

# Vernacular Policies of Feeling: *Sensuous Presence and the Emergence of an AIDS-Era Sexual Health Ethic*



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**Abstract:** Before the isolation of HIV in 1984, members of queer sex communities developed robust explanatory frameworks for not only understanding AIDS but also mitigating its possible sociopolitical consequences. These frameworks retooled political values inherited from past models of sexual health activism to introduce flexible, future-oriented sexual health policies. This essay considers how AIDS commentators working during the first year-and-a-half of the crisis tailored their speculative arguments about appropriate AIDS-era sexual health ethics in ways that attempted to address the enigmatic epidemic's intersecting medical, political, and sexual crises. Drawing on work that considers the embodied dimensions of Perelman and Olbrechts-Tyteca's concepts of presence and communion, I argue that, in the absence of clear biomedical information about AIDS, early AIDS commentators devised what I call *vernacular policies of feeling*. Unlike traditional health policies that rely on empirical evidence, vernacular policies of feeling make present communal ways of sensing risks to stabilize biomedical controversy, induce collective action, and affirm community values. Along with demonstrating how the body serves as a rhetorical resource for those made vulnerable to illness and death, vernacular policies of feeling productively illustrate how non-expert communities construct future-oriented arguments in moments of overwhelming contingency.

**Keywords:** AIDS, vernacular, policies, presence, communion, feeling, risk

In 1978, the North American queer issues magazine *The Advocate* published *The Advocate Guide to Gay Health*, a comprehensive sourcebook addressing a range of topics important to queer well-being. Despite being released near the end of a decade defined by

radical queer activism (Batza, 2018), the guide's primary goal remained providing readers with a framework for mitigating the internalized negative self-concepts that resulted from pervasive anti-queerness:

We may think there is nothing “wrong” with being gay, but let one of us come down with the clap and somewhere, from the hidden recesses of the psyche, comes the still small voice: ‘See? See what happens when you break the rules.’ (Fenwick, p. xii-xiii)

To help readers silence this “small voice,” the guide outlined an expanded definition of health. “Health is more than the absence of disease....it is an approach to living that will allow us to enjoy life,” it explained before going on to note that to be healthy meant taking “full responsibility for the physical and mental stresses that can dull, if not prevent, the pleasures of the gay life-style [sic] we celebrate” (p. xiii). By emphasizing the collective affective and embodied work needed to secure queer health, the guide moved past brute biomedical markers of illness to outline a sexual health ethic committed to the importance of queer pleasure. Drawing inspiration from the feminist and Black power movements, *The Advocate* framed queer health as necessarily political. Like their progressive contemporaries, queer health activists knew that the quest for queer political liberation—much like the desire for sexual gratification—could never be fully satisfied. “Like it or not,” the guide remarked bluntly, “we belong to a minority group, one that requires special medical monitoring and extraordinary self-care in the management of our health” (Fenwick, p. xii).

Queer health's ability to support a pleasurable, politically liberated life would quickly be put to the test. In June 1981, CDC researchers announced that five previously healthy men in Los Angeles had been diagnosed with *Pneumocystis carinii* pneumonia (PCP), a fungal pulmonary infection indicative of advanced immune suppression. While researchers could not explain what was causing these men to become sick, they stressed that the patients were all “active homosexuals” who had recently been diagnosed with other sexually transmitted infections (MMWR, June 1981, p. 251). The links joining gay male sex, STIs, and immune suppression were further strengthened when researchers began reporting that sexually active gay men were also being diagnosed with Kaposi's Sarcoma (KS), a rare form of cancer. The CDC urged physicians to “be alert for Kaposi's sarcoma, PC pneumonia, and other opportunistic infections associated with immunosuppression in homosexual men”(MMWR, July 1981, p. 307). By the time the CDC first adopted the designator AIDS in September 1982, medical

professionals identified sex between men as the syndrome's most significant risk factor (MMWR, p. 508).

Almost immediately, queer health activists began harnessing every available means to collaboratively define what AIDS was, speculate about what it meant for their community, and outline what potential actions were necessary to curb its spread. Queer issues periodicals quickly became important sites where queer people gathered to deliberate about the pillars of this new gay sexual health ethic. For instance, in one of its first feature-length articles on KS, New York City's queer newspaper of record, the *New York Native* (the *Native*), surveyed some of the city's 40 confirmed KS patients to ask them what they thought might result from immune suppression in their communities. Their responses are striking examples of how AIDS opened a discursive space for everyday gay men to reflect on community values. Consider one man's response to the question of whether he thought any good might come from the burgeoning health crisis:

I think that it's important for gay people not to fall into the self-hating guilt trap that we, like other minorities, have always "fallen" into in the past.... I hope [AIDS] will galvanize the gay community to reevaluate its priorities. My biggest fear is that gay people will perceive what's happened as a scourge of God, a punishment due, rather than a disaster that has struck close to home. If we embrace the community concept, if we engage our collective intelligence, courage and maturity, our emphasis will be on overcoming rather than on the suffering of this disease. (Mass, August 1981, p. 13).

This man's hope that AIDS might catalyze both a re-evaluation of and recommitment to queer politics is a poignant illustration of Paula Treichler's well-known claim that, along with being a medical catastrophe, AIDS was also an "epidemic of signification" that "produced a parallel epidemic of meanings, definitions, and attribution" (1999, p. 1). To wit, the abounding controversies over how to appropriately signify AIDS point to the fact that for many queer people living in the initial crisis years, AIDS was a *rhetorical controversy* that revealed "the limitations of existing formations of discourse and create[d] a space where alternative *discursive* and *material* systems [could] be produced" (Phillips, 1999, p. 494, emphasis added).

Below, I examine arguments written by and for gay men living at the very start of the AIDS crisis that attempted to create material-discursive frameworks able to define the problems of

AIDS and support new collective sexual policies for managing those problems. Most generally, these arguments worked toward two goals: first, they alerted gay men that AIDS was a health problem that necessitated new sexual behaviors; second, they outlined pragmatic steps vulnerable people could take to protect both their health and their community's political strength. In approaching the intersecting medical, social, and political crises instigated by AIDS as problems that could be solved through organized action, I maintain that these arguments assumed the future-oriented structure commonly found in policy arguments (Hoppe, 2007). Crucially, unlike typical public policy arguments, these emergent AIDS-era sexual health policies lacked the dependable empirical data necessary to make predictions about and justify the appropriateness of particular sexual health interventions. To compensate for this absence, early AIDS commentators attempted to make sense of the enigmatic epidemic by retooling values important to the gay liberation's sexual health activism: the social nature of sexual health risk, the importance of collective responsibility, and, significantly, the political utility of gay male promiscuity.

To prompt active reflection on how the AIDS crisis might affect queer sex politics, early AIDS commentators introduced what I describe as *vernacular policies of feeling*. Rather than using remote technical evidence to define the course of action best suited for responding to AIDS, these vernacular policies of feeling grounded debates about fuzzy concepts—promiscuity, panic, and responsibility—to the sensing body. Guided by Chaïm Perelman and Lucie Olbrechts-Tyecta's (1966) conceptualization of *presence* and *communion*, as well as recent theoretical amplifications that account for those concepts' sensory and material implications (Pezzullo, 2007; Hawhee, 2023), I consider how AIDS commentators imbued abstract sexual health values with presence as they constructed their tentative sexual health ethics. Ultimately, I demonstrate that these inchoate, vernacular sexual health policies made present not only modified AIDS-era sexual health values but also competing, and sometimes incommensurate, collective ways of sensing risk.

### **Vernacular/Policies/Feeling**

Comprised of three operative key terms, my notion of vernacular policies of feeling names the self-critical discourses that emerge when publics attempt to organize and sustain collective, embodied action in pursuit of common goals. My use of the term *vernacular* intentionally points to the inherent situatedness of this type of

policy argumentation. Building from critical rhetorical scholarship that takes seriously enclaved language's capacity to aid in pragmatic processes of meaning-making and community regulation, I understand *vernacular policies* to be, first and foremost, dedicated to nurturing a dialogic understanding of shared problems. Unlike typical policy arguments, which tend to rely on technical and statistical data "to predict the best course of action a policy should take next" (Dingo, 2012, p. 21), vernacular policies recruit the everyday rhetorical practices already found in particular publics to prompt the collaborative development of shared regulatory guidelines. Notably, because they are rooted in familiar norms, vernacular policies, to borrow from Gerard Hauser (1999), "both lack and transcend the force of official authority," a feature that affords them a remarkable level of flexibility and responsiveness (p. 67). To account for this flexibility, this essay concerns itself with a special species of vernacular policies—those that are designed specifically to streamline collective ways of *feeling*. Like other rhetoricians, I understand feelings as sensory and affective modes of engagement with/in the world. The benefit of this perspective is that it allows us to understand how policy arguments infiltrate the body and come to steer not only appraisals of shared problems or goals but also nurture common, politically consequential affective and sensory responses to guide collective action.

Turning to the vernacular policies of feeling that arose during the first year and a half of the North American AIDS crisis, I aim to tease out the discrete practices that the earliest AIDS activists used to coordinate the queer sex community's initial responses to the epidemic. I do not only look at the different frameworks these activists used to explain the cause of the health crisis; I also examine how they folded the emerging epidemic into the political infrastructures inherited from Stonewall-era queer activism. Of special concern is how activists skirted around the threat of external regulation by mainstream public health officials by surfacing and streamlining how at-risk communities ought to feel about AIDS in ways that would allow them to address the problems it posed internally. Put most simply, I am interested in how the earliest AIDS activists imbued their understandings of the crisis with a meaningful, action-oriented, and felt sense of *presence*.

## **Embodying Presence**

The cornerstone of Perelman and Olbrechts-Tyteca's *The New Rhetoric*, presence most generally refers to the selection and

modification of argumentative elements to support a rhetor's suasive goals. As with all other aspects of their New Rhetoric Project, Perelman and Olbrechts-Tyteca understood presence to be *functional*. "Presence," Alan Gross (2005) explains, "is a consequence of the need to select from a mass of material and a variety of persuasive means" (p. 5). Developing a theory of presence, then, allowed Perelman and Olbrechts-Tyteca to move beyond the unbending logical principles of formal dialects and consider dexterous strategies that rhetors working in a variety of actual argumentative contexts might use to better facilitate the "contact of minds." (see: Frank, 2004; Ritivoi, 2008; Mitchell, 2019).

To be effective, vernacular policies of feeling require deliberately tailored techniques of presence. This is because, as Perelman and Olbrechts-Tyteca explain, presence is an active force that allows rhetors to structure communal experiences of reality by acting directly on an audience's sensibilities (p. 117). Presence's capacity to shape collective realities results primarily from the fact that in foregrounding certain elements, rhetors simultaneously make others more obscure, what Michelle Murray Yang (2020) describes as presence's constitutive "dialectic of presence/absence" (p. 177). "It is not enough," write the Belgians, "that a thing should exist for a person to feel its presence" (p. 117). Instead, rhetors must *endow* a thing with presence "through verbal magic alone" (p. 116). This is often achieved by bringing absent or distant elements "near to us in space and time" (Perelman, 1979, p. 17). Presence allows rhetors to conjure and give salience to relevant elements—both proximate and distant—to construct a particular view of reality. Louise Karon (1976) puts it well when she writes, "presence is a means by which reality is constructed" (p. 97).

It perhaps goes without saying that the implications of presence for rhetorical theory are profound as the concept draws attention to language's role in mitigating and (de)stabilizing the myriad contingencies resulting from the provisional, fluctuating realities we inhabit. To rehearse Carol Blair's (1999) familiar maxim, "Rhetoric is not rhetoric until it is...given presence" (p. 18). However, despite being provisional and (at least partially) rhetorically constructed, our realities are not open to revision willy-nilly. Perelman and Olbrechts-Tyteca explain that "being able to choose from among data does not imply that the elements which are not utilized can be totally disregarded," noting that "for each audience, there is a set of things that are admitted, and all of them [regardless of whether or not they are chosen] are liable to have an effect on its reactions" (p. 115). Put differently, audiences come with

a “frame of reference by means of which arguments can be tested” (p. 116). Gross and Ray Dearin’s (2002) notion of *superordinate presence* clarifies how these frames of reference are established. Rather than concerning themselves with what they call the “first-order” consequences of presence (e.g., the way that metaphor brings to mind similarities between two distinct elements), Gross and Dearin examine presence’s accretive, “second-order” effects and tend to how the iterative use of similar techniques of presencing coalesce to sediment “the real in the social and material universe and the significant in the realm of values” (p. 135).

While Gross and Dearin limit their study to the domains of public address, philosophy, and science, superordinate presence helps us think about the durability of the internalized negative self-images resulting from hegemonic oppression systems. For example, in each of the brief commentaries on queer sexual health that began this essay, the writers support their calls for modifying inherited queer sexual health ethics by bemoaning how internalized homophobia tenaciously haunts discussions about sexually transmitted infections. In every instance, the authors suggest that whenever poor sexual health is made present—either through somatic markers of illness, test results, or the looming threat of communicable illness—damning assessments of homosexuality’s supposed moral depravity quickly surface to construct a regressive reality in which STIs are divine punishment for hedonistic excess. On one level, the co-presencing of sexual illness and heteronormative moral condemnation points to superordinate presence’s durability. At another level, it underscores presence’s materiality. That is, how recurring acts of presencing root abstract social values in the body, and how discussions about corporeality trigger those values’ material-discursive emergence.

As it happens, presence’s bodily effects have been of increasing interest to rhetoricians. Much of this research investigates how presence enlivens something akin to what Debra Hawhee (2011) calls “rhetorical vision,” which is the active, lively process by which “words—oral or written—form perception.” (p. 140). For scholars of civic rhetoric, in presence’s capacity to “bring before the eyes” abstract values and absent phenomena have been a matter of particular concern. This is because presence is necessary for political decision-making since a “demonstrated need for judgment on matters past, passing, or to come gives impetus to bring the absent or unapparent into view” (Kennerly, 2010, p. 269). Presence’s capacity to spark the imagination and conjure the invisible, absent, or distant has immense utility for those attempting to garner support for urgent, though difficult to grasp,

common problems. For instance, in his work on the rhetorical arousal of feeling in the Anthropocene, Joshua Trey Barnett (2022) demonstrates that imbuing actual and potential ecological losses with visual presence helps induce a collective sense of grief (p. 110).

Although presence can sustain politically progressive causes, it can also be used to reaffirm oppressive social hierarchies by making marginalized people—especially those whose bodies sit at the intersections of multiple vectors of oppression—hyper-visible. Acts of presence, because they are addressed to audiences that are always already conditioned by the second-order effects of superordinate presence, can become unruly and work in ways that rhetors do not intend (Perelman, 1982, p. 35). Michael Butterworth (2008) argues that the unpredictability of presence might be even more forceful in moments when rhetors represent bodies inhabiting spaces and engaging in practices that deviate from normative corporeal expectations. In such instances, conservative social actors might make present regressive social scripts to reify dominant expectations about gender, race, ability, and sexuality (p. 261). As Christina Cedillo (2020) shows through her study on the tactical in/visibility practices embraced by disabled undocumented migrants, there are protective benefits to maintaining *invisibility* since a lack of presence helps mitigate the risk of surveillance and discipline.

Strategically balancing the tensions between presence and absence was particularly pressing as the earliest AIDS commentators assembled their vernacular policies of feeling. AIDS as a biological happening was invisible in at least two ways. HIV was not isolated until 1984, meaning that medical and vernacular considerations of the syndrome's transmission pathways were structured around a constitutive epistemological absence for three years. Second, although researchers were uncertain about AIDS's etiology, they suspected that the syndrome had an extended incubation period. Contagious yet seemingly healthy, asymptomatic carriers needed to be convinced they were at risk. Making matters even more complicated, queer AIDS commentators needed to help vulnerable populations be aware of AIDS's presence while working against the tendency for frank discussions of poor sexual health to surface condemnatory judgments about queer sexual difference. Deborah Gould (2009) notes that the queer community was gripped with pervasive ambivalence about queer sexual difference during the early crisis years. Contradictory feelings of pride and shame made mobilizing around the developing crisis fraught, and to prompt action, AIDS activists “repeatedly articulated and evoked certain feelings and suppressed others” (p. 63). Whereas Gould is



interested in the largely nonconscious ways that ambivalence narrowed the field of legitimate AIDS activism, I am concerned here with how the earliest AIDS commentators made present competing valuations of queer sexual health and how the vivid presentation of incongruous sex politics catalyzed overt deliberation about future queer sexual health policies.

As the following analysis makes clear, developing practical approaches to AIDS risk management required more than just representing AIDS through the display of sick bodies or remote statistical projections of risk; it necessitated the actionable policies that invested AIDS risk with an ethical “feeling of presence” (Perelman and Olbrechts-Tyteca, p. 118). Although Perelman and Olbrechts-Tyteca maintain that presence is the work of discourse, *The New Rhetoric* is chock-full of references to the *feeling* of presence. This provocative phrasing is often used when describing presence’s capacity to make things occurring in the *future* appear as immediate concerns for the *present* action. Rhetoricians have turned to how feeling the presence of temporally or spatially distant phenomena compels present action by first provoking a change in the body. In her study of the political potential of toxic tourism, for instance, Phaedra Pezzullo (2007) stresses that presence not only brings mental representations of dangers to mind but generates a *sense* of urgency in the body. Presence, she explains, “can indicate when we *feel as if* someone, someplace, or something matters.... Presence also refers, then, to the *structures of feeling* or one’s *affective* experience with certain elements” (p. 9, emphasis in original). Approaching techniques of presence as a way of accessing and modifying culturally relevant structures of feeling emphasizes that while presence is certainly cognitive, it is also deeply sensual. Hawhee’s (2023) work on climate change rhetorics builds on this conceptualization of “sensuous presence” (p. 6). According to Hawhee, rather than understanding presence as solely discursive, we are better positioned to grasp its “material and poetic force” if we think of presence as “a bundle of sensuous intensities.” (p. 10; p. 114).

This focus on presence’s material and poetic force guides my analysis of the vernacular policies of feeling developed during the first months of the AIDS epidemic. By studying how activists brought the emerging threat of AIDS near, I first seek to understand how vulnerable queer folks used every available means to ramp up *feelings* of AIDS risk. I am concerned, in other words, not only with how these commentators synthesize scant biomedical information about AIDS but also how they made present past embodied experiences with sexual illnesses to explain AIDS’s

potential prognosis. Second, given the fact that internalized feelings of shame were so tightly tethered to queer health, I am also interested in how the writers reaffirmed and refashioned the queer sex politics developed in the 1970s to meet the tremendous ethical demands of the escalating health crisis. Stated differently, I focus on how the earliest AIDS activists secured sensuous *communion* with their audiences.

Though subject to less scholarly development than presence, communion is a critical aspect of Perelman and Olbrechts-Tyteca's unique theory of epideictic rhetoric (p. 52). The Belgians saw communion as "the ends and means of all persuasion" since its primary goal is "the strengthening of community bonds and...laying the ground for future appeals to action" (Winn & Graff, 2006, p. 52). Richard Graff and Windy Winn have demonstrated that communion nourishes strong political communities (p. 64). This is because it is primarily concerned with educating audiences on shared values. According to Perelman and Olbrechts-Tyteca, "the speaker engaged in epideictic [*sic*] discourse is very close to being an educator." Notably, the education offered by communion is, at its core, vernacular since, to be successful, "appeal[s] to common values" must be "made by one who is qualified to do so, with the consequent strengthening of adherence to those values with a view to possible later action" (p. 53). I suggest that the sexual health policies developed during the first year-and-a-half of the crisis underscore the pedagogical quality of communion and function as generative cases to study the sensuous work of presence. In making this claim, I draw inspiration from Steven Epstein (2022), who contends that rather than understating sexual health as localized to bodies, we should instead recognize it as a "communal domain of action, investment, and intervention" (p. 5). Below, I consider how early AIDS commentators attempted to establish communion around their tentative policies of feeling by making the body present.

## **Competing Vernacular Policies of Feeling**

To do this, I examine three vernacular policies of feeling introduced during the first year-and-a-half of the epidemic that attempt to stabilize the social, political, medical, and sexual controversies spurred on by the mounting AIDS crisis. My decision to bound this study within this especially chaotic period is motivated by both methodological and theoretical goals. Methodologically, limiting my analysis to policies made during the first 18 months of the crisis marks an intentional departure from the typical temporalities

associated with AIDS activism, which have disproportionately focused on the activist efforts of confrontational activist groups like ACT UP. As a growing cohort of interdisciplinary AIDS scholars argue, histories that focus too narrowly on the work of ACT UP run the risk of reproducing constrained accounts of the crisis that neglect to fully reckon with the asymmetrical raced, gender, and geographic distribution of the epidemic's worst effects (Chávez, 2020; Royals, 2020; Cifor, 2023). Calls for "AIDS Revisitations" (Kerr, 2018) attempt to trouble the linearity of traditional AIDS timelines by showing that "HIV/AIDS was never a linear or singular history with one simple subject" (Cheng, Juhasz, and Shahani, 2020, p. 4). As such, in studying the earliest public conflicts over how to interpret and respond to the crisis, the following analysis actively resists what Gould names a "heroic narrative" of AIDS activism, which inaccurately ascribes coherence and unity to the first AIDS educators (p. 56). Instead, it reveals fault lines in early AIDS activism about values, tactics, and allocations of blame that would come to shape later activist efforts.

The palpable uncertainty that surrounded the queer community's initial mobilization against the problem of AIDS also illuminates the broader theoretical affordances of my notion of vernacular policies of feeling. All the following arguments were published in the *Native* between 1982 - 1983, just as the number of confirmed AIDS cases was beginning to rise across North America. Not only do the commentators I analyze below speculate about what was causing immune collapse in previously healthy men, they also grappled with what the emergent epidemic meant for queer politics and sketched out what diverse, sometimes competing responses might be necessary for protecting queer lives. As such, these arguments tap into a condensed network of high-stakes deliberations concerning the future of gay male sexual health. By considering these arguments to be tentative policy recommendations that grounded speculative calls to action in the body, I hope to show how vernacular ways of feeling risks collaborate and conflict with one another in ways that could be politically useful. In isolating moments where activists both agree and disagree about how to appropriately feel about being at risk for AIDS, I aim to underscore just how heterogeneous and polyvalent vernacular policies of feeling can be. Ultimately, moving away from monolithic assessments usually associated with technical policy arguments, I suggest, shines a light on the diverse deliberative styles that communities can choose from when responding to exigent problems. Consequently, we can begin to see how

techniques of presence are allocated in ways that allow audiences to feel the weight of particular courses of action.

In what follows, I analyze early vernacular policies of feeling that were drafted by activists who would become significant voices in later AIDS activists' efforts. First, I turn to Michael Callen and Richard Berkowitz's controversial 1982 invective, "We Know Who We Are: Two Gay Men Declare War on Promiscuity" ("We Know Who We Are"). In this essay, the authors isolate the Stonewall generation's veneration of promiscuity as AIDS's cause. Importantly, unlike heteronormative arguments that condemned promiscuity on moral grounds, Callen and Berkowitz suggest that promiscuity works against the values of mutual health responsibility espoused by queer liberation. While actively criticized by many of their contemporaries, Callen and Berkowitz would go on to write the first comprehensive safer sex manual written during the age of AIDS, *How to Have Sex in an Epidemic: One Approach (How to Have Sex)*. As I've argued elsewhere (Mitchell, 2021), despite hinging on a spurious theory of AIDS transmission, *How to Have Sex* outlined an adaptive framework that allowed people both within and outside of the queer community to imagine what sexual health in the age of AIDS might look like.

Next, I examine how the *Native's* resident medical writer, Dr. Lawrence Mass, attempted to stabilize turbulent emotional responses to AIDS in his January 1983 essay "A Case Against Medical Panic." Here, Mass attempts to calm growing animosities between sex radical queer activists and queer doctors working on the frontlines of the epidemic. For Mass, AIDS "panic" was counterproductive and anti-science; therefore, much of his policy outlines the importance that medical education has on calming the nerves. Mass's scientized approach to AIDS prevention would come to shape the outreach initiatives of what became the world's first and, at one time, largest AIDS service organization, the Gay Men's Health Crisis (GMHC). During the 1980s, GMHC developed into a robust information and resource-sharing hub. While GMHC was responsible for providing people with AIDS with some of the most up-to-date information about the medical and legal implications of AIDS, it has long been criticized for its overly technical, bureaucratic, and exclusionary approaches to AIDS treatment and prevention (Patton, 1900). Looking at Mass's initial writing about AIDS, therefore, captures early manifestations of presencing strategies that would come bleed into official AIDS prevention policies.

Finally, I turn to Larry Kramer's well-known 1983 call to arms, "1,112 And Counting," in which Kramer tries to foment intense anger to mobilize action. A noted rabble-rouser and polemic, Kramer would go on to found ACT UP, a group whose direct-action protest tactics would come to define the AIDS activism of the 1990s. Looking at this early piece, we can begin to account for how, unlike Mass, Kramer made feelings of rage and anger present to stoke a politically potent panic capable of cutting through the overwhelming ambiguity that surrounded medical appraisals of AIDS cause and course.

### *Distributing Responsibility: Callen & Berkowitz's "War" of Promiscuity*

Published in November of 1982, Callen and Berkowitz's "We Know Who We Are" attempted to settle controversies over the genesis of AIDS by making present some of the negative social consequences that resulted from the Stonewall generation's veneration of uninhibited sex between men. The authors posit that the "unprecedented promiscuity" of the 1970s had created the conditions necessary for the emerging health crisis by weakening not just the individual gay man's immune health but also the queer community's collective values and political resolve (p. 23). Forwarding a fringe theory of AIDS transmission called the multifactorial theory, which speculated that recurring exposure to common STIs caused self-sustaining immune collapse, Callen and Berkowitz's tentative queer sexual health policy was devoted to getting gay men to reassess the responsibilities they had to their sex partners. Notably, even though Callen and Berkowitz isolate promiscuity as the cause of AIDS, they do not disregard prolific sexual activity as necessarily reckless. Instead, they emphasize promiscuity's potential to cultivate an embodied form of expertise that was capable of being reworked into a framework for halting the spread of the epidemic.

At base, Callen and Berkowitz's vernacular policy of feeling prompted "promiscuous" gay men how to 1) accept responsibility for their role in spreading AIDS and 2) use the knowledge they gained through their sexual exuberance to chart collective corporeal ethics. To do this, they used presencing techniques that emphasized the importance of sexual and emotional reciprocity between gay men, contending that putting an end to promiscuity was an act of embodied care that could darn the "fabric of urban gay male life" (p. 29).

Callen and Berkowitz surely knew that their contention that gay male promiscuity was to blame for AIDS would spark acrimony among members of the queer community. As the 1970s queer sexual health manuals cited above make clear, promiscuity was the hinge around which gay liberationist politics hinged. To avoid accusations of selling out their community and its liberationist values, Callen and Berkowitz argue that promiscuity offers a type of vernacular expertise superior to the expertise possessed by members of the medical establishment. To do this, they cite statistics garnered from the CDC that estimated that the “median number of lifetime sexual partners for homosexual male patients [with AIDS] is 1160” (p. 23). This statistic helps the authors introduce an argument of scale that points to the sheer magnitude of promiscuity in the queer community. As the recent flurry of rhetorical scholarship on *megathos* (Rice, 2020; Olson, 2021; Larson, 2019; Hawhee, 2023) has demonstrated, arguments about magnitude have a special evidentiary function insofar as they allow rhetors to circumvent equivocation and apathy by, to use Stephanie Larson’s (2019) phrasing, “overwhelm[ing] audiences with feeling” (p. 441). In this case, Callen and Berkowitz’s invocation of CDC statistics helps them pique their readers’ attention, making them feel the collective immensity of gay men’s sexual activity in their bodies.

Crucially, however, rather than priming an awareness of the scale of gay male promiscuity to shame and stigmatize gay men, they use it to construe a vernacular form of corporeal expertise, one that they believe has been backgrounded in biomedical inquiries into AIDS:

What has been missing so far in the investigation of this health crisis has been the informed opinions of those of us who have created it. Can researchers really comprehend the dynamics of urban gay male promiscuity? Can they understand the health implications for a 27-year-old who has had 2,000 sexual partners? Or 1,000? Or even 500?

Here, the authors undercut the epistemic authority of mainstream biomedicine by making present the amount of practice gay men have had navigating the politics that define queer sex cultures. Arguing that promiscuous gay men “created” AIDS allows the authors to ascribe a superior level of understanding—and, by extension, control—to gay men. That is, it helps them wrest responsibility for mitigating the epidemic away from the mainstream medical establishment and locate it squarely within the experiential networks sustained in urban gay male enclaves.

The ability of medical authorities to manage AIDS is further disputed by Callen and Berkowitz's refusal to establish a set numerical limit for what counts as promiscuity. As evidenced above, the authors refuse to establish a threshold for quantifying promiscuous behavior. Instead, they leave this category open and instead hail readers as promiscuous through careful acts of communion. The first way that this is done is through the authors' strategic use of first-person plural pronouns *we* and *our*. Throughout their article, Callen and Berkowitz switch between using *we* and *our* to blur the lines dividing authors and reader, "promiscuous" from "non-promiscuous" men. This strategy allows the authors to establish communion among diverse readers, as well as underscore gay liberationist values of sexual camaraderie. For instance, Callen and Berkowitz begin their essay with the following statement:

Those of us who have lived a life of excessive promiscuity on the urban gay circuit of bathhouses, backrooms, balconies, sex clubs, meat racks, and tearooms know who we are. We could continue to deny overwhelming evidence that the present health crisis is a direct result of unprecedented promiscuity that has occurred since Stonewall, but such denial is killing us. Denial will continue to kill us until we begin the difficult task of changing the ways in which we have sex. (p. 23)

Here, the referents to which "we" and "our" remain vague, a tactic that allows Callen and Berkowitz to establish communion with diverse readers. Instead of addressing a "promiscuous audience" fixed by a specific number, the authors reference to a series of specific locations gay sex acts occur. Perelman and Olbrechts-Tyteca note that constructing a person through particular acts is a strategy that allows rhetors to both concretize identity and also prompt behavior modification: "[The] connection between the person and his acts does not constitute a necessary relation and does not possess the same characteristics of stability as the relation existing between an object and its qualities, the mere repetition of an act can bring about *either* a reconstruction of the person or an intensified adherence to the previous construction" (p. 293). By repeating the locations in which "promiscuous" sex acts take place, Callen and Berkowitz make present a promiscuous gay men defined by *changeable* sexual behaviors. Unlike numerical assignments of promiscuity, which are fixed, the authors' act/person model helps them render promiscuity as a malleable identity marker, one that can be changed.

By keeping their definition of promiscuity open, the authors appeal to collective, though internalized, queer values that support sexual behavior change. Above, for instance, Callen and Berkowitz suggest that “denial,” not AIDS, is killing gay men. This word choice suggests that gay men *already* possess the knowledge needed prevent AIDS-related deaths and that what is needed is a policy of active re-evaluation guided by tender feelings for self and other: “As individuals, we must care enough about ourselves to begin this re-evaluation: gay men are dying.” Prompting gay men to suspend promiscuity as an embodied act of care was the authors way controlling the influence of outside, coherence discipline and sexual regulation. “As a community, we must initiate and control this process ourselves. Be sure that if we aren’t willing to conduct it,” Callen and Berkowitz warn, “others will do it for us. The federal government and the Centers for Disease Control, is already taking a hard look at our behavior” (p. 29).

Far from indicting gay men for promiscuity, Callen and Berkowitz used promiscuity as a rallying cry for self-determination and community-led AIDS politics. By making present bodies having “promiscuous” sex in specific, changeable places and by surfacing communal values of reciprocity, the authors continue the gay liberationist push against heteronormative pathologization and surveillance. Indeed, the authors end their policy by making present the connection between AIDS activism and the activism of the past. “The 13 years since Stonewall have demonstrated tremendous change. So must the next 13 years.” Callen and Berkowitz’s vernacular policy of feeling thus uses the promiscuous body’s materiality to forge an inter-generational ethics of mutual responsibility that begins with reflecting on the self.

### *Privatizing Risk: Mass’s Case Against Medical Panic*

For the *Native*’s health writer, Lawrence Mass, the worst effects of AIDS also resulted from denial. However, unlike the denial of collective responsibility that Callen and Berkowitz fight, Mass set his sights on reprimanding members of the queer community that denied biomedical accounts of AIDS’s seriousness. Writing in the *Native* in early January of 1983, Mass attempts to temper what he describes as a growing “panic” within the sex-radical factions of the queer community, which were beginning to argue that the medical establishment was exaggerating the health crisis to further pathologize queerness.

Mass’s essay was motivated by one particularly damning critique. In November of 1982, Michael Lynch, a writer for the



progressive Toronto-based queer periodical *The Body Politic*, took Mass to task for his reporting on Kaposi's Sarcoma. Lynch criticized Mass for not "explaining the politics of the medical establishment," praising the anti-queer medical logics, and, ultimately, linking "illness with morality" (p. 36). For Mass, Lynch's indictment was representative of a more general "sensationalist" response to AIDS that was preventing vulnerable gay men from educating themselves on the possible biological causes of immune collapse and thus elevating the general risk for poor health. In "The Case Against Medical Panic," Mass works to stabilize what he sees in some gay men's inappropriate emotional responses to the epidemic through arguments that emphasize the supposed neutrality of science and elevate liberal values that privatized approaches to mitigating risk.

According to Mass's, even though AIDS was a significant medical problem, the real problem facing the queer community was hysteria. Mass begins by establishing himself as a sober, disinterested authority.

My lover thinks it's a measure of my centrist position in the controversies surrounding AIDS that I am being criticized by the extremes of the right and left. The left, which has been linked to religious iconography with divine wrath and judgment, is hysterical about "panic." The Right, which in our own time has been even more strongly associated with religious fundamentalism, is just as hysterical that there isn't enough panic. (p. 23)

By making present the fact that he is in a relationship, Mass undercuts criticisms that his discursive handling of AIDS is anti-gay. Indeed, by using the term "lover," a word that carries the weight of a durational commitment, Mass implies that he has been openly gay for quite some time and thus cuts off at the pass criticism that his approach to the AIDS crisis is rooted in internalized homophobia.

Mass amplifies the temperance of his attitude even further through his invocation of religious imagery. As the 1970s queer sexual health manuals quoted in the introduction make clear, religious metaphor was a common frame through which to discuss the bad feelings that arise whenever queer sexual difference is made present. Mass's use of religious rhetoric thus conjures familiar feelings in queer readers. Once made present, Mass uses the intensity of these feelings to discredit both his progressive and conservative critiques. By comparing those on the left who, like Lynch, believe that his reporting on AIDS was rooted in anti-queer bias to biblical pronouncements of "wrath and judgment," Mass

implies that they, not him, are the contemporary arbiters of queer shame and thus need to be targeted by queer activists for holding back the progression of queer liberation. Similarly, in describing those on the right to religious fundamentalists, Mass disregards calls for a complete end to gay sex as dogmatic. Put more simply, by making religion present, Mass can cast doubt on his opponents' credibility.

While Mass's use of religious metaphors might have allowed him to establish communion with queer readers and bolster his authority as a gay man through the surfacing of the familiar affective politics of queer liberation, his use of the words "hysterical" and "panic" problematically elevate his medical authority. Medical professionals have a long and sordid history of using these designators to rhetorically disable (Johnson, 2010) feminized and racialized subjects. As V. Jo Hsu (2023) has shown, in the context of contested illnesses, accusations of hysteria provide doctors with explanatory scripts that discredit testimonies that counter medical dictates. Notably, hysteria as an official psychiatric diagnosis wasn't removed from the DSM until 1980, just three years before Mass's time of writing. By using the word hysterical, Mass energizes the term's still-potent medical connotations and attaches its cultural stigma to his critics. Indeed, Mass spends quite a bit of time justifying his diagnosis. To do this, he introduces an argument through definition. "One of my dictionaries defines panic as 'the sudden, unreasoning, hysterical fear, often spreading quickly' (p. 23). According to Perelman and Olbrechts-Tyteca, "what gives credibility to the conventional nature of definitions is the possibility of introducing new symbols out of nothing in all languages" (p. 211). In other words, introducing new definitions allows rhetors to modify the tenor and course of a conversation. In this case, Mass uses the definition of panic to recast his opponents as hysterical and thus displaces their criticism of him onto them. In effect, he makes present the supposed hysteria of critics to make present the validity of his own expertise.

Ultimately, by casting those suspicious of the mainstream medical establishment's handling of AIDS as hysterical, Mass establishes the affective register with which he wishes his readers to approach the AIDS risk reduction advice. This register compels a supposedly rational acquiescence to the empirical validity of medical science:

The truth, of course, is that AIDS is almost certainly sexually transmitted. One implication of identifying sexual intimacy as a principal risk factor for certain diseases is that, apart from abstinence and

masturbation, mutually monogamous partnerings—with individuals who are free of known disease and disease symptoms—represent the lowest lifestyle risk for acquiring those diseases. This is simply a statement of generalized fact....[I]t should not be taken as any sort of moral judgment. The basic information about AIDS and/or other sexually transmitted diseases has been exploited by sex-negative propagandists does not, unfortunately, negate its reality. (p. 23)

Here, Mass breaks the links between AIDS as a medical “fact” and panic about AIDS’s social causes. According to Perelman and Olbrechts-Tyteca, “The technique of breaking the connecting links...consists in affirming the elements which should remain separate and independent have been improperly associated” (p. 411). Mass, in effect, vanquishes concerns about the cultural implications of medical intervention in the gay community by saying that criticizing medical knowledge’s social biases is unfounded.

According to Mass, the surest way for queer people to slow the course of the epidemic was to embrace a measured attitude. “Avoid and discourage panic. Panic is not a constructive response to any crisis,” he stresses. Instead of letting powerful feelings of anger guide their responses to AIDS, Mass recommends that vulnerable populations remember the medical advancements made to treat polio. “Like polio,” Mass assures, “AIDS will eventually be understood and controlled.” Making present medical treatments to polio not only removes AIDS from its unique sociopolitical contexts, it also undercuts the potential value of collective action. “As was the case with polio, behavioral approaches toward understanding and controlling AIDS are likely to be relatively ineffective,” Mass argues. Instead of mobilizing the collective will to change queer sexual health ethics from within, Mass’s policy passes responsibility to medical experts, “[O]ur number one priority is to identify and eradicate the cause(s) of this disaster.” Until the time when the cause of AIDS is eventually discovered, Mass recommends individualized acts like volunteering, knowledge acquisition, and philanthropy. These interventions do not view AIDS as a political problem in need of rejuvenated collective ethics but instead, frame it singularly as a medical problem that’s effects can be mitigated through open engagement with medical professionals and depoliticized acts of charity. As the last sentence of Mass’s policy makes clear: “It is only through such involvement that we ourselves can participate in the hastening accumulation of statistical information about our bodies.”

### *Mobilizing Political Affect in Larry Kramer's '1,112 and Counting'*

A notorious figure throughout his tenure as one of North America's best-known AIDS activists, Larry Kramer is perhaps most remembered for founding the AIDS Coalition to Unleash Power (ACT UP). As mentioned earlier, ACT UP has enjoyed extensive academic, popular, and political attention. At the same time, however, many have rightly criticized Kramer. Whether it be because of the whitewashed sex-negativity of his play *The Normal Heart*, his unbending approach to mobilization, or the multiple exclusions that ACT UP's protest tactics had along the lines of race and citizenship status, Kramer remains the fulcrum in intense debates about how to properly remember AIDS and tell its histories.

In fact, as rhetorical scholars have acknowledged, it is largely *because* of his controversial rhetorical style that he was able to effect change. Erin Rand (2008) argues that Kramer's polemics underwrote a "general economy of undecidability" from which a distinctly queer type of rhetorical agency emerged (p. 298). Also examining "1,112 and Counting," Bonnie Dow (1994) argues that Kramer relies on a "perspective of incongruity" to emphasize the personal and political dimension of AIDS and thus constitute a ready AIDS activist public. I build from and add nuance to these claims by positioning Kramer's speech within an expanded field of other early AIDS-era sexual policy arguments. More specifically, I argue that Kramer enlisted techniques of presence that surfaced and calibrated familiar political emotions in ways that allowed him to transcend the intersecting ambiguities that surrounded AIDS. Unlike the vernacular policies of feeling introduced by Callen and Berkowitz and Mass, Kramer avoids speculating about AIDS's etiology in "1,112 and Counting." Instead, he presents AIDS as a singularly *political* problem that requires mobilization around shared agitational feelings. As such, much of his AIDS-era vernacular policy of feeling is dedicated to defining the edges of those politically useful feelings and fomenting collective adherence to those feelings.

From the beginning, Kramer, a stalwart contrarian, was overtly critical of his contemporaries' approaches to managing AIDS risk. So critical, in fact, that he begins his essay by distancing himself from GMHC, the AIDS service organization that he and Mass helped co-found: "I am writing this as Larry Kramer, and I am

speaking for myself, and my views are not to be attributed to Gay Men's Health Crisis." By distinguishing himself from GMHC, Kramer counters the vernacular policies of feeling endorsed by his colleagues at GMHC, which largely followed Mass in encouraging a depoliticized embrace of medical information about the illness. Speaking for himself, Kramer works to elevate his authority. Unlike Mass, whose authority results from a complex braiding of cool rationalism and medical bona fides, Kramer bolsters his credibility through vivid displays of emotion.

If this article doesn't scare the shit out of you, we're in real trouble. If this article doesn't rouse you to anger, fury, rage, and action, gay men have no future on this earth. Our continued existence depends on just how angry you can get.... I repeat: Our continued existence as gay men on the face of this earth is at stake. Unless we fight for our lives, we shall die. In all the history of homosexuality, we have never before been so close to death and extinction. Many of us are dying or have already died.

Here, Kramer establishes communion with his readers by amplifying the consequences of their inaction, apathy, and tepidity. Unlike typical approaches to establishing communion, though, Kramer refrains from fully aligning himself with his addressed audience. Instead, he continually positions his readers against an idealized vision of a gay male community. Strategically moving from the second-person pronoun "you" to the first-person pronoun "we" and the possessive adjective "our," Kramer reprimands his reader for being out of step with the gay community's historical values. Hailing his readers in this way allows him to emphasize the emotional bonds that should hold gay men together. Through making present negative yet politically advantageous feelings like anger, fury, and rage, Kramer narrows the appropriate range of affect responses to AIDS, suggesting that if one doesn't feel anger at the same amplitude, they are violating treasured community values.

Importantly, this presencing strategy helps Kramer avoid making claims about AIDS's exact etiology. As Robert Tucker (2001) has noted, one of presence's key benefits to rhetors is that it allows them to strategically intervene and steer action in what are otherwise deeply ambiguous environments. "People act on what they perceive," explains Tucker before arguing that presence "shows' the audience ways to 'see' ambiguous experience as meaningful by emphasizing certain aspects of that experience" (p. 397; p. 399). Rather than focusing on tentative medical or vague behavioral causes to explain the epidemic, Kramer instead

emphasizes what he takes to be the queer community's inappropriate emotional orientation to the epidemic to recalibrate a community-level response. This is accomplished mainly through "if/then" logical claims, which coalesce to induce his audience to share in his rage and mobilize. "If all of this had been happening to any other community," Kramer contends, "there would have been, long ago, such an outcry from that community and all its members that the government of this city and this country would not know what hit them." Here, Kramer makes present what he sees as the appropriate response to AIDS by conjuring a hypothetical community besieged by a similar illness. His decision to leave that community ambiguous works to naturalize anger and political hostility as the obvious response to pandemic illness while also backgrounding the biomedical particularities of AIDS. Put simply, by foregrounding supposedly appropriate political feelings instead of AIDS itself, Kramer directs his audience to perceive their political behavior as incorrect and unsuitable. Consequently, developing an actionable confrontational political policy for managing AIDS becomes more important than settling biomedical controversies over its cause.

By imbuing confrontational political feelings with presence, Kramer positions his AIDS-era vernacular policy of feeling as more legitimate and pragmatic than those launched by other AIDS commentators. As Perelman and Olbrechts-Tyteca explain, "The pragmatic argument, which allows a thing to be judged in terms of its present or its future consequences, is of direct importance for action. No justification is necessary for it to be accepted by common sense. The opposite view, on the contrary, requires argumentation every time it is defended" (p. 267). Thus, making present an absolute link between inappropriate feelings and political as well as literal death, Kramer forces his audience to confront their own culpability for AIDS-related deaths. Put simply: Kramer brings forth an image of AIDS as a social pathology, something that could be redressed, at least partially, through self-critical, pragmatic interventions into how gay men felt about themselves, their lovers, and the political vibrancy of their community.

Marking queer people as pathological recirculates the medical resentment that galvanized queer liberationist efforts post-Stonewall. As a result, Kramer is able to tap into the previous decade's reservoir of politically useful emotions. In a particularly rousing section of Kramer's argument, he begins each paragraph with the phrase "I am sick of." This phrase is attached to groups like disinterested politicians, closed doctors, and gay men who fail to support queer charities. However, what is particularly revealing is

Kramer's insistence that he is "sick of everyone in this community who tells me to stop creating a panic." While Mass does not explicitly identify Kramer in his essay about the importance of measured emotional responses to AIDS, it is likely that Kramer had read Mass's article and was targeting those sentiments as being conducive to queer death.

Ultimately, identifying failed states of feeling as the biggest illness in the queer community, Kramer establishes an AIDS sexual health ethic that takes aim not necessarily at a biological illness but rather a pathological mode of feeling. Unlike Callen and Berkowitz, Kramer spends relatively little time thinking about what types of sexual behavior might cause AIDS. Rather, Kramer takes issue with the idea that gayness is exclusively about sex: "I'm sick of guys who think that all being gay means is sex in the first place." Instead, for Kramer, gayness is defined by its affective and sensuous valences. In other words, queer health for him is about an intense emotional commitment to shared values. It is for this reason that his policy of feeling departs so radically from the one espoused by Mass. In fact, shortly after his essay was published, Kramer cut ties with GMHC over the perceived militancy of his politics. Indeed, by looking at the differences between Mass's faith in medicine and Kramer's investment in anger, we can see the two approaches to dealing with the problem of AIDS that would come to dominate the activist landscape later in the decade.

## **Conclusion**

Above, I presented three ways that queer men made present the problem of AIDS during the first eighteen months of the crisis. Introducing the notion of vernacular policies of feeling, I have shown that rather than speculating about AIDS's biological cause, these commentaries attempt to stabilize the controversies sparked by AIDS by grounding abstract community values in the feeling body. By making present ways of feeling and valuing the epidemic, these writers were able to prompt active reflection on the ethics that should guide queer activism in the age of AIDS. Indeed, the preceding arguments reveal a condensed network of gay male sexual health policies that would come to have a profound impact on later AIDS education efforts. Callen and Berkowitz would go on to publish the first comprehensive safer sex manual written during the age of AIDS, which continues to influence how AIDS risk is communicated today. Mass, for his part, would influence the health education programming of GMHC as it grew to the world's largest AIDS service organization. And Kramer, of course, would go on to found ACT UP.

Naturally, as more AIDS information emerged and circulated, these vernacular policies of feeling would shift and take on new means. By attending to AIDS-era sexual health policies in their infancy, however, I have shown some of the inventive strategies groups use to manage and mitigate risk. Therefore, the preceding analysis not only adds to rhetorical studies of AIDS; it also adds to rhetorical scholarship on risk. Robin Jensen (2015) reminds us that while “the idea of risk often forecasts a bodily experience.... there are relatively few scholarly considerations or analyses of the way that the body is symbolized by, or used as a symbol for, the communication of risk” (p. 94). In introducing the idea of vernacular policies of feeling and studying how the feeling body was implicated in early community conversations about AIDS risk, I have begun to fill this gap

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