings at the Louvre "in the flesh," to which Anna responds:

ANNA: Ah yes, in the flesh. (*She smiles at the confused Garçon*)

CARL: Well, sweetie. It's been a thoroughly rewarding day for both of us. I'm for turning in. How about you?

ANNA: Yes, I'm tired. Here—I've warmed the bed for you. (She throws back the sheet)
CARL: Garçon—I'm addition!
(*The Garçon takes a few steps out of the scene as Carl climbs into bed.*)
(Vogel, 1996, p. 25)

As the scene ends, Vogel creates a comic overlap by playing on the dual meanings of the French word garçon, signifying both an unnamed young man and a waiter. The scenes set in Germany similarly overlap the relationships between Carl, Anna and The Radical Student Activist. The stage direction notes: "In the hotel room. Anna, awake, lies in the middle of the bed. To her left, Carl sleeps, curled up. To her right, the Radical Student activist, curled up on her breast, slumbers. Anna is awake with an insomniacal desperation" (Vogel, 1996, p. 45).

These overlapping scenes not only induce hysterical and bittersweet laughter, but also function as, again, the bed's decontextualization. As soon as The Garçon leaves, Carl takes his place, but this does not happen unbeknownst to him, he is perfectly aware of the Garçon. In that sense, the bed, indeed, is unanimously acknowledged as a gateway opening to other spatio-temporalities. And, in the latter scene, the bed is perfectly crowded, neither resembling a hospital bed nor appearing as the locus of hegemonic heterosexuality. Vogel's radical publicization of the bed resembles what Lauren Berlant and Michael Warner assert as "the queer world," which is "a space of entrances, exits, unsystemized lines of acquaintance, projected horizons, typifying examples, alternate routes, blockages, incommensurate geographies" (Berlant & Warner, 1998, p. 558). Indeed, Vogel decontextualizes the hegemonic and medicalized control of the bed, rendering it with a multitude of possibilities and potentialities, opening a sense of belonging to "the queer world," in which spatio-temporal stigmas are nullified. This recalibrated configuration of the bed "support [s] forms of affective, erotic, and personal living that are public in the

sense of accessible, available to memory, and sustained through collective activity” (Berlant & Warner, 1998, p. 562).

Another, and more striking example of the decontextualizing of the hospital space would be the pivotal slide scene in which reality meshes with fantasy. Here, Vogel juxtaposes Anna and Carl’s imagined travel with the real view of the Johns Hopkins Hospital in Baltimore, Maryland. These scenes exemplify the play’s defamiliarizing deadlock, which decisively functions to demarcate reality from fantasy:

CARL: Well. Bonn’s as good a place to start as anywhere. This is the view from our snug little hotel we stayed in. The gateway to the Rhine, the birthplace of Beethoven and the resting place of Schumann.

(SLIDE: *The view of downtown Baltimore from the Ramada Inn near Johns Hopkins Hospital, overlooking the industrial harbor.*) (Vogel, 1996, p. 36)

ANNA: Looks a lot like Baltimore to me.

CARL: My sister jests. As you can see in the slide, one night we splurged and stayed in a rather dear inn near the Drachenfels Mountains, where Lord Byron had sported.

(SLIDE: *A close-up of the balcony railing looking into the Ramada Inn hotel room.*) (Vogel, 1996, p. 36)

Here, Vogel’s complex view of pseudo-real theatrical positionality makes the spectator of *TBW* struggle, fluctuating between reality and non-reality, between theatrical constraints and its utopian remediality. Regardless, Vogel’s theatrical defamiliarization victoriously disrupts our spatio-temporal familiarity. Carl’s tenacity is not matching Anna’s half-believing utopianism. Yet, she perseveres despite the heart-wrenching reality:

ANNA (*Deadpan*): This is the room I slept in while I stayed with my brother Carl. (Vogel, 1996, p. 36)

(SLIDE: *Gutted ruins of inner-city Baltimore near the Jones-Fall Expressway; rubble and obvious urban blight.*) (Vogel, 1996, p. 37)

From this scene onwards, the slides continue to constitute a stark contrast with the imagined Europe and eventually the scene segues into the dire hospital indoors from

vivacious trip that never happened. All of these magnificent places and loving moments are imagined from an institutionalized space:

CARL: Every cobblestoned street, every alleyway, was so pristine and clean.

(SLIDE: *The rowhouses on Monument Street.*)

(SLIDE: *A corridor of Johns Hopkins Hospital, outside the basement laboratories.*)

CARL: Wasn't it, Anna?

ANNA (*Deadpan*): Yes, sterile.

(SLIDE: *A hospital aide washing the floor.*) (Vogel, 1996, p. 38)

Anna and Carl—especially Carl since Anna's sense of non-referentiality loses itself as she gets closer to the point of realization—insistently refer back to these non-spaces and non-times. Vogel's unique theatrical juxtaposition works as an interruptive remedy. That is, she brings forth the dire reality so much so that, indeed, what we are left with, in the presence such catastrophic reality, she admonishes, must be better than reality; it is possible to carve out an ameliorative understanding of spatio-temporal potentiality.

The play's denouement establishes an even more challenging premise, heading towards aspatiality as well as atemporality, in other words an intransient theatricality, a theatrical potentiality that belongs to the interstices. The play underlines transience, and yet it never gives Anna and Carl the opportunity to live in this transient reality. Vogel posits Anna and Carl within the theatrical stage's never-ending spatio-temporality, larger than life and unassimilable. This, of course, can be seen as a response to the "dominant American theatre—realism" which is "identified as a deeply conservative genre that reaffirms dominant values by reproducing a seemingly stable and unchangeable playworld" (Mansbridge, 2014, p. 12). The reaffirmation of these "dominant values" also reaffirms preconceived theatrical spatio-temporalities. Yet, Vogel disrupts this in *TBW* by queering the realistic theatre's spatio-temporal positionality. The implementation of it allows Vogel to

destigmatize the spatio-temporal burdens associated with the PLHIV. In that sense, it also queers the spectator who, like Carl and Anna, would also be included by this infinitely remedial theatrical potentiality. It impedes the limitations of linearity, the supposedly dangerous and death-ridden future of PLHIV. This, indeed, defamiliarizes HIV/AIDS as well.

Anna sets eyes on “the brochures of Europe” on her brother’s bedside table, and admonishes herself to use “the past sense,” now that Carl is gone and their dream will not be actualized (Vogel, 1996, p. 57). The play ends in the hospital room, yes, but with a dream-like atmosphere in which Carl and Anna “waltz off as the lights dim” (Vogel, 1996, p. 57). In that sense, the ending heralds the complete abolishing of spatio-temporal control, laying bare the dream-like potentiality of sibling love.

2.5 Conclusion

Vogel “remake[s] the world” in *The Baltimore Waltz* as Mansbridge puts, ergo it moves towards a world which is queer (Mansbridge, 2014, 162). There are no agential power structures left operative in *TBW*, they are disrupted through Vogel’s theatrical spatio-temporality. Vogel’s theatrical subversion perpetually peels off the spatio-temporal stigma of HIV/AIDS. This move can be seen as a remedy, especially in the presence of futile medical science. Vogel provides a “remedial laughter” as Haas aptly contends by way of her, again, remedial theatrical imagination (Haas, 2013). Unsatisfied with the normative spatio-temporal finitude which implements stigma, Vogel, albeit theatrically, finds a cure for *ATD*. Anna and Carl remain free and unobstructed from spatio-temporal stigmas. *TBW* is a life-affirming world-making project, making us believe that carving out a better future is possible by way of theatre.

CHAPTER 3

CHERYL L. WEST'S *BEFORE IT HITS HOME*

“I am so tired of waiting,
Aren't you,
For the world to become good
And beautiful and kind?
Let us take a knife
And cut the world in two —
And see what worms are eating
At the rind.”

—Langston Hughes, “Tired”

Cheryl L. West's *Before It Hits Home* (1989) is the first full-length play to examine the destructive impact of the HIV/AIDS epidemic on the African-American community. It is also the first noticeable HIV/AIDS play written by an African-American woman (Sandoval-Sánchez, 1999, p. 131). The play was workshopped by the Seattle Group Theatre in collaboration with the Multicultural Playwrights' Festival in Seattle, Washington in 1989. It was produced by Second Stage Theatre in New York City in March 1992 and directed by Tazewell Thompson (West, 1993, p. 4-5). Cathy J. Cohen, in her groundbreaking work *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*, writes, “while the AIDS epidemic increasingly become[s] a disease of people of color, the literature, images and general representation of the disease stay predominantly white” (Cohen, 1997, p. 23). Rectifying the dearth that Cohen speaks of, West, in this crucial domestic drama, gives voice to an African American family and portrays their struggle with HIV/AIDS. West's endeavor is not only a political response to this mainstream silence but it also seeks to generate awareness of the silence of the African-American community with regards to the HIV/AIDS epidemic. The play revolves around a

closeted jazz musician, Wendal, who vacillates between his relationship with his fiancée Simone, and with another closeted black man, Douglass. As the oldest son of the Bailey family, Wendel, after being diagnosed with HIV/AIDS, decides to go back to his family home. When he reveals his status to his family, Wendal is confronted with the sad truth, which is his family's severe prejudgments and stigmatizing response to his seropositive status. He thus feels the extra burden of intrafamilial ostracization caused by his seropositive status as a black queer person. Frustrated with intracommunal as well as the ever-present external racial and sexual exclusions, he realizes that it is extremely hard when a black queer body is diagnosed with HIV/AIDS.

In this chapter, I will demonstrate that Wendal and his family are heavily traumatized due to the spatio-temporal stigmas experienced by African-American people in the United States, which become even more problematic with the advent of HIV/AIDS. The HIV/AIDS epidemic lays bare a trepidation and distrust, which, as I will try to demonstrate, leaves the home as the only safe place to emplace for black queer PLHIV. That is, the already present fear of losing one's living space under the the spatio-temporal duress aggravated by the white hegemony renders black bodies bereft of a safe space. Home, both ideologically but also literally, appears as the sole locale for the black bodies. Yet, in the absence of an efficient politics with which to redress the violence visited upon queer black bodies living with HIV/AIDS and the intracommunal stigma of HIV/AIDS within the African-American community, Wendal fails to emplace himself once he goes back home as well. He realizes that home only allows emplacement if one is ready to give into a compulsory heterofamilial order. Wendel's family home itself has its own spatio-temporal codes that are heavily shaped by heterofamilial norms, but before delving further into the

these norms and the other spatio-temporal constraints that Wendal and his family confront, as well as how certain queer potentialities, as I will argue, intervene within normativities in the context of the play and in West's theatrical approach, I first want to examine the title of the play, which signals some of the key issues that I am going to discuss throughout this chapter.

The title, *Before it Hits Home*, gestures toward the deification of "home," that is, the home is conceived as a safe place, it is the epicenter of intimate life. As such, it needs to be protected from the intrusion of HIV/AIDS at all costs. The supposed safety of the home is glorified with its heteropatriarchal codes within which the family is safely ensconced. Since the family, as a state-sanctioned institution, is the only valid way to emplace, the possibility of contamination puts the *sacred* family at risk [*italics mine*]. The supposed unsafety of PLHIV is devalued which, in the title, corresponds to the pronoun "it". "It" qualifies HIV/AIDS. It is also a metonymy, qualifying PLHIV, in this case, Wendal as a HIV-positive black queer. "It" also is an ironic representation of the dehumanization of black and queer HIV-positive bodies. The adverb, "before," as well, is very crucial, since it is a temporal caveat that points at the supposed coherence of the family preceding to the arrival of HIV/AIDS and/or PLHIV. Indeed, the verb "hits" is seismic since it unsettles the epicentricity of "home." Besides, "hitting home," idiomatically, means to be fully understood, indicating a realization. In this respect, it is a double entendre, and points at Wendal's own realization of the fact that home is not a safe option for black queer and seropositive bodies. West's play, through theatrical strategies, creates an alternative temporal and spatial regime to counter heteronormative spatio-temporality. Her use of juxtaposition in particular enables Wendal, a queer black body with PLHIV, to eschew the spatio-temporal stigmas. In the play, fragmented

realities are sustained through non-linear temporal structures and West is thus able to draw attention to the juxtaposition of different spatio-temporalities. Importantly, although *Before It Hits Home* draws on the conventions (and perhaps the constraints) of modern realism, West's juxtapositions achieve effects similar to Vogel's defamiliarizing strategies.

West dedicates this play "to those who have to hide and to those who refuse it" (West, 1993, p. 3). Spatio-temporal constraints are the reason for this hiding and the refusal takes place within and with this play. Theatrically, in other words, *Before it Hits Home*, is a political medium with which the unrepresented and misrepresented are represented, facilitating queer black HIV-positive Wendal to ensconce himself in the theatrical stage. West writes that "Wendal's two worlds—before he gets home and after he gets home—are equally important and at times, equally fractured" (West, 1993, p. 7). In that sense, his secret relationship with Douglass, despite its setbacks, creates an alternative lifeworld. Similarly, the representation of Wendal's two worlds is also exacerbated through the juxtapositions of the scenes and dialogues by which, as I will elaborate later on, West queers normative spatio-temporal constraints. Finally, I will also argue that music, and specifically jazz, enables Wendal to "disalienate," from the spatio-temporal constraints he faces.

3.1 Familial temporalities/unfamiliar potentialities

Frantz Fanon, in *Black Skin White Masks*, acknowledges the temporal problem that experienced by black bodies, and puts forward the idea of "disalienation." He suggests that there is something problematic about temporality, and that temporal duress is what black bodies are subjected to: "The problem considered here is one of temporality. Those Negroes and white men will be disalienated who refuse to let

themselves be sealed in the materialized Tower of the Past. For many other Negroes, in other ways, disalienation will come into being through their refusal to accept the present as definitive” (Fanon, 1986, p. 176). Fanon’s idea of “disalienation” is about shedding ingrained temporal stigmas, from the “tower of the past,” and claiming a present that is unhampered by hegemonic white superiority.

For Wendal, jazz is a limitless medium, a way to disalienate from the spatio-temporal normativities historically imposed upon black, queer and, although he does not know his seropositive status in this scene, HIV-positive persons. In West’s play, jazz queers time and space, indeed, in the words of Langston Hughes, allows Wendal to “hold [his] own individuality in the face of American standardizations,” as West’s theatre carves out a common ground to spatio-temporalize (Hughes, 2009). As laid out in the very first stage directions, when Wendal plays his saxophone, he is “feeling the power, his power” (West, 1993, p. 9). Here, jazz defies standardizations and disallows the racial hierarchies with which the outside world is regulated, establishing a queer spatio-temporal escape. Whereas the bar, as an indoor space, already achieves this effect, it is the non-linguistic abstractions of jazz that provide a sense of connection for Wendal and his secret lover, Douglass:

DOUGLASS: I liked that last song. What’s the name of it?

WENDAL: Hell if I know. The shit defies a title. (West, 1998, p. 10)

The world outside the bar corresponds to a frustrating reality. When Douglass and Wendal visit the bar, the stage directions note that “these are two people used to communicating in whatever form, even abbreviated, if and when their environment dictates to do such” (West, 1993, p. 10). Indeed, dictation takes place within the bar as well. This intracommunal stigmatization of queerness seems to only be suppressed through inherently queer jazz music.

These alternative ways of communicating—and, of course, they communicate through jazz in large part—can be considered as a queering of such environmental dictations; nonetheless, the characters still cannot really create time for themselves mainly because of their compulsory heterosexual façade:

DOUGLASS: You have any time later?

WENDAL: I don't know. I promised Simone I'd be home early. You gon' wait around? (West, 1993, p. 10)

In this exchange, Douglass' request for time is barred by Wendal's necessity to go home to his fiancée, which further emphasizes the idea of home as a life-occluding domestic space. Douglass is a black man who is also a closeted homosexual/bisexual and married with children, and thus prioritizes his family when needs be (West, 1993, p. 29). Still, to him, family is a burden with certain spatio-temporal demands that hinders his freedom:

DOUGLASS: Beth is taking the kids to see her mother. I'll be a free man for a week, one whole glorious week with no demands. (West, 1993, p. 24)

Wendal and Douglass have been together for seven years and, up until this point, have been having “a real swell time” (West, 1993, p. 25). This alternative seven-year-old “swell time” with Douglass is not linear and it intervenes in the normative time and restricting dictations of familial life:

WENDAL: [...] outside of my family, you the longest relationship I've had ... that oughtta count for something ... (*Hugs him*). (West, 1993, p. 39)

In the play this “swell time” does count for something: if familial temporality appears as normal and standard, thus deeming queer sexual encounters and interactions as erotophobic moments (and this is specifically valid in the case of HIV/AIDS), then this “swell time” might be an intervention of “erotohistoriography.” Elizabeth Freeman coins this term and argues that,

Erotohistoriography honors the way queer relations complexly exceed the present, insisting that various queer social practices, especially those

involving enjoyable bodily sensations, produce forms of time consciousness—even historical consciousness—that can intervene into the material damage done in the name of development, civilization, and so on. (Freeman, 2010, p. 120)

Wendal and Douglass’s “swell time” is the time that exists outside of the normative temporal constraints. It functions in its discontinuous unbinding, the affective and bodily “time consciousness” at work. For Douglass and Wendal, these alternative seven years consist of swell connections and an enjoyment of their own sense of time. The fact that any further details are not given in the play as to how they connect and create an erotohistoriography, further accentuates the non-chronologically legible state of their relationship.

The necessity of heteropatriarchal domesticity and normative time and space is also evident in how Dwayne, Wendal’s 12-year-old son is raised and conceived by his grandparents, specifically, by his grandfather. The fact that Dwayne’s bedtime is overemphasized showcases how a child’s experience of time is overdetermined by heteropatriarchal codifications as well as how the future is determined in the name of these ideals (West, 1993, p. 21). The reason for this regulative fixation on the figure of the child is to align another human being with the normative spatio-temporality with which the heterosexual (dis)order is constructed. This dynamic becomes explicit when Bailey, Wendal’s father, later claims that he is the one who is raising Dwayne, a claim that is challenged by Wendal when he asks, “Is that what you call it?” (West, 1993, p. 50). Bailey’s purposefully formulated “straight time” is meant to denigrate Wendal, upon learning that his way of life has been wrong now that he is an HIV-positive queer.

What is also salient in the Bailey household is the patriarch’s preliminary imaginations as to Wendal’s life even before knowing that he is an HIV-positive queer. He thinks Wendal is wasting his life “playing in two-bit clubs, talking that

funny talk” (West, 1993, p. 17). He continues that he would rather want him to stay with them helping his father “at the store” and “mak[ing] an honest living” (West, 1993, p. 18). Honest living, for Bailey, is associated with a life lived near one’s family under the protection of one’s home. Home is where Wendal’s father thinks an honest black man should reside. Abject and worthless places such as the bar in which Wendal plays jazz are inappropriate and dishonest. In many ways, these designations are part of a larger pattern of distrust towards the external world: Bailey and Reba, Wendal’s mother, both seem to have internalized spatio-temporal stigmas that cause anxiety towards the world of white people. The social sphere created by racial supremacy is exclusionary and judgmental; it is rife with hierarchical as well hegemonic white privileges and regulations. In the presence of what Fanon calls as “the white gaze,” which “objectively cut away slices” of the reality of the African-American people, Wendal’s father, with his severe internalization of this discriminating gaze, turns towards the only available space, that is the domestic space. (Fanon, 1986, p. 87). Wendal’s brother, Junior, is an antithetical figure who pursues an *honest*, righteous and valuable life [*italics mine*]. As such, he is credited by his father, becoming a favorite son. Junior is in his late 20’s and a sergeant. He also comes home, in the course of the play, and brings gifts to his family, including a watch for his father. The watch symbolizes how he and his father share an experience of normative time. When Bailey boasts of his gift to Wendal, this is a moment of interpellation to normative time:

BAILEY: And he got me this watch. Did I show it to you? It’s got a real diamond. (West, 1993, p. 42)

The watch is a celebration of Bailey’s dominion as a patriarch who regulates time in his family (West, 1993, p. 37). Later in the play, Junior further underlines his life’s temporal patterns when he says his purposes are to “go to work, have a family,

retire” and that he is not “into making [...] big inroads” (West, 1993, p. 61). Unlike Wendal, Junior is abiding by the rules of spatio-temporal expectations set by the capitalistic dictations of time and thus, boasts certain accepted and state-sanctioned ways of maturation. He uses the noun “inroad” which, I believe, displays his awareness that Wendal, as a queer black PLHIV, makes inroads into normative time and space, thus queering them.

3.2 Medicalization and black bodies

Throughout *Before It Hits Home*, West pairs her representation of the stigmas surrounding black heterosexual domesticity with the related spatio-temporal stigmas implemented by the medicalization of black bodies. She shows that the medical discourses embedded in the HIV/AIDS epidemic reproduce similar discourses from the history of slavery. In the clinic, Wendal says he “need[s] it to be negative,” that he “can’t have AIDS” and that he and his lover, Simone, are “thinking about getting married” (West, 1993, p. 18-9). Wendal needs it to be negative because he knows that being positive as a black person is doubly life threatening, that it will be a “test of his faith” (West, 1993, p. 28). As a seropositive closeted queer, he knows that he will be spatio-temporally ostracized even further. It is also clear that he needs to stay in the normative spatio-temporal order to continue to be included and counted as normally efficient with a promising future that is his interpellation into an “honest life” by way of marriage. With the advent of his positive result, this ideal future turns into a non-ideal death decree. Wendal considers HIV/AIDS a “conspiracy” and thinks that it is a “genocide”:

WENDAL: Try and lay everything on us, cancer, drugs, whatever y’all think up. Well I’m here to tell you, y’all’s AIDS better take a number, get in line. And you might as well wipe that sill grin off your face ‘cause this is one nigger that ain’t gon’ lay down and die. Call it what you want, but I ain’t sick

[...] You telling me I got bad blood ... well now ... remember ol' Tuskegee? I recall you told 'em they had bad blood too ... and then watched 'em rot to death. Y'all got a history of this bad blood shit, don't you? (West, 1993, p. 19-20)

As this excerpt demonstrates, Wendal's initial experience of HIV/AIDS is directly related to the racial history of American medicine. Benjamin Bowser writes that "assessments of public opinion among African Americans show sizable numbers who believe that AIDS was invented in a laboratory and is a genocidal government plot against them" (Bowser, 1998, p. 61). Wendal's distrust and anxiety specifically stems from the infamous clinical study entitled the Tuskegee Study of Untreated Syphilis in the Negro Male. The experiment was initiated by the U.S. Public Health Service in 1932 and planned to record the natural history of untreated syphilis. African-American men were used for this experiment and told that they were receiving free health care from the government and that they were being treated for having "bad blood." The experiments proceeded for four decades from 1932 to 1972 and a lot of people died as a result (Nix, 2017). Wendal's trauma, for the most part, is caused by this terrible study. Thus, his fury is initially directed at a medical discourse that, as Wendal presupposes, persists in pathologizing black people.

The history of racial trauma that underlines Wendal's initial reaction is soon compounded by additional stigmas. "Homophobia and racism," as Martin Duberman contends, go hand in hand: "We are beginning to see that America's fear and ignorance of homosexuals and its hate and bigotry toward black and brown people are not just coincidental" (Duberman, 2014, p. 71). Indeed, Wendal is extremely worried about the fact that his seropositive status will make him visible as a sick black homosexual with "bad blood." He thinks of doctors and nurses as "devil's angels," and the idea of a hospital stay as an incarceration within a "hell hole," and HIV/AIDS as a genocidal conspiracy (West, 1993, p. 33). As Marlon M. Bailey

points out, the “causal relationship drawn between black gay men’s sexual behavior and their high HIV prevalence [...] is used as justification for increased surveillance and pathologization of black gay men’s sexual practices by public health institutions” (Bailey, 2013, p. 240). He is aware of the fact that this might be used as a justification for his supposed racial inferiority and will cause him to be *incarcerated* in a hospital and experience treatments that would, perhaps, harm him rather than heal him. Wendal wants to disalienate from this medical past and posits HIV/AIDS as the continuation of this racial and sexual stigma. Cathy J. Cohen, on the “mistrust of public health officials exhibited by many African Americans,” suggests that “their relationship to the medical industry has been informed and defined by a history of blame and manipulation” (Cohen, 1997, p. 26), as exemplified by the infamous Tuskegee Study. Wendal, completely transfixed by spatio-temporal constraints, desperately wants to go home after learning that he is HIV-positive, thinking his family will take care of him. He wants to repair the temporal rupture caused by HIV/AIDS, not knowing that the paranoia and fear will be heightened when he hits home.

Whereas West’s play depicts how the HIV/AIDS epidemic reproduces the spatial and temporal stigmas of American racial history, it also creates alternative spatio-temporalities. The technique of juxtapositioning in particular destabilizes how these cunning historical reproductions are used, again, in the discourse of HIV/AIDS. West’s theater *cuts away slices* in the reproduction of these segregationist medical methods, laying bare alternative spatio-temporal potentials, such as theater. As such, it goes beyond “carceral geographies” like the clinic as well as the *home*. West notes that in the play “[t]he action shifts frequently and the pacing between scenes should be quick, and in some scenes (as noted), action juxtaposed” (West, 1993, p. 7).

Accordingly, in the following scene for instance, West deploys this kind of dynamic. The peaceful scene set in the household of Bailey and Reba is immediately followed by the clinic scene where Wendal, now that he knows he is HIV-positive, scolds the doctors and medicine. The household scene is suddenly interrupted by Wendal's scene in clinic:

(Lights down Bailey household and up on Wendal sitting on examination table.)

WENDAL: Lord Jesus. God ... I ain't got no words. Just need a little favor. I know I'm in no position to bargain, but just let this one be different. I need it to be negative. So why don't you help me out here...

DOCTOR: How long have you been seropositive?

WENDAL: You mean when did I test?

DOCTOR: Yes.

WENDAL: About seven months ago. It wasn't here. I think it was in Florida. Don't know why I'm even here. You see I can't have AIDS. Look, I got a woman ... we thinking about getting married ... (West, 1993, p. 18-9)

In this excerpt, Wendal does not want to experience clinic. This scene, as I have analyzed a little earlier, is followed by a scene in which Wendal likens this process to a genocide. Wendal, here, seems to be prioritizing the idea of home. First, he wants to hit the familial home as soon as he can. Second, he says that he plans to get marry soon which points to the idea of home as an enclave. It is a plea to be included within normative spatio-temporal coordinates. West, I would argue, puts Wendal in this spatio-temporal predicament to attract notice to the fact that theater provides an alternative spatio-temporality. She emphasizes theatrical spatio-temporality's essentiality while deemphasizing the double stigma of unsafe spaces, the home and the clinic. Prior to this scene, the heterosexual home is presented as seemingly ideal. West, however, eviscerates the idea of heterosexual home in this play. In that sense, the swift overlapping of these scenes lay bare the fact that neither home nor the clinic are safe spaces. West, in that sense, demonstrates that theater, by contrast, provides an accommodating spatio-temporality.

3.3 Dealing with the truth

Racial and sexual discriminations are, indeed, intertwined. West also draws attention to this as the truth of Wendal's seropositive status is revealed to his family. Act Two opens with an uncannily cosy atmosphere where family members are quite happily together. At one point, his father expects Wendal to play his saxophone, saying that, "that horn'll wake up the whole neighborhood this time of night ..." (44). This comment represents an intersection of normative and queer time, as the horn heralds non-temporal, non-spatial disalienations, a break from the white world, an *audiotopia*, which according to Josh Kun, is "music's utopian potential, its ability to show us how to move toward something better and transform the world we find ourselves in" (Kun, 2005, p. 17). Kun also writes,

[...] in a sense, audiotopias can also be understood as identificatory "contact zones." [...] Thinking of music as an enacted, lived utopia that struggles against the constraints of racialization and nation-building in order to configure an alternate world of survival is not, of course, a new proposition. Most saliently, it has been a central feature of African American music and writing devoted to African American music [...] as a tool of survival and sustenance and a site of emancipatory hope. (Kun, 2005, p. 23-4)

Although Wendal does not play his saxophone due to his sore throat, the scene segues into the whole family singing and dancing together, pumped by the wake-up call that Wendal's presence has created, as noted in the stage directions: "(*Wendal dances with his mother; clearly everybody is enjoying themselves*)" (West, 1993, p. 44). This moment is a break from the white world, a utopian sojourn in emancipatory *audiotopia*.

This sojourn is, however, merely temporary. When Wendal cautions his son Dwayne to wear an apron as he serves food to family members, the scene quickly dissolves into a quarrel:

BAILEY: Now he looks like a sissy faggot. (*Junior laughs loud, everybody snickers except Wendal whose whole demeanor has changed.*)

REBA: I think he looks kinda cute.
 WENDAL: I don't think anything funny.
 DWAYNE: (*With much disdain*) I don't look like no fag. (*Takes the apron off.*)
 WENDAL: (*Trying to control his rage.*) What you say? (*Dwayne looks scared, knows his father is angry, is confused and embarrassed. Grabbing him.*) Answer me. I said what did you say?
 DWAYNE: (*Slightly indignant.*) I said I didn't look like no fag.
 WENDAL: I don't ever want to hear you say something like that again. You understand me?
 BAILEY: I don't know why jumping all over the boy. They call themselves that.
 WENDAL: So! We call ourselves nigger, but that don't mean we are one. You don't allow him to use that word in this house. Do you? Go on Dwayne say nigger to your grandfather. Say nigger like you said fag... Go on, say it ...
 BAILEY: Dwayne you bet not say one word... (West, 1993, p. 49)

This scene is extremely crucial due to the fact that it demonstrates how racial and sexual prejudices stem from a similar exclusionary mold. Wendal showcases his father's hypocrisy by pointing out how white discourse stigmatizes African-American people with similar prejudicial methods. "They" shows that Bailey imagines homosexuals as spatio-temporally irrelevant, forgetting that white priority has been engaging in the same spatio-temporal exclusion. Importantly, Wendal does not want to be called fag. As Martin Duberman points out, "African American men do not primarily self-identify as gay (not least because many consider "gay" a white term)" (Duberman, 2014, p. ix, x). Indeed, Wendal does not think of queerness and/or HIV/AIDS in the context of the black community. What is more, neither Wendal nor Douglass define themselves as gay, with the exception that Wendal, later in the play, insinuates that he is a bisexual man This, I believe, is an intentional choice by West, since she also avoids defining them, a fact which reflects the sexual and racial dynamics of being black and queer, specifically, in the era of the HIV/AIDS epidemic. As such, Wendal is both aware of the intersections of racism and homophobia, and unable to seek redress from the latter.

Not surprisingly then, Wendal is soon pushed outside of the normative spatio-temporal order of the black family. Initially, it is his father who pronounces the threat of exclusion:

BAILEY: "This is my house ... you hear me? Mine. And the door swings both ways. If you don't like it Mister, then let the door hit you where the good Lord split you. You can take your narrow ass back where ... (West, 1993, p. 50)

Later that night, Reba (Wendal's mother) catches Wendal hiding his medicine, a revelation that is followed by his announcement of his seropositive status. Losing her temper, Reba says she has never heard of AIDS and denies that he has it:

REBA: (*Her anger and fear out of control, loud.*) What do you mean you don't know? You come home and you're dying of some disease and you don't know how the hell you got it.

WENDAL: I'm not dying. I have ...

REBA: Did you have some kind of surgery and they gave you bad blood?

REBA: [...] I want to hear how the hell you got this? You're not one of them [...]

WENDAL: Mama.

REBA: No. No. I know you're not. You've been living with Simone...

WENDAL: (*Carefully choosing his words.*) Mama, you know that I never was quite right like Daddy used to say ... (*No response from Reba.*) Try to understand Mama. I have relationships with women and sometimes with men.

REBA: No you don't, un-un. No you don't. You're my son, just like Junior ... you're a man. You're supposed to ...

WENDAL: Supposed to what? Be like Daddy. His world don't stretch no farther than this couch ... (West, 1993, p. 52-3)

Here, Reba's brief references to Wendal's position in a heterosexual family, such as his identity as Simone's partner and as her "son", are rhetorically used to deny his homosexuality. Furthermore, it is clear that she has been internalizing the racial history of "bad blood." The fear of racial inferiority that her son's seropositive status triggers ultimately makes her blind towards her son's condition. Thus, she reproduces white supremacy's stigmatization of the African-American body with her homophobia.

After this heated dialogue, Reba continues to demonstrate how she perceives HIV/AIDS, using the terms “filthy,” “shit,” “this sickness,” and “liar,” adding that he is “one of them,” and ultimately admonishing Wendal to “beg God’s forgiveness for [his] nasty wicked ways” (West, 1993, p. 53-4). Wendal, in return, says:

WENDAL: I tried to get right with your God. I asked him for some spare time to keep me from pitching my guts every hour, to keep me from shitting all over myself, to give me the strength to wipe my ass good enough so I didn’t have to smell myself all night. I pray that they would stop experimenting on me, stop the rashes, the infections, the sores up my ass. I prayed Mama for some company. I prayed that somebody would get their room wrong and happen into mine so I could talk to somebody, maybe they would even put their arms around me ‘cause I was so damn scared, maybe it would be somebody who would come back, somebody who would want to know me for who I really was and I pray harder and I prayed to your God that if I could just hold on, if I could just get home ... I’m not going to apologize Mama for loving who I loved, I ain’t even gonna apologize for getting this shit. I’ve lived a lie and I’m gonna have to answer for that, but I’ll be damn if I’m gon’ keep lying [...]

REBA: No more. You hear me Wendal? No more. I never thought I’d see the day I’d be ashamed of you, that I wouldn’t even want to know you. (*She exits.*) (West, 1993, p. 54-5)

As can be seen from his extended answer, Wendal is also in a very severe confrontation with himself (hitting home) within his spatio-temporal imprisonment, crying for help, specifically, from his mother. He, like her family, fears that he will be out of sync with the normative spatio-temporal order, not only racially, but also sexually, experiencing a double burden of discrimination under the hegemonic “white gaze”. His loneliness also points at the spatio-temporal imprisonment that black queer PLHIV face. It shows that the burgeoning consciousness and counter-actions within the queer community toward HIV/AIDS discourse are not inclusive, and that he is also aware of the fact he will be dismissed by them. Surely, for him, the hospital, with its carceral history for black people; a stigmatizing “carceral geography”, carries the additional weight of racial history, and will be experienced differently than it would be for the white gay patients. Potentially, there will be

standardizations, prolonged surveillance and institutionalized racism. As Essex Hemphill, gay American poet and activist, says, the white gay community's one-sided activism fails "to make connections with other oppressions, with other spaces of disempowerment that need to be looked at and joined" (Hemphill quoted in Duberman, 2014, p. 212).

In the absence of collective empowerment, it is no surprise that Wendal just wants to "get home." And yet, home is no longer relatable for Wendal once his family knows that he is not a heterosexual man and recently diagnosed with HIV/AIDS. Reba acts as if her home is contaminated, indeed "hit," by Wendal's presence, an abjected space which is no longer inhabitable. This is especially clear when she says, "I hate what you've done to my house Wendal. Spent my life here, inside these walls, trying to stay safe, keep my family safe [...] I'm scared to touch anything [...] This ain't a home no more." (West, 1993, p. 57-8). As a result, she takes Dwayne with her and leaves the house. These successive epiphanic moments, perhaps, showcase that Wendal, for the first time, understands that no one is safe from HIV/AIDS, that it knows no boundaries including racial ones. Understanding that home is just a futile normative fantasy, Wendal refuses to "apologize" for who he is, knowing that apologizing for one's queer and seropositive status is no different than apologizing for one's race. It is also extremely significant that Wendal asks God "for some spare time," which points at the exclusion of black queer PLHIV within religious spaces as well. It is a known fact that HIV/AIDS is unwelcomed in the black community at the height of the epidemic, and is condemned and preached against in black churches. In her still-resonant essay "Punks, Bulldaggers, and Welfare Queens: The Radical Potential of Queer Politics," Cathy J. Cohen contends that "even within marginal groups there are normative rules determining community

membership and power” (Cohen, 1997, p. 450). Likewise, when Wendal’s father learns about his son’s condition, he thinks that Wendal is a junkie and searches for a mark on his body, in other words, potential spatial truths that might indicate his wrongdoing. Bailey says that “the sight of [him] breaks [his] heart,” and that he “oughtta kill [him],” which is followed by a verbal and physical attack in the presence of Junior and Dwayne (West, 1993, p. 62). Junior, meanwhile, is engulfed in fear, thinking of what this would bring to his family, to his state-sanctioned and hard-earned participation in normative spatio-temporalizations (West, 1993, p. 63).

3.4 Theatrical interventions

As I have said earlier, the play’s formal dimensions queer spatio-temporal restrictions of home and clinic, destabilizing these “carceral geographies.” West, much like, Vogel, experiments theatrically. The play, especially towards the end, develop a somewhat surreal quality. West’s juxtapositions and overlaps contribute to creating an alternative spatio-temporality. For Wendal, then, the idea of home eventually fades. It becomes an emptied-out, broken familial ramshackle, at least until Bailey’s anger turns into grief. He starts siding with Wendal after this moment:

BAILEY: Wendal ... don’t cry, we gon’ get through this ... we Bailey men don’t give up, do we? ... just you and me now. Oh Wendal I been waiting’ ... waitin’ so long for you to grow into somethin’ ... you my son ... God help me ... what I got to wait on now?... (West, 1993, p. 64)

Bailey says that he has been waiting so long for Wendal to grow into, perhaps, a spatio-temporal order, which, purportedly, would not make him end up like this. Yet, in this excerpt, Bailey also starts making connections between the two situations. That is, he starts to understand what is it like to be a spatio-temporal other. This is why he feels in the present now: “just you and me now.” Unlike Reba, who is represented explicitly as a devoted and nurturing mother until the moment she learns

that Wendal contracts HIV/AIDS, Bailey comes to terms with his son's calamity. This stark contrast between Bailey and Reba also suggests that certain domestic patriarchal rules are subverted as well. Reba leaves home after it is *hit* by his son and Bailey stays. The unaccustomed repercussions of this also intervenes in normative spatio-temporality and its family-oriented allocations.

The hospital scene starts with the visitations of various family members except Reba, who refuses to come to see her son. Reba's indignance, however, is reflected by Maybelle, her best friend. She avoids touching Wendal, stating that she "wouldn't have no AIDS in [her] house" (West, 1993, p. 67). Another noteworthy thing is Dwayne's visible bruises on his body, all of which, according to Maybelle, are caused by kids in his school. It shows that Dwayne is facing racial discrimination at his predominantly white school, another space where black bodies are not welcomed. At the same time, West's reference to these bruises is meant to signify the associations between a history of racial stigmatization, "bad blood", and HIV/AIDS. This explains why the Bailey family is so afraid to take action. As Wendal dies in the hospital and his father tragically begs God for "some more time," he sees his wife, Simone, on the other side of the stage, who seems to be pregnant (West, 1993, p. 68). Wendal apologizes to her, which implies that he and Simone's child might be born with HIV as a result of mother-to-child transmission. The play ends with Simone transforming herself into Angel, the black woman introduced in the opening of the first act. When Wendal visits the clinic, he sees Angel, a very pregnant black woman. She has been waiting in line for a while and yet, has been repetitively deferred by the white nurse:

ANGEL: (*Slamming the magazine.*) How long she gon' be? I can't be sitting up here all day.

NURSE: Like I told you before Ms. Peterson, the doctor be with you as soon as possible.

ANGEL: That's what you said two hours ago. (*Grumbling to herself.*) All day sittin' up in somebody's f'ing clinic, with nothing to look at but you white folks. (West, 1993, p. 11)

The scene is interrupted by Wendal's arrival. Wendal is fully in denial and in fear in this scene. Angel, self-assuredly, knowing that he is seropositive, welcomes him "into the family," insinuating that he will see her again. At the end of the play, Angel/Simone once again welcomes Wendal to a family, a family of the dead that lives in the netherworld. This darkly mordacious ending points at how black people, especially black PLHIV, are already labeled and/or imagined as dead even prior to any event of death. This scene can also be considered as one last blow to the idea of family and home. The ending is one of the play's many strategies for reflecting the cyclical spatio-temporal oppressions that black bodies are locked into.

West's theatrical interventions in *Before It Hits Home* are, indeed, extremely crucial, since her purposefully formulated juxtapositioned scenes indicate a spatio-temporal destigmatization of queer black bodies with PLHIV. The play, as West suggests at the very beginning, is portraying fractured realities within its non-linear temporal structure which is fraught with "overlapping dialogues," imbricated scenes and juxtaposed actions. For instance, Wendal's two-worlds, "before he gets home and after he gets home," demonstrate how Wendal is stuck between his world with Simone and Douglass. In this spatio-temporal order he has to act according to the pertinent spatio-temporal codes that indoctrinate certain realities with pre-established futures. In his other reality, however, Wendal is with Douglass and thus disrupts the normative spatio-temporal order. The news of HIV/AIDS eventually overshadows Wendal's two realities. This is apparently visible in the scene where he is interacting with both Simone and Douglass, and "Wendal's world is literally split between the two relationships" as it is noted by the stage directions (West, 1993, p. 23). Other

juxtapositions include a scene where Wendal and Simone are spending time in their bed, which shifts to Wendal in his hospital room ranting about the hypocrisy of medical representatives. Similarly, scenes set in the Bailey household often juxtapose moments in which the stability and, again safety of the house are damaged.

In setting up these recurrent actions, West de-emphasizes the line between safe and unsafe, showing the inconsistency of the supposed safety of heterosexual privacy and domesticity, and infiltrating these spaces with other scenes, just as Wendal “infiltrates” his home. The theatrical stage becomes the juncture of these multiple worlds. In that sense, perhaps, West also queers the potential white spectatorship as well. All of these elements are theatrical disruptions of spatio-temporality. Perhaps they are pathways leading to “disalienations.” That is, home remains as a space where disalienation cannot take place in this play. And the social sphere, especially in the discourse of HIV/AIDS, renders the outside world as a source of spatio-temporal frustration for the black queer PLHIV. Theatre, however, achieves what home does not. In that sense, it is destigmatizing, heralding a social change. West’s theatrical insurgencies are highly effective in the face of what Fanon refers to as “the white world, the only honorable one” which prevents black bodies “from all participation” by way of its concomitant spatio-temporal stoppage (Fanon, 1986, p. 86).

3.5 Conclusion

West’s juxtapositions and overlaps, in *Before it Hits Home*, contribute to creating an alternative spatio-temporality. West’s depiction of Wendal’s two juxtaposed realities, their spatio-temporal distinctions, the history of black bodies’ medicalization, and the dangers that lurk even within the supposed safety of the black home are all part of

how West queers normative white spatio-temporalities. In that sense, West's play is radically destigmatizing, carving out a "collective black political self-recovery" (hooks, 1995, p. 220).

CHAPTER 4

HARRY KONDOLEON'S *ZERO POSITIVE*

“They told us to die, we chose to live.”

—G.L.O.S.S., “Lined Lips and Spiked Bats”

Harry Kondoleon's play *Zero Positive* (1989) portrays a queer anti-hero, a rigid dissident figure, an “affect alien,” as well as a *bad citizen* (Ahmed, 2010, p. 42; Bersani, 1995, p. 113). *Zero Positive* was first produced by Joseph Papp and directed by Kenneth Elliott (“Zero Positive,” n.d.). It premiered at the New York Shakespeare Festival's Public Theatre in 1988 (Nelson, 2003, p. 231). Like the protagonist of William Shakespeare's well-known tragedy *Hamlet*, Kondoleon's protagonist, Himmer, is a mercurial, introspective, maladjusted, and suicidal spirit. Himmer, tests positive for HIV along with his close female friend Samantha. Having lost his mother, he looks after his delusional father, Jacob Blank, who consistently interpellates Himmer into the right path which unmistakably is none other than a heterosexual life. In the course of the play Himmer decides to perform one of his mother's old plays, titled “The Ruins of Athens”, and this play-within-the-play eventually becomes nothing but a half-joking tragic allegory of HIV/AIDS. Staging the play at an AIDS research center, Himmer casts himself and his discontented friends Prentice, a lovelorn and anxiety-ridden homosexual who is against testing, Patrick, a suicidal actor, and Debbie Fine, a young, charming but discernibly gullible heiress who is infatuated with Himmer's father Jacob Blank, to play the roles. However, Himmer proclaims that he is planning to replace the hemlock-drinking scene with real poison, implying his self-immolation. He renders his friends

discombobulated by this radical decision. No longer succumbing to futile futuristic hopes, Himmer aims to disrupt “the fate machine” by considering suicide (Kondoleon, 1993, p. 226).

Zero Positive highlights astringent queer kinship, an acerbic critique of Oedipal spatio-temporalities, porous sexualities and vulnerable resistive practices in the face of a normative heterosexual order within which queers and queer PLHIV are infantilized, reduced to non-citizens, and in short, locked into heteronormative spatio-temporalities. What is more, the play’s metatheatricality, in the form of the hospital play, as well as its self-referentiality, function as a way of transforming the hospital by overthrowing the very clinic in which spatio-temporal stigmas are perpetually created for PLHIV and replacing it with a queer spatio-temporality. By so doing, Kondoleon’s play also queers the notion of death and decentralizes the pervasive negativity and duplicitous nature of the clinic, again, in favor of a queer and positive one. In *Zero Positive*, Kondoleon denounces hope-ridden futurity and plays with the idea of the radicality of the death drive, while celebrating queer kinship against heterosexual familiarity. At the same time, however, despite his effervescent anger and suicidal tendencies, the play’s nonconformist protagonist Himmer also shows hope. That is, he validates constructive self-doubt and self-respect towards the end of the play. As such, Himmer’s father, in a very playful way and at an arguably lackluster yet important cathartic turn, drinks the hemlock instead of him. Kondoleon, by turning Himmer away from his planned self-destruction, heralds the survival of hope, emphasizing its vital importance for queers and queer PLHIV.

Kondoleon elaborates on *Zero Positive* in a rare interview, noting that, “this play isn't really about AIDS, it's about death, and knowing your 'due date' is stamped

on you” (H. Kondoleon, interviewed by J. Brown, April 20, 1990). Despite this disclaimer, however, Kondoleon underlines the fact that AIDS is used to specify an expiration date for non-normative bodies. His remark, I believe, gravitates towards the idea that normative temporal politics render HIV/AIDS as a determinant factor in the life-death binary of queers. At its core, the discourse of HIV/AIDS merely consolidates already established norms of death. I would like to take Kondoleon’s point as my starting point with which I would like to elaborate on Himmer’s decision to take his own life and his latter self-doubt which coincides with Kondoleon’s tragicomic decision to destroy Himmer’s father by letting him drink the poison instead. His desire to kill himself, his fervent death drive, can be seen as a voluntary dissociation with normative spatio-temporal restraints. In that sense, he plans his suicide so that he would no longer feel the burden of linear temporality, and live up to the sanitized, futile future(s) which are imagined at the expense of queers and queer PLHIV.

However, the main reason why Himmer is edged by this death drive is that he does not want to give in to the notion of death itself. That is, he wants to impede this normative idealization/centralization of death in which queers, specifically queer PLHIV, hold a privileged place. Himmer, at first, has only this drive to hold onto because it remains as one of the most consistent and radical ways of resisting the existing spatio-temporal norms. The notion of suicide, thus, is a way of disassociating with reality, which is nothing but a normativizing heterosexual fantasy. Himmer’s suicide, as a notion, is understandable in the sense that he decidedly wants to disrupt “the fate machine” which gestures towards pre-established standards, certainties and necessitations, all of which sustain and strengthen

spatio-temporal stigmas. “The fate machine,” I think, stipulates three equivalents: heterosexuality, health, and happiness. Himmer specifically, but also and inevitably his close friends such as Samantha, a fellow HIV-positive friend (who is black or Oriental or Hispanic as Kondoleon specifies) and Prentice, an anxious and fear-ridden queer, all have their own concerns as to this exclusionary matrix.

Kondoleon’s use of metatheatricity, in *Zero Positive*, function more than as a comedic allegorical commentary on the HIV/AIDS epidemic. These formal choices help cement the point he wishes to make about the possibility of alternative spatio-temporalities. It contributes to Kondoleon’s desire to narrate Himmer’s death drive and symbolic suicide, thus obviating the temporal stigmas attributed to PLHIV. In addition, it transforms the inhospitable and unwelcoming clinic into a welcoming and hospitable space. This indicates that his theater functions as a remedy as opposed to the rather detrimental reality that is full of spatio-temporal codifications. At the same time, in mirroring many of the thematic nodes present in Shakespeare’s *Hamlet*, Kondoleon’s theatre is a celebratory nod to Shakespearean theatre and metatheatricity in general: for example, Kondoleon questions the Oedipalized dimensions of family and concomitant demarcations between adulthood and childhood, resembling the controversial Oedipal measures of *Hamlet*. The play-within-a-play gesture resembles Shakespeare’s famous mousetrap. And Kondoleon’s play anticipates a ravaging scourge in the decadent city of Athens and features deadly potions. Shakespeare, similarly, portrays Denmark as a city with doomed future and prioritizes poisonous potions in *Hamlet*. In these respects, the play’s metatheatricity is further enhanced by its intertextual scope.

4.1 Queering the pitch of “the fate machine”

Kondoleon’s protagonist, Himmer, wants to break the habit of living according to, what he names “the fate machine.” “The fate machine” signifies synchronous lives lived within pre-established spaces. In that sense, the cogs of this machine are heterosexuals who are repetitively deemed healthy, happy, and ideal. It is through this machine that queer and minoritarian PLHIV are systemically controlled, disenfranchised and expected to live (or, indeed, die) within its one-sided experience of spatio-temporalizations. This experience is one-sided because the future, as Lee Edelman suggests is imagined as such: a supposedly immutable and stable future which is thought and politicized in the name of, and at the hands of reproduction (Edelman, 2004, p. 2). Faced with such a landscape, Himmer’s anti-sociality and his anti-relationality become his only weapons. When faced with a future that he does not believe in, Himmer’s refusal of “the fate machine” is directly related to his “disidentification from the promise of futurity” (Edelman, 2004, p. 27):

HIMMER: What a drag it was clinging to whatever little shred of sanity’s the minimum daily requirement to pass as a sane. If it had some payoff—a good job, high salary, marriage, children, vivid love affairs, new clothes, travel, cars, what have you — it would all seem worth it. And it does, I suppose, for a while. Anyway, I never had much investment in that world, I was only pretending, playacting (Kondoleon, 1993, p. 249)

In this passage, Himmer shows no belonging to the capitalistic and consumerist world. He is in need of adopting another since the world, to him, is merely available to certain spatio-temporalizations. The world, which Himmer voluntarily repudiates, is laced with frustrating capitalistic necessitations, reproductive control, emptied out measures of sanity and health, all included in the normative spatio-temporal order. It is a world that maintains and endorses purely and simply capitalistic spatio-temporalizations. These are, of course, allocated for the privileged normal. Queers and queer PLHIV are, then, the spatio-temporal others. This goal-oriented,

teleological order posits queers and queer PLHIV as redundant subjects. Bodily integrity and systematic control and organization need to be perpetually repeated through “the fate machine.” Himmer considers himself as a “playacting” non-subject in such a world. Hence, Himmer’s voluntary disassociation, and his complete refusal of the “responsibilities that burden each day with suffocating banality” (Kondoleon, 1993, p. 250).

For Himmer then, killing the self, albeit ideologically, remains as the only action which, paradoxically, performs self-actualization. While *this world* wants/expects his death, the idea of suicide grants him a healing self, a self in the making, a self that rejects submission. *This world* expects acquiescence and unceasing stagnancy from the queer and minoritarian PLHIV, while imagining a death that would be the one perfect culmination of their alleged wretchedness.

Himmer wants to circumvent this:

HIMMER: [W]e’ve all become terribly suspicious of action, of any action to take to effect a change, especially for the better. After all these centuries we still fundamentally believe in the fate machine. We don’t have to move, we don’t even have to get up, the fate machine will do it all (Kondoleon, 1993, p. 226)

Action, in the excerpt above, denotes how “the fate machine,” regards some bodies as active, while locking others into stasis. Himmer, as one of these others, wants to act, and questions the seemingly insurmountable restrictions of this machine, trying to find exit ways within. What is followed by Himmer’s unexpected declamation is Samantha’s claim, in which it is clear that “the fate machine,” is, indeed, something hard to break. Samantha says that she does not “want to be on the side of chaos” (Kondoleon, 1993, p. 226). “Chaos”, I believe, points to other alternative, perhaps, non-capitalistic and non-hierarchical spatio-temporalities, not driven by a heteronormative impetus. Chaos is the spatio-temporality of an outlier, of queers, of

minoritarian people and PLHIV. Although Kondoleon does not elaborate on Samantha's claim further, it can be said that, as a minoritarian woman with HIV, she is perfectly aware that she will be spatio-temporally ostracized if she chooses not to be on the side of order. Immediately come after these bleak but powerful expressions from Himmer and Samantha, Kondoleon follows with an interesting set of stage directions:

After a slight pause—they are as still as Beckett's characters caught in urns, almost without movement—Himmer reaches for an envelope on the end table nearest him. (Kondoleon, 1993, p. 226)

Kondoleon, here, suddenly alludes to the absurdist aesthetics of a Samuel Beckett play. This sudden theatrical move, perhaps, underlines how these outsider characters, like the absurd figures scripted by the twentieth century playwright, are on the margins of society, order and familiarity. They seem to be unable to continue, almost immobile, as this short break suggests, preventing them from participating. Kondoleon, perhaps, deliberately draws attention to the theatrical stage's spatio-temporality, showing that it is indeed asynchronous with the normative one.

4.2 Medicalization and symbolic suicide: Hope regained

Ivan Illich, in his seminal book *Medical Nemesis: The Expropriation of Health*, argues that medicine is “the most rapidly spreading epidemic of our time” (Illich, 1974, p. 26). Illich also notes that medicine not only “labels the handicapped as unfit and breeds ever new categories of patients” (Illich, 1974, p. 43), it also “creates a new group of outsiders each time it makes a new diagnosis stick,” emphasizing that “morality is as implicit in sickness as it is in crime or in sin” (Illich, 1974, p. 46). Illich wrote his influential book prior to HIV/AIDS's occurrence, nevertheless, his ideas are quite useful when thinking about medicine's large share in the

configuration and consolidation of the HIV/AIDS discourse. Indeed, these ingrained medical methods render queer and minoritarian PLHIV as outsiders while prolonging their (mis)treatment with an ever-regressive approach and finally, guaranteeing a standardized death as the only outlet. That is, again as Illich aptly puts, “the dominant image of death determines the prevalent concept of death,” and that, “the culturally conditioned anticipation of a certain event at an uncertain date is shaped by institutional structures, deep-seated myths, and the social characters that predominate” (Illich, p. 174). The prevalent spectacle of death designates a notion of death that has to come naturally, and this bespeaks of a death that should only come by way of maturing heterosexually and this is the reason why queer and minoritarian PLHIV are, first and foremost, sentenced to a spatio-temporal death, prior to death itself; a premature conceptual death that destroys the now, preceding the actual one.

In *Zero Positive*, Kondoleon criticizes this most normativizing, stigmatizing and pathologizing aspect of the HIV/AIDS discourse. Medical (mis)treatments indeed perpetuate the stigma, rendering PLHIV paranoia-ridden, and suspicious of their bodies. Samantha summarizes the medical approach’s futility when she, on doctors and medical (mis)treatments, says “you sense everyone’s faithless in their own attempts,” (Kondoleon, 1993, p. 245). She further mulls over how medical (mal)practices inevitably add to the burden of the normative imagination that PLHIV are conceptually dead when they are diagnosed with HIV. As such, medicine always implies its sinister predisposition, which is to force PLHIV to “embrace the incurable” while resolutely skirting around care and treatment (Kondoleon, 1993, p. 246). Samantha also underlines the fact that giving in to medicine is nothing but a lost cause since it never fails to be specious, attributing its own failure to PLHIV

while claiming their total withdrawal: “we’ve donated ourselves to experimentation” (Kondoleon, 1993, p. 250).

Like Samantha, Prentice is also fed up with the centralization of death for queers, a process which is exacerbated by the normative regimen of life. The presumption here is that queers need to perform sexual abstinence, otherwise, they are basically self-destructive murderers. He notes: “the whole romance angle of life has been drained out of everyday experience. Everyone meets everyone else and suspects they’re meeting their executioner, it makes the most casual overtures seem [...] extinctive [...],” such that everyone should interact with others “at arm’s distance” (Kondoleon, 1993, p. 247). Prentice has this fear of interaction and hysteria because he does not want to stay in this controlled stasis aggravated by both medical and societal oppressions, which further disallows him from fully participating. When Samantha and Himmer talk about testing he also says that he is against testing, thinking that he would not ever become seropositive. He is fearful, anxious, obsessive (“disorder is too terrible for him” (Kondoleon, 1993, p. 222)), and avoids people as well as interaction, mainly because he does not want to exacerbate his isolation, since he already feels like a spatio-temporal other due to his queerness. Being seropositive, after all, would render him even more untimely and non-spatial because it would make him more visible; he, too, does not want to be on the side of *chaos*.

Himmer is no exception with the ever-pathologizing, hope-ridden futility of prognosis. He also says that the drugs he’s been taking are making him queasy and, as a result, he feels sicker. When Prentice asks whether there is any good news from his doctor, Himmer answers, “good news/bad news, it’s become a ferocious bore” (Kondoleon, 1993, p. 248). As such, he considers suicide. Himmer’s suicide, or the

notion of it, especially in light of Illich's comments can be posited as a resistive practice of self-actualization. Again, Illich notes:

Socially approved death happens when man has become useless not only as a producer but also as a consumer. It is the point at which a consumer, trained at great expense, must finally be written off as a total loss. Dying has become the ultimate form of consumer resistance [...] Authority might be challenged if he took his life before the appointed hour. The medicalization of society has brought the epoch of natural death to an end. (Illich, 1974 p. 206-7)

Himmer epitomizes what Illich describes as "consumer resistance." He wants to disentangle his "appointed hour" with death, since death itself is a "commodity" (Illich, 1974, p. 174), thus challenging the temporal subjugations that interfere with his very existence and denote his recession from compulsory heterosexuality before killing him. Perhaps this is why the play also transforms the medical term *seropositive* to *zeropositive*. This gesture can be thought of as, again, shaking the shackles of medical parlance, thus its emblematic discrimination practices which are solidified by language. When Samantha reveals to Himmer and Prentice that her test results are positive, Himmer underscores the term's highly problematic connotations. Seropositivity amounts to how medical temporality makes PLHIV closer to the idea of a "death sentence:"

SAMANTHA: Seropositive, what else is there to say?

HIMMER: Zero positive? The zero for infinite nothingness and the plus sign like a cross in a grave.

SAMANTHA: The word is sero not zero.

PRENTICE: It doesn't mean anything.

HIMMER: It's a death sentence (Kondoleon, 1993, p. 228)

This dialogue comes relatively earlier in the play, however, it further emphasizes how Himmer, later, will disrupt this imposed death sentence, and thus hampering his victimization ordered by majoritarian dictums. Consequently, Himmer entreats the hemlock which is called the "elixir of life" in "The Ruins of Athens." Like the impossible cure in Vogel's *The Baltimore Waltz*, this elixir can also be perceived as a

queer substitution for the ineffective treatments and drugs. If Himmer's death symbolizes the death of a queer PLHIV's compliance and his futilely hopeful self, then, indeed, it is more beneficial than the prognosis-imposing, ever-pathologizing medical barriers of medical drugs and treatments.⁶ In that sense, the elixir is nothing but a cure. That is, Himmer's suicide is an antithetical cure potentially more healing to him as a queer PLHIV than the medical barriers that queer the pitch of queer PLHIV. It would allow him to disassociate from the spatio-temporal constraints by way of a symbolic death as a radical resistance. Rather than giving in to an institutionalized death at the hands of medicine, surely, he would consider suicide to break this preventive mold.

This is, however, a symbolic death; Himmer does not commit suicide. This, however, does not make such an act inefficient and/or not radical enough. The fact that Himmer has reservations and that he desists from committing suicide makes his symbolic death even more important. Symbolic suicide indicates the temporal malice of medicine. The anticlimactic turn, that is his self-doubts and eventual renunciation, becomes an essential impetus with which, I believe, Kondoleon emphasizes the fact that one needs not to commit suicide, and that perhaps, the idea, albeit unactualized, itself is resistive enough to make a point. In that sense, hope, surely, becomes significant, an enduring reclaimed armor against allegedly salutary medicinal practices. Himmer disqualifies medical hope, replacing it with his own idiosyncratic, *uncontaminated* hope. Jacob Blank's drinking the hemlock in "The Ruins of Athens" provides an anticlimactic catharsis since it qualifies Himmer's non-death and his reclaimed hope. Prior to the play-within-a-play gesture Himmer demonstrates a

⁶ If the body is seen as a space, then drugs and other temporally stalling treatments can be seen as spatial barriers deployed on these bodies.

turning point in his motives, which can be seen from the following excerpt from his dialogue with Samantha and Prentice:

HIMMER: The truth is I'm not so sure I'd like to slurp down my final brew. I keep thinking what if there really is a soul, some filament only vacationing in you for a time, wouldn't it be a terrible pity then to find out you'd muffed its smooth flight with your unhappy interventions. What if impatience really is somehow punished after life as it is so often punished in life, wouldn't that be awful? (Kondoleon, 1993, p. 262)

In this passage, Himmer displays a self-questioning that leads him to an essential realization. He wants to reactivate his patience and hope which are not taught and/or induced by medicine, but perform a hope of his own. Then, he realizes the fact that it has always been there, that it lies in his powerful connection to his friends with whom he shares a same forced destiny. This becomes another cure against the spatio-temporal constraints aggravated by the medical control of PLHIV.

4.3 Queer kinships, familial burden and recuperation

Kondoleon points out the recuperative nature of the friendship between Himmer, Samantha and Prentice by way of his theater. Theater, as the enabling medium free from normative spatio-temporal structures, functions like a home. Unlike a traditional home with constraining rules, a theatrical home paves the way for alternative spatio-temporalities. What is more, Kondoleon, through his metatheatrical formulations, brings the group together, showing that these friends are performing for one another. This is why queer kinship is extremely vital and can be considered as recuperative measure. Indeed, their friendship, just like Himmer's renunciation of his suicide, becomes a recuperation in the presence of the punitive proceedings that PLHIV have to face. A specific scene, placed right before the denouement, signals the importance of this recuperation. In it, they all apologize to each other. This collective apology occurs between the members of this newly discovered family, as

they express love and forgive each other for any adverse thing they may have said or done. This moment further emphasizes the fact that the love and forgiveness between this family will not be invalidated by any kind of dominant dictum. It is a moment of embracing togetherness in defiance of predominant intolerance, lack of compassion, and virulent discrimination:

HIMMER: I'm sorry.

PRENTICE: And I'm sorry for anything I said to you bitter or envious or angry. But because we may not be here tomorrow—no, let me finish—we may not be here tomorrow and I want to say I'm sorry to everyone before it's too late.

SAMANTHA: I'm sorry too.

[...]

HIMMER: Let's promise to always have some love for each other even after we've gone (Kondoleon, 1993, p. 263)

Certainly, the threesome's friendship is actually conspicuously striking from the outset of the play. Yet, after this scene, it becomes quite vital since it, as I would argue, evinces solidarity through their kinship, freeing them from spatio-temporal constraints. Himmer used to have no place in his head “for love hopes” (Kondoleon, 1993, p. 253) and was thinking that “the happy answers have been removed from the deck” (Kondoleon, 1993, p. 217). He was thinking that he “can't wait until tomorrows” (Kondoleon, 1993, p. 50). Chiefly, this is because of the fact that Himmer once was married before acknowledging the radicality of his homosexual identity: “[...] in the back of my mind I thought, oh, I'll have a child, that'll be nice, a nice little girl or boy to take on this long walk through harsh weather” (Kondoleon, 1993, p. 220). In hindsight, he realizes his past life in a heterosexual relationship with a supposedly ideal future crumbles. He, now, as a marginalized queer PLHIV, can see the pitfalls of normative heterosexuality's relation to power structures, its one-sided spatio-temporalizations. Once he realizes the significant resistance of the powerful kinship him and his friends share, however, he seems to understand the

necessity of a recalibrated love and hope. This is exactly why Himmer implies a love that even overbears death.

Elizabeth Freeman effectively demonstrates how queer belonging functions. Freeman writes, “to want to belong, let us say, is to long to be bigger not only spatially, but also temporally, to “hold out” a hand across time and touch the dead or those not born yet, to offer oneself beyond one’s own time” (Freeman, 2007, p. 299). As Freeman argues, this kind of belonging heralds the nullification of the spatio-temporal stigmas of the past, the present and, more importantly, the future. It is cross-temporal since it transforms the stigma, perhaps restructuring it and turning it into something positive, renewing the connection over and over again, always resituating oneself in relation to temporal others, thus effectively sidestepping the stigmas in the process. Freeman also writes that queer kinship points to “forms of alliance with and inheritance from bygone or not-yet eras and discarded bodily dispositions” (Freeman, 2007, p. 311). It is with this kind of resistive affiliation that Himmer plans to recalibrate love and hope which, I would also say, queers the notion of death as well. The affective heaviness that compels these characters gives way to a very necessary relief after this moment. Kondoleon’s formal choices, in that respect, make room for alternative spatio-temporalities in which different types of relationalities, apart from the Oedipal ones, come to light and fully function.

In *Zero Positive*, the overbearing heterofamilial burden is represented by Himmer’s father, Jacob Blank. Kondoleon uses this figure to debunk the recursive production of normative spatio-temporalizations. By so doing, I believe, the vital importance of the kinship between Himmer, Samantha and Prentice becomes further manifested. In “Is Kinship Always Already Heterosexual?” Judith Butler argues that “kinship does not work, or does not qualify as kinship, unless it assumes a

recognizable family form” (Butler, 2002, p. 14). Butler points out how capitalism and the figure of the heterosexual family designate spatio-temporal codifications and their spurious appearance as normal and/or natural. The heterofamilial burden is sustained through the maintenance of an Oedipal temporality. Himmer problematizes the centralization of Oedipal temporality after being harangued by his father, who maintains his never-ending infantilizations by strictly demarcating his prioritized adulthood from Himmer’s still continuing childhood. Himmer says:

HIMMER: I spoke to doctor anger. He wanted me to go on at length about my childhood. He had his heart set on understanding all my bad attitudes and bad fortune in terms of my upbringing, I have total recall of any given situation from the past so I let his little ears fasten to my rather lengthy list of what by now must be to all twentieth century psychologists a rather commonplace harangue of baffled infancy, estranged toddler days, wounding adolescence, and stultifying adulthood. (Kondoleon, 1993, p. 256)

Normative familiarity is sustained through the centralization of the Oedipal cycle, an upbringing which is contingent upon the idea that children are “baffled,” subjects who should act with a sense of mission to eventually become a stultified adult.

Himmer, due to his previously married state, thoroughly understands this problematic process now. As such, he questions the “reproductive logics of Oedipal temporality” (Halberstam, 2007, 318).

Kondoleon, again, plays with this regimented separation, in other words this linear upbringing. In so doing, he, I believe, grants Himmer a “backward birth” as an adult. Kathryn Bond Stockton, in *The Queer Child, or Growing Sideways in the Twentieth Century*, proposes this concept to obliterate the distinctive and decisive segregation between childhood and adulthood. Stockton emphasizes that the fantasy of becoming an adult, in other words, the notion that the phase of adulthood that always has to follow of childhood is problematic, since this betokens the regimental process of “growing up toward full stature, marriage, work, reproduction and the loss

of childishness” (Stockton, 2009, p. 4). Therefore, it is the act of looking backward that matters, a process to which she refers to as “a gay child’s backward birth,” which means to realize one’s queerness as a child and thus, simultaneously signifying the straight adults’ “death” (Stockton, 2009, p. 16). Stockton puts forward another way of growing up, a “sideways growth” which is “something related but not reducible to the death drive; something that locates energy, pleasure, vitality, and (e)motion in the back-and-forth of connections and extensions that are not reproductive. These I will theorize as moving suspensions and shadows of growth.” (Stockton, 2009, p.13) I would argue that Himmer actualizes his “backward birth” by first exhibiting an edgy death-drive that is later interrupted, enabling him to regain his hope invigorated by a newfound familiarity (kinship). He not only evades the incessant infantilizations of his father, but also completes his very “sideways growth.” The kinship represented in this play stands against monolithic Oedipal temporality. It lays bare its problematic one-sidedness that enforces linear progress in an ostensibly synchronous life.

Jacob Blank operates as the absurd purveyor of this kind of synchronous life. He considers Himmer as a “rascal” (Kondoleon, 1993, p.256) or a “little boy” (Kondoleon, 1993, p. 221) and continuously infantilizes him, his friends and their interaction. He does not think that “children mix well with adults in social functions” (Kondoleon, 1993, p. 256) and admonishes Himmer to find himself a spouse when he’s “old enough.” (Kondoleon, 1993, p. 257) Here, Blank’s reference to “children” is a metonym for queers, queer and minoritarian PLHIV, people with non-normative sexual practices and a sex-positive woman, underlining the connection between these figures and an idea of infantile time. As José Esteban Muñoz notes, in his influential book *Cruising Utopia: The Then and There of Queer Futurity*:

Queers [...] especially those who do not choose to be biologically reproductive, a people without children, are, within the dominant culture, people without a future. They are cast as people who are developmentally stalled, forsaken, who do not have the complete life promised by heterosexual temporality. (Muñoz, 2009, p. 98)

In Jacob Blank's view, Himmer, and his friends are immature agents without a future. JB's incessant infantilizations of them indicates a demarcation between his own justified heterosexual temporality, which is purposeful, promising and foreseeably safe, and their infantile temporality, which is developmentally arrested, lacking and unpromising. In the play, this contrast is further amplified through JB's absurd relationship with Debbie Fine. Jacob Blank and Debbie Fine serve as a model for a proper relationship, which, in turn is represented through their timeliness:

JACOB BLANK: Darling, am I terribly late?

DEBBIE FINE: Just on time.

Debbie Fine and Jacob Blank kiss.

JACOB BLANK: Let's live in the present ... it's all we've got. (Kondoleon, 1993, p. 257)

Here, Kondoleon satirizes heterosexual temporality's perfectly operating state. This dynamic is further emphasized in the scene in which Jacob Blank boasts about how he would get flowers for Debbie and garnish their bedroom with them:

JACOB BLANK: I'll buy you some darling. I'll spread them on our bed.

HIMMER: You're indecent; keep your sex life to yourself and private.

(Kondoleon, 1993, p. 260)

In the excerpt above, Kondoleon mocks the sacralization of the bed, which, just as in Vogel's *The Baltimore Waltz*, is the one and only consummatory space. Jacob Blank publicizes his private space to Himmer and his friends, reaffirming compulsory heterosexuality's perfectly arranged spatio-temporalization by presenting the organized heterosexual within preset spaces ensconced in homes.

The ideal state of Jacob Blank and Debbie Fine's heterosexuality contrasts with Prentice's idea of home. In an earlier scene, Prentice says: "[A] large expanse of

homelessness sits at home waiting for me, it's always at home. I'm homesick in and out of home" (Kondoleon, 1993, p. 251). This striking contrast demonstrates how the idea of home is, indeed, tenuous for queers; for the queer and queer PLHIV, home remains as an insecure non-place which signifies non-belonging. Lauren Berlant, in *The Queen of America Goes to Washington City*, contends that there is "no privacy protection for any non-reproductive sexual practice or identity," emphasizing that protected privacy is available only for heterosexuals (Berlant, 1997, p. 18). Privacy is provided by the privatization of the home, which serves the purpose of the perpetuating a happy and organized "heterofamilial citizenship" (Berlant, 1997, p. 18). Queer and queer PLHIV, indeed, are kept out of this entitlement. They, as Berlant underlines, are where the "logic of the national future comes into crisis" (Berlant, 1997, p. 18). In this regard, Jacob Blank is the purveyor of "heterofamilial citizenship."

Kondoleon nevertheless disrupts Jacob Blank's celebrated heterofamilial privilege by positing his character with not only self-destructive motives but also downright infantilizing him and locking him up in an infantile temporality. He also portrays him, especially earlier in the play but also in general, quite childishly. Jacob Blank plays with his train set, crying out loud, rushing about and knocking things over like a fidgety child. At some point, indeed, Himmer, Prentice and Samantha try to control him (Kondoleon, 1994, p. 222). He also seems quite disconnected from the real world, primarily because he grieves for his late wife. Yet, things are quirkiest and beyond mere grief. Kondoleon seems to be purposefully rendering the familial subjects as the spatio-temporal other:

PRENTICE: It seems he's gone into some time warp where he's still married to your mother or maybe they're just dating. Anyway, he was calling for her. He hasn't seen her in twenty years so I guess the funeral really threw him right? (Kondoleon, 1993, p. 224)

And in another:

HIMMER: He has sort of lost his mind a bit. He's sort of skipped to another place in time, with my mother apparently (Kondoleon, 1993, p. 233)

Himmer further aims at his family's pitfalls and ironically infantile state. He thinks that the marriage of his father and mother was a complete "horror-show" (Kondoleon, 1993, p. 217). He thinks that his mother was "in a state of arrested development [...] pickling her teenagerness in solitude," and that his father, now, is acting as a "cut-free adult [...] living in his head like a teenager" (Kondoleon, 1993, p. 250). All of these factors blur the line between adulthood and childhood.

This is one of the most striking trademarks of *Zero Positive*. By reverse infantilization, Kondoleon locates adults as non-temporal and non-spatial, turning this supposedly sacred home into a playhouse. Therefore, it is possible to say that this reversal queers the very heterosexual enclave, displaying how it is structurally meagre and preposterous. In that respect, Kondoleon epitomizes Jacob Blank as a "dead citizen," who, according to Lauren Berlant, is not a living identity "but dead, frozen, fixed at rest" (Berlant, 1997, p. 60). Berlant argues that, "healthy heterosexual identity (the straight and undiseased body) is a prerequisite to citizenship" (Berlant, 1997, p. 80) Kondoleon turns Jacob Blank's "healthy heterosexual identity" upside down by depicting him as a demented and dysfunctional heteropatriarchal fool. To this end, it is possible to say that he becomes the victim of spatio-temporal constraints, unable to be included in normative spatio-temporality. On account of this, his function disappears, and Kondoleon spares him, putting an end to his long-standing heterosexual burden. In "The Ruins of Athens," while Himmer and Prentice arm-wrestle for the elixir, Jacob Blank enters and drinks it at a moment's notice. This, I would argue, cannot be reckoned as a selfless fatherly

move, but rather a move that strengthens his long-standing heterosexual burden, which is what Kondoleon tries to emphasize from the very outset of *Zero Positive*. Jacob Blank becomes the one who is overwhelmed by this heterosexual burden and eventually kills himself in this pseudo-cathartic scene:

JACOB BLANK: Athletes, I toast your Olympian triumph! (He drinks)
PRENTICE: It is the King
 And he drinks the poison.
HIMMER: It is poison
 It is poison
 It is poison
HIMMER: Dear Father, it isn't elixir you've drunk but poison I intended for myself, if we don't hurry you will die. (Kondoleon, 1993, p. 277-78)

This necessary death of Jacob Blank is provided by a play-within-a-play, "The Ruins of Athens," which allows me to segue into Kondoleon's theatrical interventions.

4.4 A dramatic cure: The play-within-a-play

The denouement of the highly dramatic second act commences in a hospital room. Led by Himmer and accompanied by his friends, "The Ruins of Athens" is enacted within hospital walls. The play is written by his mother and is a comically vitriolic allegory of HIV/AIDS. It takes place in a derelict, war-stricken Athens, an "Acropolis in disarray from the war" that resembles rather a modern *necropolis*, New York City, as noted in the stage directions. Kondoleon provides a metatheatrical intervention through this half-serious Greek play. Metatheatricality draws further attention to the realities that queer and minoritarian PLHIV face. In that sense, the characters' awareness of their theatricality reminds us of the fact that they are the real players in the real world featuring the endless deployment and sustenance of spatio-temporal stigmas. When this is the sole reality of queer and minoritarian PLHIV, theater and theatricality remain as the provider of truth, and thus can be perceived as a functioning cure. For instance, in the hemlock-drinking scene of "The

Ruins of Athens," medical dead-ends are even more emphasized and criticized. The elixir, as an antidotal drug that actually functions as opposed to inoperative medical drugs, kills the figurehead of heterosexuality, Jacob Blank. Kondoleon establishes a working cure that interrupts spatio-temporal stigmas, giving hope back to the hands of Himmer. Hope, indeed, lasts because of this manoeuvre. Metadramatic elements enhance the spectators' empathy too. They underline the malicious logic behind pervasively diffused spatio-temporal stigmas and draws attention to their toxic transmittability.

Furthermore, Kondoleon reterritorializes the hospital. Theater seeps into this resolutely stigmatizing, dehumanizing and pathologizing clinic, turning it into a more hospitable space. In this new form it can be said that Kondoleon deinstitutionalizes PLHIV, giving them the freedom and potentiality of theatrical spatio-temporality, a safe and operative hereness and nowness. The effect of this becomes even more cathartic when Himmer's suicide is stalled and hope is regained.

4.5 Conclusion

Zero Positive draws its strength from disrupting the spatio-temporal cage in which queer and minoritarian PLHIV are left to die. Its protagonist Himmer, indeed, embraces the negativity of his queerness and the radicality of the death drive. Yet, this does not hamper him from recalibrating the notion of hope over the course of the play. This is the optimism of repudiation. He repudiates pathologizing medicalization, the heterofamilial normativity with which spatio-temporal constraints are propagated, and eventually death. Himmer's symbolic suicide, and his later reclamation of hope and alternative forms of bonding, which indeed indicates different spatio-temporal planes, avoiding the institution of family, can be seen as

curative actions and practices he shares with his friends. Surely, Kondoleon demonstrates these through the medium of theater. His use of metadramatic elements, especially, derail normative spatio-temporal constraints, exposing their malicious formation, control and diffusion at the hands of power.

CHAPTER 5

CONCLUSION

“We have a moral and ethical obligation to persist in the living of real (as opposed to ‘reel’) time. That is the power of theater. We’re all in this together, at the *same* time. We’re totally engaged in being human together, sharing the identical instants as our time advances, parallel in unison.”

—Jeff Weiss, (Quoted in Sarah Schulman’s *Stagestruck: Theater, AIDS, and the Marketing of Gay America*)

“We must believe in a sense of life renewed by the theater.”

—Antonin Artaud, *The Theatre and Its Double*

“But is it too late to avert the scourge?”

—Antonin Artaud, *The Theatre and Its Double*

As I explained at the beginning of my thesis, my purpose has been to question canonicity, as well as to do justice—if such a thing is possible—to the generally overlooked plays of the HIV/AIDS theatrical canon. To do that I proposed to analyze them in light of queer and cultural criticism, and a focus on the plays ultimately led me to reconsider the relationship between the HIV/AIDS stigma and the spatio-temporal coordinates of normative heterosexuality. In doing so, I sought to demonstrate how these constraints are counter-suspended by queer spatio-temporal interventions. As a result of my analyses, I came to the conclusion that Paula Vogel, Cheryl L. West, and Harry Kondoleon’s theatrical interventions free queer and minoritarian PLHIV from their spatio-temporal duress. All three playwrights, in their unique dramatic ways, criticize and problematize the institution of the family, home and medical control. Spatio-temporal stigmas, as I demonstrated, are irreducibly predominant in all three plays. However, these stigmas are redressed by way of Vogel, West, and Kondolen’s theatrical interventions, strategies with which they

resist majoritarian oppressions and dominant ideologies by perpetually queering them.

Theatre is a liberating antidote to occluding spatio-temporal stigmas. Theatrical spatio-temporality is unassimilable to such stigmas: it certainly unearths them on stage, but merely for the purpose of abrogating them immediately after showing their pitfalls. Theatre is immune to destabilizing majoritarian dictums. In that sense, these plays, I concluded, can be taken into account as “utopian.” For Jose Esteban Muñoz, as he suggests in *Cruising Utopia: The Then and There of Queer Futurity*, utopian theater repudiates the prison-like “here and now,” and gestures towards “then and there” instead (Muñoz, 2009, p. 1). Utopia for Muñoz is “a horizon of possibility,” it is “a temporal disorganization, as a moment when the here and the now is transcended by a then and a there” (Muñoz, 2009, p. 97). In that sense, Vogel, West, and Kondoleon, are all harbingers of a “hope for our collective future,” a future without spatio-temporal stigmas by way of theatre (Dolan, 2005, p. 4). Like Muñoz, Jill Dolan, also, underscores the vital importance of utopian theatrical/performance practices:

[T]he material conditions of theater production and reception that evoke the sense that it's even possible to imagine a utopia, that boundless "no place " where the social scourges that currently plague us—from poverty, hunger, cancer, HIV/AIDS, inadequate health care, racial and gender discrimination, hatred of lesbians, gay men, bisexuals, and transgendered people, the grossly unequal distribution of wealth and resources globally, religious intolerance, xenophobia expressed in anti-immigrant legislation, lack of access for the disabled, pay inequity, and of course a host of others—might be ameliorated, cured, redressed, solved, never to haunt us again (Dolan, 2005, p. 37)

Theatre’s spatio-temporally infinite state (or indeed stage) establishes a remodeled hope, one which is ameliorative. Reclaiming PLHIV’s spatio-temporal displacements, theatrical spatio-temporality functions as a liberating possibility.

As a final remark, today we are facing another viral pandemic (COVID-19). We are witnessing similar governmental crackdowns, the problems of medicalization, one-sided policy-making, and the viral propagation of state-sanctioned homophobia, racism, ageism, classism, and xenophobia. The discourse of COVID-19 uncannily resembles the HIV/AIDS discourse. As much as I want to outline these parallelisms, they are beyond the scope of this thesis. Still, I would like to note that these violent mechanisms and their repercussions constitute the real pandemic that continues to infect us.

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