To the Graduate Council:

I am submitting herewith a thesis written by Richard Lewis Opp entitled "Hollywood Responds To AIDS: A Genre Analysis of HIV/AIDS Feature Films." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Communications.

Eric Haley, Ph.D.
Major Professor

We have read this thesis
and recommend its acceptance:

Dwight Teeter, Ph.D.

Ron Taylor, Ph.D.

Accepted for the Council:

Associate Vice Chancellor and
Dean of The Graduate School

HOLLYWOOD RESPONDS TO AIDS: A GENRE ANALYSIS OF HIV/AIDS FEATURE FILMS

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Richard Lewis Opp

August 1996

DEDICATION

This thesis is dedicated to all those

who were robbed of a long life

because of HIV/AIDS

as well as to those who

continue to prove to the world

that this disease does not necessarily

translate to a death sentence.

ACKNOWLEDGMENTS

Sports buffs will tell you that a team is no stronger than its weakest player. Going through this thesis experience, there were just too many times when I felt like the weakest player. Therefore, a tribute as well as a heart full of thanks go out to the following people:

To Dr. Eric Haley -- I could not have asked for a chairman with any more understanding, patience, and compassion for the subject matter. He was instrumental in keeping my optimism level up, even when I was nine hours away from Knoxville. Many times he was more determined that I would finish than I was.

To Dr. Dwight Teeter -- He made sure that I remembered there was a distinct and definite way to write a scholarly paper. And no matter how much I fell back to my comfortable, television news "sound bite" style of writing, he kept bringing me back to where I needed to be. His editing prowess gave this paper that extra punch it otherwise would have lacked.

To Dr. Ronald Taylor -- He inherited the thankless job of coming aboard in the middle of this project . But he immediately revitalized a project that was languishing with suggestions that made a world of difference. The clarity of thought in this paper would not be present without his input.

To my parents, Gerald and Deanna Opp -- Without question they have always been my main support system. And throughout this project, that certainly was evident. My parents have always believed in me. They were there to cheer me on when I could not see any light at the end of the proverbial tunnel. They reminded and promised me I was not alone.

To my grandmother, Helen Opp -- I only wish she could have been alive to see this thesis completed. She died in the summer of 1995, but her spirit runs through this

project. She was instrumental in making my return to school possible by financing a large part of my graduate work. Without her love and concern for bettering my future, this whole experience never would have gotten off the ground.

And to my best friend, Kay Hill -- Sometimes friends have to put up with a lot of griping and complaining. And that was just what Kay had to do with me during the many months of this thesis. If she had been smart, she would have never picked up the telephone. Otherwise, she would not have had to listen to my nightly pity parties. But I am so tremendously grateful that she did. She kept reminding me that the quicker I finished this project, the sooner I would have my life back.

ABSTRACT

HIV/AIDS is a disease which has penetrated all aspects of society. But for many years, it still was characterized simply as a gay, white male affliction. Perhaps for that reason, various media were slow to react. Perhaps they discounted HIV/AIDS as having little newsworthiness or concluded that the general population would not care about this disease. Perhaps Hollywood was just following suit.

Between 1985 and early 1996, Hollywood had produced only 25 full-length feature films which dealt with some aspect of HIV/AIDS. Of this total, about one-half is comprised of movies produced exclusively for network and cable television release. The remaining half can be classified as movies produced for first-run theatrical releases.

This study examined twelve first-run theatrical releases which dealt with HIV/AIDS. Genre analysis was the foundation of this study. The study explored how HIV-positive characters were portrayed in these movies. The analysis revealed that HIV-positive characters in these films either have been "mainstreamed" for the dominant culture of society or else they have been assigned to one of the subcultures of society.

Essentially, HIV-positive characters in the dominant culture were portrayed as likable, non-threatening, and palatable to the audience. Often, they were "fighters" who handled this disease with dignity. However, in most cases, the more "real" physical aspects of HIV/AIDS were not considered. Also, gay issues were downplayed.

For the most part, HIV-positive characters in the subcultures of society were portrayed as being distanced from the general public. Primarily, they were gay men who deliberately chose to exist in gay surroundings, such as gay bars and clubs. Therefore, HIV-positive characters usually were strongly connected to gay issues. These characters were portrayed as people who are willing to believe they are victims rather than face reality.

The study revealed that major studios tend to portray their HIV-positive characters in the dominant culture. Probable rationale behind this type of representation is that the people in Mainstream, U.S.A. will buy a ticket to one of these films because the characters will likely be somebody to whom they can relate. Conversely, the study revealed that independent studios are willing to take more of a risk with their HIV-positive characters. Many films produced by independent studios cater to specific segments of the population. Therefore, their characters can be more "cutting edge" and less traditional. But, as a result, these movies may not gross as much at the box office as those produced by major studios.

TABLE OF CONTENTS

CHAPTER ONE

Introduction

Rationale

> Before. It was to be the word that would define a permanent demarcation in the lives of millions of Americans, particularly those citizens of the United States who were gay. There was a life after the epidemic. And there were fond recollections of the times before. Before and after. The epidemic would cleave lives in two, the way a great war or depression presents a commonly understood point of reference around which an entire society defines itself.
>
> Before would encompass thousands of memories laden with nuance and nostalgia. Before meant innocence and excess, idealism and hubris. More than anything, this was the time before death. To be sure, Death was already elbowing its way through the crowds on that sunny morning, like a rude tourist angling for the lead spot in the parade. It was still an invisible presence, though, palpable only to twenty, or perhaps thirty, gay men who were suffering from a vague malaise. This handful ensured that the future and the past met on that single day. (Shilts, 1987, p. 12)

Before and after what? What phenomenon could be so riveting, so gripping, that author Randy Shilts felt compelled to carve out such an exact time line? In his 1987 novel And The Band Played On, Shilts transports the reader through the world of AIDS -- or Acquired Immune Deficiency Syndrome -- and all the political and social overtones that go with it.

And The Band Played On is a powerful account of the rise of HIV/AIDS as a modern epidemic, focusing principally on the period between the late 1970s and the

highly publicized (and shocking to the general public) death of actor Rock Hudson in 1985. Hudson's death is the event widely believed finally to have concentrated the nation's attention on this disease. Shilts received a Pulitzer Prize nomination for And The Band Played On. And Hollywood considered it a ground-breaking, if controversial, work. So highly regarded was this book that several key players in Tinseltown bid for the rights to it, only to subsequently waffle on its "marquee" value and stall its film adaptation for six years, until 1993.

Cautious production values, indeed. Some unspoken fear of backlash from those carrying deep prejudices against homosexuals overlooked the power that good literature and film-making can have. Consider this moving dialogue from the feature film *Longtime Companion*: "It seems inconceivable, doesn't it? That there was ever a time before all this...when we didn't wake up every day wondering who's sick now, who else is gone." (The Samuel Goldwyn Company, 1990)

Near the end of that 1990 film, the character Willie Wolfe uttered those words as he and two friends contemplate what their lives would be like if HIV/AIDS had never existed. In their minds, no one would ever know this fatal disease. And the audience sees the desires of Willie and his friends come true -- as the beach is suddenly crowded with people who had died earlier in the movie. But fantasies cannot last! The audience is jolted back to reality by a wide camera shot of Willie, his two friends, and seemingly miles and miles of empty beach. *Longtime Companion* concludes with Willie commenting stoically, "I just want to be there." (The Samuel Goldwyn Company, 1990)

No malady in recent history has been so widespread, so quickly. And no modern disease has been as misunderstood as HIV/AIDS. The news media of the United States can be assigned much of the blame for this misunderstanding -- especially during the 1980s. Granted, there was and still is an enormous amount to discover about HIV/AIDS from a medical standpoint. However, early into the crisis, the journalistic community had just as much to learn about dealing with HIV/AIDS ethically and humanely. There has

been much attention drawn to the poor and often inaccurate news coverage HIV/AIDS received in the early years of this crisis. (Goodale, 1993) Some critics contend that homophobia permeated American newsrooms, thus channeling the way HIV/AIDS was reported to Mainstream, U.S.A. (Cose, 1990) Still others believe the press handled HIV/AIDS in a sensationalistic "tabloid" manner. (Pierce, 1988) But perhaps HIV/AIDS educators were equally inefficient in functioning with the media. Maybe both groups were at cross-purposes. Yet, in such a crucial area, miscommunication is tantamount to failure.

To some, exploring the world of HIV/AIDS is like walking across broken glass. The journey is painful and scarring. Just what exactly is AIDS? As stated before, AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is the end result of HIV -- or Human Immunodeficiency Virus. It is important to point out that these two terms, AIDS and HIV, should never be used interchangeably. One is simply the result of the other; however, to a large extent, the general public still tends to perceive both AIDS and HIV as meaning essentially the same thing.

According to the Centers for Disease Control (CDC) in Atlanta, Georgia, the medical community has characterized HIV as that phase of this disease where one or any number of opportunistic infections ravage the body's immune system. These opportunistic infections (and to date there are 23 officially recognized ones) are transported through the body's blood system. Once in the bloodstream, they gradually devour the white blood cells which, under normal, healthy circumstances, fight off infections which infiltrate the body. Common symptoms of HIV include drastic weight loss, extensive sweating during sleeping hours, and oral yeast infections called thrush. As time passes and the more advanced stages of HIV set in, opportunistic infections such as pneumocystis carinii pneumonia and Kaposi's sarcoma [outbreaks of lesions on (and sometimes inside) the body] commonly occur.

HIV generally is contracted in three definite ways: 1) through infected sexual fluids (i.e., semen, vaginal secretions); 2) through infected blood (the most common manner of which is sharing needles for intravenous drug use); and 3) through an infected mother passing the virus on to her baby either before or during birth. (Wickham, 1994)

When does HIV become AIDS? The CDC concludes that people are no longer considered just HIV-positive once their T-cell (that "fighter" white blood cell mentioned above) count drops below 200. It is precisely at that point that the CDC categorizes a person as having reached "full-blown" AIDS. As a benchmark, a healthy immune system has at least 1,200 T-cells. A person can live seven to ten years (sometimes longer) in the HIV stage -- and rarely, if at all, show any symptoms of the disease. However, once persons cross over into "full-blown" territory, they can expect only to live about two more years (according to CDC national averages).

Consider the true human damage wrought by HIV/AIDS. The statistics that come out of the CDC sometimes seem unmanageable, forever multiplying exponentially. Through December 1993, the CDC reported that 361,164 Americans were classified as having full-blown AIDS. (Morgan, 1994)

Year of Diagnosis	**Number / % of Total**
Before 1990	147,069 / 40%
1990	46,102 / 13%
1991	54,696 / 15%
1992	67,632 / 19%
1993	45,665 / 13%
	361,164 / 100%

This table illustrates that just under one half of all the full-blown AIDS cases in the United States was diagnosed before 1990. To date, 61% of that total AIDS population had already succumbed to this killer. (Morgan, 1994) Refer to Appendix A for a further, more complete breakdown of HIV/AIDS statistics concerning gender, population, race, risk category, and age at diagnosis.

As the death toll escalates, no cure is in sight. So far, treatment is rooted in life-extending drugs like Retrovir (AZT), Hivid (ddC), and Videx (ddI). At best, these drugs can artificially prolong a person's life anywhere from a few months to a few years. At worst, they can induce excruciatingly painful side effects like extreme nausea, diarrhea, vomiting, and migraine headaches, which the patient must tolerate in addition to familiar HIV/AIDS symptoms such as weight loss and hair loss. Some medical experts even surmise that these drugs are so toxic they actually have a reverse effect. Instead of extending lives, they prematurely weaken the immune system to such a point that HIV progresses more rapidly. (Schoch, 1992)

Therefore, precisely because medical treatment through 1995 was so problematic, education had to be viewed as the best line of defense against HIV/AIDS until a cure can be found. Not only does misinformation about HIV/AIDS still exist throughout society, but also people who contract this deadly disease continue to be discriminated against by their employers, by their landlords, and by their insurance companies, to name but a few. (Newsweek, 1994) In a very real sense, these people have been forced to live in a marginalized world. True, HIV/AIDS first became prevalent in the United States in the gay white male population. But, it is by no means solely a gay white male affliction. Nor is HIV/AIDS something which exclusively targets IV drug users. Nor is it a catch-all disease of the African-American community. Yet, much of society still views HIV/AIDS as such, seeing those who test positive for the HIV virus as having some sort of tie to these groups which remain at high-risk for acquiring HIV. Perhaps with the inclusion of PWAs (persons with AIDS) in the Americans with Disabilities Act of 1990, discrimination should not be as overt as it was during the 1980s -- a decade of greater HIV/AIDS intolerance and ignorance, especially in the White House and on Capitol Hill.

Obviously, the media long have been the primary information gate-keepers -- whether it was the evening news alerting viewers to the latest American troop movements during the Vietnam War or *The Wall Street Journal* printing the results of how each

financial market fared. In The Information Machines: Their Impact on Men and the Media, Ben Bagdikian writes that gatekeepers have more-or-less ultimate control. A gatekeeper "decides which of the routine stories that arrive on his desk each day will be seen by the public. And by making these decisions he notifies all others in the system which stories in the future are likely to get printed and which ones it is pointless for them to report." (p. 89)

Moreover, in many instances, the media have adopted the role of educator through numerous communications vehicles. Public service announcements -- or PSAs -- are one such vehicle. A PSA is usually a 30-second commercial whose sole purpose for airing is to raise the audience's awareness about some subject. PSAs have covered such topics as cancer, smoking, drug abuse, and drunk driving. They are most always a "know the facts" style of presentation. PSA campaigns are known for utilizing memorable catch phrases like "This is your brains on drugs." Their effectiveness rests in part on their brevity. PSA creators believe that short, clear statements best convey their messages. After all, the more somebody remembers, the more likely they are to act in a certain way. Ultimately, at the heart of any PSA is the power of persuasion. (Orlik, 1982)

Specific to HIV/AIDS, the late 1980s witnessed a national information/education campaign evolve around the theme of "America Responds To AIDS." At the centerpiece of this campaign were PSAs in which celebrities gave a straight-forward approach to the disease. In one such PSA, Joe Regalbuto (who plays the character "Frank Fontana" on the television show "Murphy Brown") tells the audience "You can't get AIDS from hugging anybody. Get the facts." And after that, a toll-free phone number appears on the screen for the viewer to call for more information. Succinct and simple!

The book publishing industry has also carved itself an HIV/AIDS niche. In bookstores, whole shelves exist on how to cope with this disease -- whether the coping is physical, mental, or emotional. Most of these books can be located in the "Self Help" or

"New Age" sections of the store. They can run the gamut from creating the perfect AIDS-fighting diet regime to dealing with the loss of a loved one/spouse.

Even the home videocassette industry has made some inroads into the HIV/AIDS arena. Any trip to a Blockbuster Video store will reveal videocassettes targeted to teenagers (by Arsenio Hall, Magic Johnson & Friends) as well as to those already living with AIDS (by Louise Hay). As a matter-of-fact, both of these videos are most always displayed in the "rent for free" part of the store.

For print media (especially mainstream daily newspapers), the "coming of age" was far more slow. And this is not referring just to articles dealing with HIV/AIDS. From the beginning of this epidemic, several of the smaller newspapers like the *Bay Area Reporter* in San Francisco, California, ran weekly obituary columns of those who had succumbed to AIDS. Yet it took many of the major dailies until just recently to list AIDS as the cause of death. (Pierce, 1988) To this day, some still refuse to publish this information. It has been charged that the major newspapers were simply taking their cues from then President Ronald Reagan's silent example. Reagan did not even mention the word "AIDS" publicly until September 17, 1985. (Kinsella, 1989) Shilts reasons that Reagan's actions were a direct correlation between Reagan's apparent homophobia (which is interesting considering "Old Dutch" came from that Hollywood environment) and HIV/AIDS being tagged as "the gay plague" simply by virtue of its coming to public attention in the United States by news slowly filtering out of the homosexual community.

Moreover, just the term "gay" historically has evoked controversy for the general media. How to handle discussing the topic of homosexuality unflinchingly seemed to pose a problem. For example, not until the summer of 1987 did *The New York Times*, probably this country's pre-eminent newspaper, allow the use of "gay" as an adjective to describe homosexuals. (Kinsella, 1989)

Prime-time television's initial foray into the world of AIDS was the break-through made-for-TV movie *An Early Frost*. It was designated a "Hallmark Hall of Fame

Presentation." The year was 1986. The sensitive portrayal of a family's struggle to deal with the double burden of a son telling his parents about his homosexuality and, simultaneously, revealing that he has AIDS won the program multiple Emmy awards.

Statement of the Problem

So, even though the performance factor of traditional media outlets (print and electronic) has fallen under heavy scrutiny, at least those media did not treat the topic of HIV/AIDS as completely non-existent. The same cannot be said for Hollywood -- despite the all-too-common display of "red ribbon solidarity" that first surfaced at the 1991 Tony Awards. The idea of adopting the red ribbon as the symbol of international empathy and sympathy for victims of HIV/AIDS was actually an offshoot of the yellow ribbon campaign used for the Persian Gulf War. (Fleury, 1992) Since 1991, the red ribbon symbol has been a visual mainstay at nationally televised awards shows such as the Oscars, the Emmys, and the MTV Awards. However, some journalists now contend that the red ribbon does not seem to have the same large-scale emotional impact it once did -- that sporting red ribbons is now more about "political correctness" than about HIV/AIDS awareness. (Lazarus, 1995)

To a large extent, it was mainstream entertainment industry producers and directors who have shunned HIV/AIDS. In the past, they have apparently reasoned that HIV/AIDS is an emotional "downer" that would translate into box-office poison. And, after all, the box-office is king. These Hollywood moguls also have essentially contended that Middle America would not fully embrace a feature film or a made-for-television movie that portrays homosexuality in a frank manner -- let alone in a positive light. Hollywood appears convinced that the majority of the country still feels deep-down that HIV/AIDS is a predominantly gay white male phenomenon. Therefore, to a degree, it could be charged (and has been substantiated in Vito Russo's 1987 book The

Celluloid Closet) that liberal Hollywood is run by internally homophobic executives. Or, perhaps even worse, were they simply displaying sage business acumen?

Through February 15, 1996, a mere twenty five full-length feature films dealing with some aspect of HIV/AIDS had come out of Hollywood since 1985. A chronological list follows:

- *Parting Glances* (1985)
- *An Early Frost* (1986)
- *As Is* (1986)
- *Intimate Contact* (1987)
- *Go Toward The Light* (1987)
- *Liberace: Behind The Music* (1988)
- *Tidy Endings* (1988)
- *The Littlest Victims* (1989)
- *The Ryan White Story* (1989)
- *Rock Hudson* (1990)
- *Andre's Mother* (1990)
- *Longtime Companion* (1991)
- *Our Sons* (1991)
- *Something To Live For: The Allison Gertz Story* (1992)
- *Peter's Friends* (1993)
- *The Living End* (1993)
- *And The Band Played On* (1993)
- *Love And Human Remains* (1993)
- *Zero Patience* (1993)
- *Sex Is* (1993)
- *Philadelphia* (1993)
- *Boys On The Side* (1994)
- *The Cure* (1995)
- *Jeffrey* (1995)
- *A Mother's Prayer* (1995)

Of these projects, nine (or 36%) are "made-for-network-television" movies. All nine have one common element -- they were created as vehicles for the traditional television medium (ABC, CBS, FOX, NBC, and PBS). And, consequently, each had some semblance of formulaic production values -- much like any other "disease of the week" movie. Their outcomes were highly predictable. As ironic as it sounds when

dealing with a fatal disease, the vast majority of these made-for-network-television movies ended on an emotionally uplifting note.

As Is, *Intimate Contact*, *Tidy Endings*, *And The Band Played On*, and *A Mother's Prayer* represent the only feature films produced exclusively for first-run cable television release. It appears the cable television industry did respond to this crisis more quickly than did the film industry. Yet, there was a five-year-long vacuum between *Tidy Endings* and *And The Band Played On*. And many reports suggest that *And The Band Played On* might never have been produced had it not been for the enthusiasm of actor Richard Gere. Apparently once Gere signed on to the project, other "big name" stars (Lily Tomlin, Steve Martin, Alan Alda, Swoozie Kurtz, and Matthew Modine, to touch on the cast roster) jumped on the "*Band*wagon." (Svetkey, 1993)

Parting Glances, *Longtime Companion*, *Peter's Friends*, *The Living End*, *Love And Human Remains*, *Zero Patience*, *Sex Is*, *Philadelphia*, *Boys On The Side*, *Lie Down With Dogs*, *The Cure*, *Kids*, and *Jeffrey* are the only thirteen feature films produced for first-run theatrical release. This number represents 52% of the total full-length feature film projects devoted to HIV/AIDS. Some constructed the entire concept and plot of the movie around HIV/AIDS. In others, HIV/AIDS was a minor storyline. Yet, only one of these films (*Parting Glances*) was produced prior to 1991 -- several years into the HIV/AIDS crisis. Conversely, nine of these thirteen films (or 69%) were produced between 1993-1995.

Significance of the Study

It is hoped that this study will provide a better understanding of how Hollywood has reacted to the HIV/AIDS crisis. Moreover, it will strive to shed some light on the reasoning that apparently motivated Hollywood, thus far, to produce a relatively small amount of feature films dealing with the subject of HIV/AIDS.

This study should prove significant to several groups. Those people who earn their primary income from working in the film industry might be interested in the results of this study. This could range from actors to theater managers. Also, those individuals who consider themselves HIV/AIDS activists may chose to use this study as ammunition in dealing with Hollywood executives. Additionally, this study may appeal to the average person who just likes to keep up with what Hollywood generally is doing. And lastly, "Hollywood Responds To AIDS: A Genre Analysis of HIV/AIDS Feature Films" may prove to be of keen interest to persons living with AIDS as well as to anyone who has been touched by this disease.

Research Questions

Through the years, Hollywood has been known to use film as a way to make statements about certain subjects. For example, interracial relationships were dealt with in 1968's *Guess Who's Coming To Dinner*. The plight of the Jews during the Holocaust was chronicled in 1992's *Schindler's List*. The purpose of this study is to analyze how Hollywood, through film, has reacted to the HIV/AIDS crisis. For the sake of manageability, it will focus exclusively on first-run theatrical releases. Specifically, "Hollywood Responds To AIDS: A Genre Analysis of HIV/AIDS Feature Films" will address the issue of how HIV/AIDS has been constructed and presented in feature films. In exploring this central question, the study also will examine the following set of supporting questions:

(1) How is an HIV/AIDS movie defined by Hollywood?

(2) How is HIV/AIDS treated as an overall theme in these movies?

(3) What is the role of the characters in HIV/AIDS movies?

(4) Are HIV/AIDS "stereotypes" pervasive?

(5) Does HIV/AIDS lead to any social problems in the movie?

(6) Does the movie make a moral, "right or wrong" judgment?

This study will employ genre analysis as a primary foundation for exploring and examining the central question of how HIV/AIDS has been constructed and treated in feature films. Genre analysis is an interpretive method of research. It allows the researcher to classify films according to similarities in plot, location, characters, problems, and resolutions. And, as a result, the researcher then can examine the films to see if certain patterns develop. Or, more specifically, the researcher can determine if these patterns are repetitive or varied. (Van Dyke, 1993)

Definitions of Terms

AIDS -- This stands for Acquired Immune Deficiency Syndrome. AIDS is the end result of the Human Immunodeficiency Virus (HIV). AIDS has an extraordinarily high fatality rate. Statistics say a person lives an average of ten years once infected with the HIV virus. AIDS is a disease for which modern science has found no cure yet.

Box Office -- The slang term which means how much a movie grosses in ticket sales. If a movie cannot seem to find a paying audience, it is said to have a bad box office. In other words, the box office is a barometer of a movie's commercial success, but not necessarily its critical success (or whether or not the movie critics thought it was a good film). Generally speaking, Hollywood pays attention to a film's box office when contemplating making another film on the same subject.

Cable Television -- Cable television represents any television network other than the primary television networks (ABC, CBS, FOX, NBC, and PBS). Examples of cable networks include BET, ESPN, The Family Channel, MTV, and Nickelodeon. Consumers are charged a fee to receive cable television.

CDC -- This stands for Centers for Disease Control. The CDC is located in Atlanta, Georgia and is regarded as one of the nation's pre-eminent medical research

clearinghouses. The CDC is responsible for compiling and distributing reports on the status of most every disease. In this sense, staff members at the CDC are considered experts.

Feature Film -- The running time of a feature film usually is longer than an hour. A feature film can be produced for several mediums, including television, videos, and movies.

First-run Cable Television Release -- This refers to programs that are produced exclusively for cable television. They are shown here before being seen anywhere else.

First-run Theatrical Release -- This refers to a film that is produced exclusively for viewing in movie theaters before anywhere else. After they have been shown in theaters, oftentimes these films are then marketed to consumers through the home videocassette industry.

HIV -- This stands for Human Immunodeficiency Virus. HIV weakens a person's immune system and can eventually lead to AIDS. The HIV virus is primarily contracted through the following means: 1) infected sexual fluids; 2) infected blood/contaminated needles; and 3) an infected mother passing the virus on to her unborn baby. HIV-positive persons run the risk of experiencing opportunistic infections such as Kaposi's sarcoma and pneumocystis carinii pneumonia.

Homophobia -- According to Webster's New World Dictionary, homophobia is defined as a noun which means irrational hatred or fear of homosexuals or homosexuality.

Made-for-Network-Television Movie -- This is a movie that is produced by and first aired on one the five traditional television networks (ABC, CBS, FOX, NBC, and PBS).

Mainstream -- This adjective describes that portion of the population which is considered the largest in number. Mainstream efforts are normally geared to those people with middle-of-the-road interests and values. In other words, anything mainstream

should have the broadest appeal possible in mind. Sometimes "mainstream" can be synonymous with "Middle America."

Network Television -- Shows airing on ABC, CBS, FOX, NBC, and PBS comprise network television programming. Unlike cable television, network television costs consumers nothing.

Prime Time Television -- This refers to any programs aired during the hours of 8:00 PM and 11:00 PM (Eastern Standard Time). It is believed this three-hour time period is when the largest number of consumers are available to watch television.

Organization of Chapters

The nonresponsive, better-late-than-never attitude adopted by Hollywood toward this baffling medical epidemic is precisely what this study will examine. "Hollywood Responds To AIDS: A Genre Analysis of HIV/AIDS Feature Films" will be presented as follows:

Chapter One will introduce the study. It examines how many communication media have dealt with the subject of HIV/AIDS. The purpose and significance of the study are included. The supporting questions to help answer the broader question of this work's title, "Hollywood Responds To AIDS: A Genre Analysis of HIV/AIDS Feature Films," are listed. Definitions of key terms used throughout the manuscript are also included in the chapter.

Chapter Two will review the literature on mass media studies related to HIV/AIDS. Essentially, this chapter will summarize what we do and do not know about the relationship between the media and the HIV/AIDS epidemic.

Chapter Three will detail and explore the research questions as well as explain the research methodology.

Chapter Four will present the research findings from the genre analysis of the first-run theatrical releases which focus on the topic of HIV/AIDS.

Chapter Five will reveal the conclusion(s) of this study. The conclusion(s) will contain elements of analysis, implications of that analysis, suggestions for future communications efforts through the theatrical feature film venue, and suggestions for possible future research on this topic.

CHAPTER TWO

Literature Review

Introduction

Much has been written on the subject of HIV/AIDS. And many of these offerings have come from a wide array of venues. For example, the late Paul Monette gave us Borrowed Time: An AIDS Memoir. William Finn's "Falsettos" and Terrence McNally's "Love! Valour! Compassion!" have entertained sold-out audiences on the Broadway stage. And, of course, magazines such as *The Advocate*, *Out*, and *Genre* include HIV/AIDS updates in virtually every edition.

Furthermore, the topic of HIV/AIDS has been covered extensively in the mass communication literature. Locating "scholarly" articles on HIV/AIDS is not too difficult a task. However, the information pool shrinks greatly when specific data is desired. Case in point, when using the Infotrac system to cross-reference HIV/AIDS with communications, only slightly more than one hundred articles relating to this particular subject mix can be found. However, for the sake of this study, that number is manageable.

This chapter presents a representative review of the major areas of inquiry. It explores what we know about HIV/AIDS communications. The chapter will conclude with how the study reported here can advance our understanding of the field of mass communications and HIV/AIDS. Moreover, it will show that the area of film analysis has been largely ignored when it comes to HIV/AIDS communication efforts. To facilitate an organized flow when discussing these articles, they have been categorized into the following six areas: 1) Health Education Writings; 2) Mass Media; 3) Social

Writings; 4) Attitudes/Public Opinions; 5) The 1988 National HIV/AIDS Campaign; and 6) Other Information/Awareness Campaigns.

Health Education Writings

It is often believed that education is the best way to combat many problems -- from illiteracy to breast cancer, from prejudice to phobias. This concept is especially true in the case of HIV/AIDS. This is a disease that requires people to rethink the manner in which they perceive, let alone practice, sex. For many persons, that necessitates changing a lifetime of sexual habits.

Having said that, education can be derived from many sources. Particular to HIV/AIDS, there is a growing mindset that it should be addressed in the overall framework of a high-school sex education class, thus putting the burden on the teacher. Jones specified that perhaps this information would best be passed on through science teachers. (1993) Eaton contended that teachers need to promote a healthy attitude toward sex, without moral prejudice. (1993) Remafedi examined how and to what extent the training of secondary school officials would impact their knowledge, beliefs, and behaviors concerning HIV/AIDS as well as teenage homosexuality. Polling results allowed Remafedi to determine that the more these school officials learned, the less likely they were to rely on formal educational sources. Instead, they were more inclined to refer their students to community HIV/AIDS services and gay agencies. (1993)

Three other studies explored the possibility of empowering public library systems with more HIV/AIDS education responsibilities. Anderson, Conable, and Muller presented their study in the scenario of a hypothetical dispute between an acting library director and a library trustee. The source of the problem was a healthcare worker's HIV/AIDS prevention display in the library lobby that prompted outrage and threats of funding cuts from the community. (1993) Lukenbill surveyed public library staffs as well

as personnel from HIV/AIDS agencies to ascertain the point where their respective responses to HIV/AIDS awareness questions were the most closely matched. (1991) Hofacket geared her study to medium-sized public libraries. (1993)

One study focused on starting this educational process inside America's hospitals. Nemes concluded that educational efforts within the framework of a hospital would be significant, considering the increase in out-patient treatment. Because of this, patients as well as in-home caregivers must be equipped with the most vital, timely information about this disease. (1993)

Another study stressed that, in light of HIV/AIDS being included in the 1990 Americans with Disabilities Act, education must be an integral part of the workplace environment. Colborn described how Digital Equipment Corporation (DEC) is praised across the nation as a leader in workplace HIV/AIDS education. (1993)

Using "celebrity-spokespersons" to endorse products is certainly not a new idea. Hall of Fame baseballer Jim Palmer has hawked underwear. Tennis great Chris Evert has asked us to try Lipton Tea. And Cybill Shepherd is the beautiful hair featured in 1990s Preference by L'Oreal commercials. Yet, all these people have received money for the "borrowing" of their famous status. In other words, they got paid for whatever product they are pushing. However, some studies contended that using celebrities (such as basketball star Earvin "Magic" Johnson who himself has tested positive for the HIV virus) to "donate" themselves in order to increase HIV/AIDS awareness would be an effective educational tool.

Krepcho and Freeman alluded to the fact that, at the same time that Johnson went public with his HIV-positive status, Dallas, Texas was dealing with its own problem. Apparently a woman named "C.J." claimed she was HIV-positive and was intentionally infecting men for revenge. The end result, however, was a good example of turning a negative into a positive. With all this heightened HIV/AIDS publicity, the Dallas County Health Department began an intense, but successful, fourteen-day media blitz (complete

with telephone hot lines, volunteers, and an outreach program) in order to raise public awareness. (1993) Turner claimed that teenagers, by nature, are risk-takers and that they think they will live forever. Yet, the Johnson case should send a sobering message to them. But specific information geared to teens is still needed. (1992) Van Dam focused her study on Mathilde Krim, founder of the American Foundation for AIDS Research (AmFAR), and how Krim used her influence with people in the entertainment industry to promote medical research for HIV/AIDS. (1992)

Other people believe that culturally-sensitive and ethnically-targeted educational efforts would meet with the greatest long-run success in fighting this disease. Bowen and Michal-Johnson studied the impact of such a concept on the African-American population -- specifically urban, high-school dropouts -- and why using things like "rap" music and pitching HIV/AIDS commercials on the Black Entertainment Television Network might be effective communication tools. (1990) Brown analyzed the effects of culture on responses to HIV/AIDS educational messages among high-risk, heterosexual Asian-Americans. Brown concluded that this population group was less concerned about HIV/AIDS and exhibited less AIDS-related interpersonal communication than did respondents with a North American cultural orientation. (1992) Flaskerud and Uman surveyed Hispanic women residing in Los Angeles, California. They stated that the HIV/AIDS awareness level of Hispanic women paralleled their poorer-than-average educational levels. The authors concluded that HIV/AIDS prevention efforts needed to encompass certain Hispanic traditions and practices in order to succeed with this particular population group. (1993)

From this line of inquiry, as it pertains to health education writings, we know that there is a growing belief that HIV/AIDS awareness should be communicated through certain institutions like schools, libraries, hospitals, and even the workplace. Some people contend that using "celebrity spokespersons" is still a viable option in communicating HIV/AIDS awareness and education. And, others have concluded that

education campaigns should strive to be more culturally and ethnically sensitive in their message.

Mass Media

No doubt the mass media can be construed as double-edged swords in many instances. On the one hand, they can educate and inform. When they act in this manner, the results are almost always positive for society at-large. However, the mass media also can perpetuate misinformation and propaganda as well as irresponsibly alter public opinion. The damage caused by this type of behavior is often irreversible. The philosophy of "If it's wrong, we can always make a retraction!" is a prime example, and, all too often, retractions or corrections never are seen.

When culling through research articles that dealt with HIV/AIDS and mass media, an overwhelming number of them focused on public service announcements, or PSAs. Two studies zeroed in on PSAs targeted to African-Americans. Specifically, Baggaley tested 100 black males at a southern sexually transmitted diseases clinic for their ability to recall PSA information. (1992) Donovan, Jason, Gibbs, and Kroger studied the marketing effects of PSAs on the "hard-to-reach" (ages 18-24) African-American, urban dwelling audience. (1991) Flora and Maibach concluded that the more highly involved people were with the HIV/AIDS cause, the more likely they were to be able to relate to the PSA message on an emotional level, and, therefore, the more prone they were to recall the message. (1990) And along that same line, Freimuth determined that when health educators had a hand in PSA development, the approach used tended to be far more rational than emotional. (1990) Hardy surveyed more than forty thousand adults and, based on the percentage of correct answers, concluded that whites had higher PSA recall levels than either African-Americans or Hispanics. (1991)

The sensitivity of the PSA message was the primary focus of several articles. Again, the plight of Magic Johnson was highlighted. For example, Diamond claimed the media, at first, treated Johnson with a "halo" effect -- only to later revere him as a "sinner." (1991) Dickinson also explored this philosophy, saying that "compassion reporting" gave way to "moral panic." (1990)

Accuracy in reporting also was scrutinized. Druschel studied Associated Press stories covering a four-week period that dealt with HIV/AIDS and concluded that little evidence existed to support claims that the media were overly sensationalistic with this disease. (1991) Conversely, Saltzman said that coverage of this epidemic was permeated with superficiality. He claimed that reports would focus on upbeat stories because that is what Saltzman said editors thought the public wanted to hear and read. (1992) Maddox showed that the British media acted irresponsibly when they gave credibility to Peter Duesberg's belief that the HIV virus not only did not cause AIDS but also that the disease posed absolutely no threat to heterosexuals. (1992) It was the results of Maddox's study which prompted Moore to state that the British media must pay more stringent attention to what the scientific community has to say because misinformation easily could lead to public panic. (1993) The overall lack of responsibility in reporting of this disease was the focus of a study by Katz. (1993) Geresh contended that the media overstepped their ethical boundaries by disclosing that the late tennis superstar Arthur Ashe had full-blown AIDS before he had the chance to do so. (1992) Johnson echoed this sentiment and explored the privacy issues of the Ashe situation. (1992)

A large majority of articles reflected negative views of how the mass media handled this crisis. Fumento contended newspapers were guilty of stretching the truth about the spread of HIV/AIDS to the heterosexual community. (1993) Lynch stressed that the risk of contracting the HIV virus was blown way out of proportion by the media -- arguing that there are other diseases such as cancer which merit far more media coverage than that given HIV/AIDS up to 1993. (1993) Pochoda seriously questioned

whether or not the media keep up-to-date on the facts surrounding this disease. (1992) Reardon and Richardson reported that the media have instilled an element of mistrust within those populations most at-risk for contracting the HIV virus. They declared that these groups perceive the media to be often inaccurate and highly unobjective. (1991) Ironically one study surveyed the bastions of the gate-keeping process, senior newspaper editors themselves, and discovered that 70% of them would rate their coverage of HIV/AIDS issues as "good" or "excellent." (Editor & Publisher, 1992)

And finally, comparing television to newspaper coverage, Stroman and Seltzer polled residents of the Washington, D.C. area on their knowledge of HIV/AIDS. They concluded that if people watched television more or read the newspaper less, then they were more likely to give incorrect answers to HIV/AIDS questions. Moreover, television news viewers tended to display attitudes about HIV/AIDS that were more conservative and less-informed than those attitudes of newspaper readers. (1989)

Mass media researchers have determined that public service announcements, or PSAs, are effective communications tools. However, many have stated that HIV/AIDS PSAs need to be more diverse in which target audience they are trying to reach. Researchers have concluded that whites tend to recall PSA message content better than African-Americans or Hispanics. Other studies on the mass media and HIV/AIDS have questioned how accurate the reporting on this subject has been. Some studies have concluded that a vast majority of HIV/AIDS reporting showed sensationalistic qualities. Therefore, communication efforts were distorted at best. Further studies suggested that newspapers were more effective at communicating HIV/AIDS knowledge than television.

Social Writings

A large number of the articles analyzed in this study pertained to the medical and educational aspects of HIV/AIDS. However, this disease is not without its social impact as well. Human suffering is a part of any affliction. And those who are living with or those who have died from HIV/AIDS are certainly no exceptions. Social aspects can range from actual dollar costs to society to the phenomenon of affecting personal viewpoint changes.

As the toll HIV/AIDS takes on this country rises, so does the long-term projected cost of dealing with infected patients. Alpaugh studied the dilemma facing the health and life insurance industry as AIDS-related benefits paid out escalate. He remarked that just four states (California, New York, Texas, and Florida) accounted for more than half of the total estimated claims for the year 1990. (1991) Black, Collins, and Buroughs predicted that by the year 2000, somewhere between 30 and 110 million people worldwide will be infected with the AIDS virus. Projecting that figure into monetary terminology, the international economic costs could reach in excess of $514 billion. (1992) Another study said the costs for not educating employees about HIV/AIDS carry an overly high price tag in terms of a company's overall productivity. (1993)

Determining proper and appropriate roles for many of the nation's traditional institutions was another avenue explored in some of the articles. Specifically, the church was highlighted in two studies. Barnet examined how the Catholic church is working with HIV/AIDS patients and why it is mandatory that the Catholic church must come to the forefront in HIV/AIDS pastoral care. (1993) Giles focused on the lack of firm church policies on sex education and on how to handle the issue of AIDS-infected children in Sunday school. Giles profiled former Baptist minister Scott Allen who searched in vein for a church that would accept his HIV-positive children. (1992) Along that same line of

thought, Harney discussed how public policy was shaped by the controversy of admitting HIV-positive children into the public school system. (1990)

How HIV/AIDS is socially perceived was the thrust of several articles. Black traced HIV/AIDS through the first half of the 1980s when it still was stigmatized by the mainstream media as only a disease which affected homosexuals, leading to the general press's reluctance to cover it. Yet, ultimately, Black concluded that HIV/AIDS changed people's perceptions about homosexuality, sex, and death. (1992) Conversely, Grenier suggested the increased media attention that certain homosexual issues have received is actually misleading the public into thinking that the homosexual culture has a far bigger impact on society than it really does. Moreover, that HIV/AIDS is not the major health threat it has been portrayed to be. (1993) Another study focused on the furor surrounding the survey which concluded that only one percent of American males consider themselves to be homosexual -- as opposed to the long-standing belief based on findings from the famous 1948 Kinsey report which claimed that ten percent of the male population is gay. (New Scientist, 1993) Kaufman touched on a more violent aspect of this disease. Her article delved into what she calls a growing trend -- death threats against HIV/AIDS journalists who have expressed views about the disease which are very unpopular with HIV/AIDS activists. (1993)

Whether or not HIV/AIDS has affected behavioral changes is the focus of four articles. In 1990, Cline, Freeman, and Johnson concentrated on distinguishing to what degree people were inclined to talk about HIV/AIDS with their sexual partners. They categorized their population into four groups: safe-sex talkers, general AIDS talkers, nontalkers, and want-to-be talkers. The authors concluded that when people were faced with risking either their long-term health or their immediate interpersonal relationship, many of the participants gave the relationship preeminence, regardless of with which group they were affiliated. (1990)

Two years later, these same three authors examined heterosexual college-aged students, a group arguably at higher-than-average risk for contracting the HIV virus. They found that although two-thirds of the students talked with their partners about HIV/AIDS, only one-third of them actually discussed "safer sex" topics. Additionally, only 6% actually discussed condom usage. Therefore, they concluded that, while students were open to discussing HIV/AIDS, they did little to alter their sexual behaviors. (1992)

Kelly reasoned that it is crucial to extend community-level HIV/AIDS prevention efforts beyond education alone -- that people need to develop models which encourage behavioral changes as well. He studied gay men in small cities because of the perception that these men repeatedly engage in high-risk behavior. Kelly concluded that "trendsetters" or "leaders" in those small town gay bars should be identified and then should be trained in different peer education approaches in order to help alter risk behaviors among other gay men. His results showed that the incidence of unprotected anal intercourse dropped anywhere from 15% to 29%. (1992)

Another study pitted a control group against a group of persons in treatment for substance abuse. The authors concluded that knowledge about HIV transmission and prevention was significantly higher in the substance abuse group. However, the willingness to change sexual behaviors did not differ between the two groups. (1991)

Cameron and Yang conducted a telephone survey of people living in a southwestern U.S. city regarding knowledge of HIV/AIDS issues. The results were that general HIV/AIDS knowledge and awareness was high in all groups and that separating out audiences by personal versus impersonal involvement levels is a vital key to identifying target audiences for communication campaigns. (1991)

McCaig, Hardy, and Winn sought to discover if HIV/AIDS knowledge varied significantly between populations residing in areas with low, medium, and high incidence of this disease. They found that age, race, and education levels all affected HIV/AIDS

knowledge. Specifically, individuals over the age of 50, African-Americans, Hispanics, and those who did not complete high school had lower knowledge scores and higher misconception scores. High misconception rates also paralleled living in an area with a high incidence of HIV/AIDS. (1991)

Aruffo, Coverdale, and Vallbona conducted a similar study among various waiting-room areas of community health centers throughout Harris County, Texas. They found that whites scored higher than either African-Americans or Hispanics on their knowledge of HIV/AIDS issues. (1991)

By reviewing social writings, we know that oftentimes HIV/AIDS communication efforts really translate to how much this disease has cost society in terms of money as well as in terms of human damage. Because of this, researchers have concluded that this topic continues to be perceived by society-at-large in a negative light. Some studies suggested that the church should take a more proactive role in HIV/AIDS communication efforts. Other reports said peer education is perhaps the most effective communication method. Researchers also have concluded that how correctly and actively people communicate about HIV/AIDS is directly dependent upon how closely this disease has impacted their lives.

Attitudes/Public Opinions

The media are capable of altering personal attitudes as well as shaping public opinion. While such potential outcomes can loom large, the responsibility for creating these end results is huge and should not be taken lightly. Ultimately, the media can affect change -- from something as small-scale as just reflecting on what has been read, seen, or heard to something as radical as completely persuading people to think or act in an entirely different manner.

Several articles dealt with how mass media have influenced the way the public perceives HIV/AIDS. Blendon, Donelan, and Knox conducted public opinion polls between 1989 and 1991 and reported that, during that time period, most Americans thought HIV/AIDS was a serious health problem that would only get worse in the future and, moreover, that the government was not doing nearly enough to combat this disease. The authors also discovered that the majority of respondents were more tolerant of HIV-positive persons who contracted the virus through no fault of their own (e.g., bad blood transfusions or babies born to HIV-infected mothers). (1992)

Gerbert and Bleeker reported that, based on a nationwide telephone survey of 1,300 people, 93% responded that HIV/AIDS is a legitimate crisis, and 90% said HIV/AIDS is out of control in the United States. Most would encourage the government to spend whatever it takes to solve the HIV/AIDS epidemic. (1993) Rogers, Singer, and Imperio conducted 116 public opinion polls between 1987 and 1992 and proved that the public was, indeed, becoming more informed about HIV/AIDS. For example, during the mid-1980s, 50% of people polled believed HIV/AIDS could be contracted through casual contact. However, in 1990, only 24% believed that possibility. (1993)

Stiff studied to what degree HIV/AIDS awareness campaigns affected how college students perceived gay men and lesbians. Stiff concluded that extremely positive attitudes toward gay men and lesbians spurred more learning about HIV/AIDS than exemplified by those students with extremely negative attitudes. (1990)

Levine asked college undergraduates to rank the five social and political events which had shaped their lives thus far. The HIV/AIDS epidemic came in third -- behind the space shuttle Challenger explosion and the Persian Gulf War. (1993)

Even states generally regarded as being "far removed" from the rest of the country were scrutinized for their HIV/AIDS knowledge levels. Timmerman, McDonough, and Harmeson surveyed residents of North Dakota on AIDS-related issues over a three-year

period and concluded that North Dakota exceeded the national average on HIV/AIDS awareness. (1991)

Naturally, not every article reported positive public opinion results. Heaven, Connors, and Kellehear observed attitudes on the Australian continent. Their results showed that people tended to view HIV/AIDS sufferers without much sympathy -- that PWAs and HIV-positive people are to blame for their condition. Men and people in lower-prestige occupations held the most prejudicial opinions. (1992)

Another study focused on the stigmas attached to HIV/AIDS. The authors queried an adult, general audience via a telephone survey. They concluded that, indeed, most Americans did attach some form of a stigma to this disease. Particularly, African-Americans expressed greater support for quarantining PWAs and exhibited a stronger desire to avoid these people. Moreover, whites exhibited more negative feelings toward HIV/AIDS patients and showed a greater willingness to blame them for their illness. Regardless of race, men were more likely than women to support quarantine policies. (1993)

Price and Hsu concluded that there was strong evidence that people who supported restrictive policies (such as quarantines) toward HIV/AIDS patients generally suffered from misinformation about HIV transmission as well as from negative attitudes toward homosexuals. Two major contributing factors included level of education and political conservatism. (1992)

Along that same line of thinking, Farnham stated that more HIV/AIDS prevention education should be employed in the workplace. He surveyed approximately three thousand employees throughout "Corporate America" and reported that these employees ranked HIV/AIDS education knowledge received at work as third, behind the Surgeon General's report on HIV/AIDS and HIV/AIDS stories from the news media. Apparently, employers cited costs and time as the major barriers to instituting such educational programs. (1991)

One study indicated that homophobia on college campuses may interfere with making realistic risk assessments regarding HIV transmission. More specifically, that misinformation only served to fuel HIV/AIDS mythology. (1992) Additionally, Colasanto, Singer, and Rogers contended that HIV/AIDS misinformation is becoming more prevalent. They conducted two surveys -- one in 1988 and one in 1989 -- which centered on whether or not the public believed the HIV virus could be acquired through donating blood. In 1988, nearly 30% believed this was possible. Yet, close to 44% of respondents in 1989 were under this impression. (1992)

Another study investigated the language physicians used when asked to describe the HIV/AIDS crisis. Doctors were required to complete the statement: "AIDS is like (blank)." About one in four filled in the blank with a disease-oriented description (11% likened AIDS to cancer). Negative connotations fell into four categories: a simple attribution, hell, judgment, and blame. (1990)

Three studies analyzed how people communicate about using condoms. Edgar examined the communicative choices people make in sexual situations as they decide whether or not to use condoms. Specifically, Edgar looked at the ways in which potential sex partners attempt to obtain information about each other and the strategies they employ when trying to persuade their partners to use condoms. The study group was college students. Edgar concluded that college students had not personalized the HIV/AIDS risk. Many who did use condoms were doing so more to protect against pregnancy than against contracting the HIV virus. (1992) Hill explored anxiety levels regarding condoms. Study subjects were asked to evaluate three sets of advertising copy for condoms. Hill concluded that the more fear-inducing the ad copy, the more anxiety the subjects experienced. (1988) Moatti, Bajos, Durbec, Menard, and Serrand concentrated their efforts on French heterosexuals between the ages of 18 and 49 who reported having more than one sex partner within the last six months. They discovered that only 18% of the respondents had used a condom out of fear of contracting the HIV

virus. Further results revealed that people who did use condoms were also more likely to volunteer to have an HIV/AIDS test, feared contracting other sexually transmitted diseases, and knew someone with HIV infection. (1991)

Again, the Magic Johnson situation spawned two attitude/opinion studies. Deford observed that some people were having second thoughts about congratulating Johnson for his candor and honesty in announcing he had tested positive for the HIV virus. Instead, they suggest that, perhaps, his lifestyle did not make him a particularly good role model. (1991) Kalichman and Hunter studied how Johnson's announcement impacted urban males -- a group the authors perceived as having low concern about HIV/AIDS even though the incidence of HIV/AIDS is high among urban males. They focused their efforts on men in Chicago, Illinois. These men were surveyed while they waited for mass transportation (e.g., at bus stops, etc.). Kalichman and Hunter conducted three "pre-announcement" surveys and two "post-announcement" surveys. The results indicated that there were significant increases in concern about HIV/AIDS, interest in HIV/AIDS information, and levels of HIV/AIDS discussion with friends after celebrity disclosure of HIV-positive status. This impact was greatest among African-American men and among men who had not previously known somebody with HIV/AIDS. The authors concluded that such announcements served as "windows of opportunity" for HIV/AIDS prevention and education efforts. (1992)

Additional articles related how the media have affected behavioral changes. One study polled young urban adults (from four states) participating in a cardiovascular disease risk factor survey from 1985-1988. The following year, nearly two thousand members of this group completed a self-administered questionnaire which contained questions pertaining to sexual behavior changes since the advent of the HIV/AIDS crisis. The cross-section of respondents was closely divided between white males, African-American males, white females, and African-American females. All were aged 21-40. Overall, 46% of the respondents reported making at least one change in how they

practiced sex in order to decrease their risk of HIV contraction. The mean number of changes was 0.8 for white men, 1.6 for African-American men, 1.1 for white women, and 1.5 for African-American women. Again, overall, those reporting more changes tended to be younger, with a history of recreational drug use, multiple sex partners, or having had anal intercourse. The most common change was reducing the number of sex partners and being more careful about partner selection. Still, about 70% of the respondents reported engaging in unprotected sex with more than one partner in the previous year. (1993)

Conversely, Kelly and St. Lawrence traveled to Monroe, Louisiana, and Hattiesburg and Biloxi, Mississippi to support their hypothesis that gay men in small southern towns have not made dramatic changes in their sexual practices nearly as much as gay men in larger metropolitan areas. The authors polled men entering gay bars in these towns and reported that these men displayed a high knowledge of HIV/AIDS risk factors, but they did not have a strong desire to change their risky sex practices. Kelly and St. Lawrence concluded that gay men in the more rural South responded in this manner because the visual brutality of HIV/AIDS has not mentally registered with them like it has in America's bigger cities. (1993)

Public service announcements were the focus of two articles. Johnson and LaTour examined the effects of fear appeals in HIV/AIDS prevention messages and sought to determine whether males and females differed in their responses. They showed about two hundred college undergraduates two HIV/AIDS PSAs. One featured a message about death from HIV/AIDS for failing to use a condom (high fear appeal) while the other one did not specify death (low fear appeal). The results showed the high-fear ad as more interesting, but less appropriate. Both genders (females moreso, however) found the high-fear ad irritating, and, consequently, viewed the overall HIV/AIDS prevention message negatively. (1991) Schlossberg analyzed the sensitivity of HIV/AIDS PSAs and the controversy over message content. He illustrated how these ads tend to run up against

censorship problems from communities at-large because, despite seemingly having the approval of the government and public health officials, they contain messages which deal with homosexuality and condoms. Conservative communities apparently work to block these kind of ads from airing. (1991)

From this line of inquiry, we know that attitudes and opinions can be slightly changed or even drastically altered based on how things are communicated. Specific to HIV/AIDS, researchers have shown how this disease can generate both negative and positive feedback. Yet, more studies suggested that HIV/AIDS was still being communicated in such a way as to create negative public opinions and attitudes. Additionally, other studies concluded that more sexual partners discussed condom usage as a means of preventing pregnancy instead of guarding against contracting the HIV virus. Some studies have concluded that there is a greater lack of HIV/AIDS communication in rural areas than in urban areas.

The 1988 National HIV/AIDS Campaign

This was the large-scale, education/information campaign that finally seemed to galvanize and focus the nation's attention to the HIV/AIDS epidemic. The fact that it would take several years into the crisis --and thousands of deaths -- before the government intervened by launching this national campaign mystified many involved with the HIV/AIDS cause. None-the-less, the campaign was kicked off in 1988. And it appeared to have a methodical, formatted approach to it. The mission was simply to educate society at-large by arming people with the basics of this disease -- and then allow support agencies to answer questions concerning the more intricate aspects of HIV/AIDS. And so began a multi-million dollar HIV/AIDS awareness project.

It is often said that the beginning of anything is usually the best place to start. And that is precisely what Davis did in his article. He discussed the history of the

national HIV/AIDS mailer *Understanding AIDS* -- from inception to final distribution. Davis pointed out the need for frank content, for precise definitions (e.g., just what is "casual contact?"), and for a focus on risky behaviors rather than on at-risk groups. The article further detailed the dilemma about which one government official to link to the brochure. Would it be Surgeon General C. Everett Koop or President Ronald Reagan? Koop was finally chosen because he was perceived by the public to have more medical expertise than the president. The end results were simply to measure the success of the national mailer. The brochure was mailed to virtually every American household by June 15, 1988. Three subsequent national surveys agreed that 60% of the population remembered getting the brochure. Of the remaining 40%, Davis concluded 11% probably never received it. Of those who did receive it, 80% read at least some of it, with most saying they read more than half of it. More whites than African-Americans read it -- as did more men than women and more high school graduates than those with less schooling. The aftereffects showed that calls to hotlines were up 38% as was attendance at testing clinics (the African-American population up 300% versus only a 25% rise among the white population). The total project cost exceeded $25 billion. (1991)

In a related study, Snyder evaluated the effectiveness of this nationally mailed brochure during the first month following its distribution. Less than half the sample remembered receiving it. However, among those who did, more older people and women than other respondents said they read it. Snyder suggested that the knowledge gap between whites and minorities was less for those who read the brochure. (1991)

The overall theme of the national campaign was "America Responds to AIDS" (or ARTA). Most of the studies concurred that it was a well-conceived plan. Keiser reported how the CDC got the media to treat HIV/AIDS more like a news story as opposed to health information. Keiser further explored the four marketing phases of the ARTA campaign. (1991) Salmon and Jason discussed the complex, sometimes obscure goals of social marketing (e.g., alternative lifestyles, improved health) versus commercial

marketing (e.g., increased product sales). In justifying the CDC's campaign, the authors talked about the need to change social norms -- and, to prove a point, they referred to Edward Bernays' success in making it acceptable for women to smoke in public. (1991)

Another article provided an overview to the effectiveness of the entire national campaign. The authors demonstrated how ARTA evolved from a crisis management technique to a full-fledged educational and behavioral change-oriented format. Additionally, they concluded that ARTA could double as both a public information campaign as well as a social marketing campaign. (1991)

Conversely, Randall focused on the inherent problems of trying to launch a general information campaign to a population as ethnically diverse as the United States. She touched on some of the barriers brought about due to conservative politics, fear, prejudice, and misleading rumors. She also emphasized the difficulty in advertising condoms in the moral climate of the 1990s. (1990) And lastly, Singer, Rogers, and Glassman examined the data from two Gallup surveys before and after the ARTA campaign began. The authors were looking for changes in behavior directly attributed to the ARTA campaign. They concluded that, although some changes did occur, they were essentially a continuation of trends that started before the CDC kicked off this campaign. Therefore, the effects on public information were minimal. However, the authors did show that there was a small but statistically significant increase in reported condom use between 1987 and 1988. (1991)

Gentry and Jorgensen explored to what degree people could successfully recall HIV/AIDS PSAs. Gentry and Jorgensen examined the top 75 media markets in the United States because, collectively, these markets represent about 80% of the country's households. Between October 1987 and December 1990, more than 50,000 HIV/AIDS PSAs were broadcast on television and radio. Content analysis showed that, over the first three months of the study, 80% of the U.S. reported seeing an AIDS-related PSA on

television and 45% reported hearing one on the radio. In 1990, 80% of adults reported receiving information about HIV/AIDS from television during the past month. (1991)

The National AIDS Clearinghouse arose as a direct off-shoot of the ARTA campaign. Sinnock, Murphy, Baker, and Bates centered their article on the mission and framework of the Clearinghouse. The Clearinghouse was established in order to handle the growing number of inquiries about HIV/AIDS and to provide lists of referral services. By far, "What You Should Know About AIDS" has been its most popular brochure. The Clearinghouse also evaluated more than 1,600 educational pamphlets for their effectiveness with the following results: 23% rated below average, 54% rated average, and 23% rated above average. (1991)

Also borne out the ARTA campaign was the National AIDS Hotline (1-800-342-AIDS). Waller and Lisella explained how the NAH operates and how it is staffed. They reported that the NAH processes around three thousand calls every day. NAH is equipped to handle calls in English, Spanish, and for the deaf. The average length of calls was as follows: English - 6.5 minutes; Spanish - 16 minutes; and deaf - 20 minutes. Call content broke down in this manner: questions about mode of transmission (37%); questions about HIV/AIDS testing procedures (18%); requests for written materials (15%); and questions about the course of HIV infection (13%). (1991) Randall also studied the hotline and concluded that the hotline format is successful because it offers the callers a safe level of anonymity and privacy so that they can ask as detailed questions as they want and not be embarrassed. Therefore, callers ultimately have more control over the situation. (1990)

By detailing this line of inquiry, we know that the national HIV/AIDS awareness campaign referred to as "America Responds to AIDS" has existed since 1988. Researchers perceive this communication effort as the first large-scale attempt by the United States government to deal with this disease. The offshoots of this campaign -- the mailer *Understanding AIDS*, the AIDS Hotline, and the AIDS Clearinghouse -- drew

mixed results on their effectiveness as communications tools. Some researchers concluded that the campaign initially stumbled in its attempt at social marketing versus commercial marketing. However, most studies do credit the campaign with a high percentage of PSA message recall by the public.

Other Information/Awareness Campaigns

Indeed, "America Responds to AIDS" was the biggest HIV/AIDS awareness campaign. Some would argue that bigger means better. And while that may be true, ARTA certainly did not hold a monopoly on HIV/AIDS awareness campaigns.

Caranicas emphasized the "Ads Against AIDS" campaign courtesy of the advertising industry. Caranicas stated "Ads Against AIDS" came about due in large part to the complaints of commercial director David Street. Before Street succumbed to the disease, he had accused one advertising agency of avoiding him after he confirmed he had full-blown AIDS. Whether Street's accusation was real or not, Caranicas said some ad agencies do have unsympathetic attitudes toward persons with AIDS. He concluded that this particular awareness campaign was begun by dozens of ad agencies in an effort to undo some of the bad images they received immediately after the Street episode. (1993) Another article examined how the country music industry got into the swing of things through a venture (underwritten by Kodak and several recording studios) called "Country Music Awareness," a series of television, radio, and print PSAs designed to increase public awareness of HIV/AIDS in rural areas. This campaign utilized country music stars as spokespeople for the HIV/AIDS awareness cause. (1994)

Robinson related how, on December 1, 1991, more than 3,500 art galleries and museums across the country dimmed their lights and removed important works of art. In their place, HIV/AIDS information was displayed. The event was called "Day Without Art." (1991)

Perloff analyzed the effectiveness of Cleveland, Ohio's 1989 "Project SAFE" campaign. "Project SAFE" was a media blitz of brochures, pamphlets, and billboards. The entire thrust of this campaign was to target drug users as an at-risk group for contracting the HIV virus. Perloff reported that 36% of Cleveland residents and 23% of Akron residents could recall the "Project SAFE" campaign; therefore, awareness increased. However, Perloff also reported that HIV/AIDS knowledge was virtually unaffected, pointing to the fact that 80% of the population already knew basic facts about HIV/AIDS. Therefore, Perloff concluded that "Project SAFE" should not have strived merely to provide information. Rather, it should have tried to influence behavior directly. (1991)

Weisman discussed how two French bluejeans companies, Lee Cooper and Wrangler France, incorporated HIV/AIDS awareness and prevention through jeans ads. Both companies urged young people to use condoms. Lee Cooper used 12,000 donated billboards as part of a broader campaign aimed at raising money for the social service agency AIDES. Wrangler, on the other hand, took the more direct approach of distributing "mini" denim pockets which contained condoms to customers purchasing Wrangler merchandise. (1993)

One of the more visual HIV/AIDS awareness campaigns was the looped red ribbon. Fleury highlighted Visual AIDS, the organization which mass produces red ribbons and which took as its example the huge visual success of the yellow ribbon campaign for the Persian Gulf War. Fleury stated that the red ribbon has become a symbol of international empathy for persons suffering from HIV/AIDS, but that not everybody agrees on the sincerity of people who wear the red ribbons. (1992) Seidner contended that wearing red ribbons actually serves to trivialize the tragedy of HIV/AIDS. Even though sales proceeds from the red ribbon are earmarked for HIV/AIDS research, Seidner argued what really motivates people to don these symbols is mostly to alleviate guilt. (1993)

Jessie discussed how the California-based health care organization, Kaiser Permanente, was thrust into the media spotlight after one of its doctors died from AIDS. Anticipating image problems and public fears, Kaiser Permanente developed a media plan which turned a possible public relations disaster into an advantage by taking the opportunity to use the sudden media attention not only to educate the public on the precautions Kaiser Permanente's staff takes to avoid HIV transmission but also to stress the availability of patient testing and counseling services the corporation offers. Jessie illustrated how Kaiser Permanente is now considered a model for other hospitals in dealing with the media on HIV/AIDS issues. (1991)

Bush and Bolter assessed the history of HIV/AIDS advertising by analyzing federal HIV/AIDS television campaigns between 1987 and 1989. These campaigns focused on scene (HIV/AIDS environment), act (risky behavior), and agency (how to cope with the threat of HIV/AIDS). The goal was to build awareness of facts, to build concern, and to construct a coping mechanism, respectively. The authors concluded that information dissemination might be better achieved through the news media. Therefore, HIV/AIDS advertising could instead be used to direct already-informed viewers to various health-related products and/or services. (1991)

Making HIV/AIDS prevention campaigns appealing to youth was the focus of two studies. Hein reported that about one half of American teenagers have had unprotected sex by age 19. They also have the highest rate of sexually transmitted diseases among sexually active people. Hein developed a six-point plan to educate teens about HIV/AIDS. It essentially deals with replacing existing stereotypes about "real" teenagers and doing away with that "Just Say No!" concept. Hein also advocated condom distribution and HIV/AIDS education in schools and other youth agencies. (1993) In the other study, Gelman stated that gay youth between the ages of 17 and 25 were less likely than their older counterparts to engage in safe sex practices. He concluded current safe

sex campaigns are ineffective at reaching this age group -- that it has grown accustomed to the old messages and is simply tuning them out. (1993)

Campaign construction was the idea behind two studies. Winett, Ahman, and King stressed that to successfully reach teens, a campaign should execute the following: focus on behavior changes; target specific population segments; integrate concepts and principles from a number of disciplines and perspectives; and use media, interpersonal, and community strategies. (1990) The other study urged that, in order to reach traditional college students, a campaign should, above all else, incorporate the element of personal involvement. The author concluded that a strong correlation existed between personal concern about HIV/AIDS and how much that person actually talks about HIV/AIDS with other people. (1991)

By analyzing lines of inquiry such as those discussed earlier in this chapter, it is clear that several HIV/AIDS awareness campaigns have been started. Most of the studies did not make a large attempt to examine the effectiveness of these campaigns as communications tools. Instead, they just acknowledged their existence. However, researchers did conclude that campaigns that succeeded as HIV/AIDS communications efforts were those that exhibited the more personal side of this disease.

Summary

Obviously, many aspects of HIV/AIDS have been studied. And each area has shown important insight. We have seen how many scholars react to HIV/AIDS on several levels: health, educational, social, and attitudinal. Also, they have demonstrated the manner in which the mass media has treated this subject. And, researchers even have detailed the successes and the flaws attached to the 1988 National HIV/AIDS campaign as well as to other information/awareness campaign efforts.

All of these studies are invaluable to anybody who wishes to become informed on the relationship between the topic of HIV/AIDS and the field of mass communications. Unfortunately, none of them will sufficiently guide this project. They are simply too diverse in nature and too wide in scope of message. Moreover, none of these studies deal with film analysis as an HIV/AIDS communications method.

Movies are a popular form of discourse. Billions of people all over the world are exposed to movies in the theater. The magazine *Entertainment Weekly* reported that 1994 was a record year for Hollywood. Movies raked in $5.25 billion at the box office, while the number of tickets sold came to 1.21 billion. (Kilday and Thompson, 1995) These statistics definitely point out that movies reach a huge audience. Films can, and often do, shape public opinion. Therefore, the impact of films is quite significant.

Hollywood has not completely ignored HIV/AIDS. Yet, the relationship between HIV/AIDS and the film medium is certainly one area which remains virtually undocumented. For that reason, this study will mark a major departure from what has been reported previously in mass communications literature.

CHAPTER THREE

Research Method

Introduction

Based on the literature review, limited attention has been given to HIV/AIDS in feature films. Therefore, this study will explore this phenomenon.

Specifically, this study examines the central issue of how HIV/AIDS has been constructed, presented, and, in effect, defined in Hollywood feature films. Again, in exploring this central question, the study also will examine the following set of supporting questions:

(1) How is an HIV/AIDS movie defined by Hollywood?

(2) How is HIV/AIDS treated as an overall theme in these movies?

(3) What is the role of characters in HIV/AIDS movies?

(4) Are HIV/AIDS "stereotypes" pervasive?

(5) Does HIV/AIDS lead to any social problems in the movie?

(6) Does the movie make a moral, "right or wrong" judgment?

Genre analysis will be employed as the primary research method. Genre analysis provides a unique opportunity to examine how HIV/AIDS has been constructed and treated in Hollywood feature films.

Films are considered to hold a privileged position in discourse. Basically, films have a large capacity to influence and persuade people. This fact is a simple testament to the power of film. For example, in Hollywood Saga, William C. DeMille developed a deceptively simple viewpoint of the Hollywood product. He said "The highest function of motion picture art is to express the people to themselves. The voice of the screen is the

voice of common humanity trying to put into living words its thoughts and emotions, its ideals and its dreams." (p. 12)

Frank Manchel put more of a political twist on Hollywood. In Film Study: A Resource Guide, he asserted that "every film, intentionally or not, in one form or another, is propaganda in the sense that each of us is personally affected by what we see and hear." He adds that "if we mean by 'propaganda' any content which might change the ideas, sentiments, or values of those exposed to it, the motion picture can not in any conceivable way avoid being propagandistic." (p. 59)

Hollywood and all it stands for can evoke challenging and even conflicting emotions in people. Through its decades of existence, Hollywood has acted as a catalyst for division. Famed motion picture producer Sergei Eisenstein argued that film is the most international of artforms and that cinematic feats celebrate life, or at least some aspect of it. Eisenstein contended that films bring joy to people. Even in films that deal with death and sorrow, an "emotional release" occurs for the viewer, and that eventual "catharsis" is a good thing. (pp. 27-31)

However, author F. Scott Fitzgerald described Hollywood in a different fashion. On the opening page of his novel The Last Tycoon, Fitzgerald advised that "You can take Hollywood for granted like I did, or you can dismiss it with the contempt we reserve for what we don't understand. It can be understood too, but only dimly and in flashes." (p. 1)

As stated above, it is evident that the Hollywood product can be regarded as cathartic, misunderstood, self-expressionistic, and even propagandistic. Films can and do create whole ranges of emotions. What somebody derives from a film oftentimes is a unique and personal experience. This result can be achieved through the singular means suggested by DeMille, Manchel, Eisenstein, and Fitzgerald. Or it can be accomplished through a marriage of two or more of these means. The most basic goal of any film is to elicit some kind of emotion in the viewer. That is why this method is universal in its scope and can be applied to any film genre, including HIV/AIDS movies.

Methodology

Defining Genre

Classifying films into certain categories, or genres, has probably been around as long as the motion picture industry itself. According to The American Heritage Dictionary, genre is derived from the French language and is defined as: 1) type or class; or 2) category of artistic composition marked by a distinctive style, form, or content concerned with depicting scenes and subjects of common, everyday life. (p. 553)

Describing Genre Analysis

The methodology utilized in this thesis project will be genre analysis. As previously stated, the goal of genre analysis is to classify a group of films by noting similarities (and by implication, differences) in plot, location, characters, problems, and resolutions. Furthermore, when using genre analysis as a critical enterprise, it "looks for repetition and variation between films rather than originality and individuality." (Cook, p. 59)

Researching Genre Analysis

While many books and articles have been written on the topic of genre analysis, probably the most thorough, yet understandable work is that of Thomas Schatz. Many scholars have hailed his book Hollywood Genres as the definitive text on Hollywood's most popular story forms. On the surface, Schatz uses very broad categorical themes for grouping films into genres. For instance, the western (*Santa Fe*), the musical (*Meet Me in St. Louis*), the drama (*The Best Years of Our Lives*), and the comedy (*Pillow Talk*) all

illustrate the largeness of scope when attempting to apply genre analysis. Schatz wrote that genre analysis, in its most basic form, is that "simply stated, a genre film...involves familiar, essentially one-dimensional characters acting out a predictable story pattern within a familiar setting." (p. 6) When applying genre analysis to films that deal with HIV/AIDS, such elements as the overall treatment of HIV/AIDS, stereotypical character portrayals, the role of friends/family, the relationships between characters, the presence of heroes and villains, the presence of victims and oppressors, the tone of the film (more emotional or more rational), the manner in which the situation is resolved (Do the characters motivate themselves into some kind of action -- or do they react within the constraints of what society-at-large deems acceptable?) all should be considered.

Schatz is certainly not alone in the study of genre analysis. Nor is he the only one with a scholarly opinion. Robert Altman, Jed Feuer, and David Thorburn have authored works on the subject of genre analysis. However, all of their opinions deal with the theoretical aspect of genre analysis. Schatz leaned more toward exploring just exactly what it is that genre analysis does. Schatz contended that all films, no matter into which genre they fall, will contain at least two essential elements: conflict and community. He further contended that how a film chooses to interrelate these two elements will reveal in which manner the film will end. One method he calls "genres of determinate space." Western, gangster, and detective films are examples of this category because they possess "a symbolic arena of action" which is meant to represent "a cultural realm where fundamental values are in a state of sustained conflict." (p. 27)

Schatz's other method is the "genres of indeterminate space." Here, he includes musicals, screwball comedies, and social melodramas. Schatz concurs that genres of indeterminate space focus their attention on "a civilized, ideologically stable milieu, which depends...on a highly conventionalized value system." (pp. 27 and 29)

He suggested that each method has a different struggle at its heart. In genres of determinate space, conflicts arise because the principal characters are fighting over

control of the environment. Whereas, in genres of indeterminate space, the conflict is attributed to the main characters trying to "bring their own views in line with one another's or, more often, in line with that of the larger community." (p. 29) James Van Dyke summarized Schatz's method system this way: "Films of indeterminate space celebrate the values of social integration while films of determinate space uphold the values of social order." (p. 59)

Schatz does note that while some genre films emphasize social integration and others highlight social order, very few genre films actually solve the problem (or problems) presented and explored in the film. Rather, the problem is resolved. Van Dyke contends that when a genre film reaches that point of dramatic closure, the resolution does not solve the basic cultural conflict. Instead, the conflict simply is recast into an emotional context where it can be resolved easily, if not always logically. (p. 60)

Ultimately, then, genre analysis strives to classify a group of films by comparing and contrasting their similarities and their differences in such basic film elements as plot, location, characters, problems, and resolutions.

Selecting the Movies

As the HIV/AIDS crisis has grown more commonly known and more complex in its ramifications, very few communication media have chosen to shy away from it. For example, network television has played a particularly strong role in bringing HIV/AIDS into the public's "living rooms." For example, a 1987 episode of the CBS situation comedy "Designing Women" strived to dispel some of the then more closely held, yet incorrect public notions about HIV/AIDS. Throughout the course of the show, the character Mary Jo Shively (Annie Potts) illustrates that if HIV/AIDS was an airborne disease, then conceivably "everybody would be getting it." Another character, Suzanne Sugarbaker (Delta Burke), passes on information to the other women (but really to the

audience) that she received from her family doctor which points out that a person cannot catch HIV/AIDS from hugging -- that it can only be transmitted by "sex, blood, and shared needles." The focal character of this episode, Kendall Dobbs (Tony Goldwyn), is a gay man who has returned home to Atlanta to live out whatever is left of his life. And when he tells the women he is dying, and they say they did not even know that he was gay, he answers them with "Well, I am, but you don't have to be" to contract the AIDS virus. (Bloodworth-Thomasson, 1987)

But still, the number of television programs or documentaries or magazine articles or even radio call-in shows devoted to HIV/AIDS is small relative to other diseases like cancer. Therefore, further limiting this project strictly to movies made for theatrical release really reduced the field of possibilities. Hence, in this respect, selecting the movies was probably one of the easiest parts of this thesis project.

The initial step was to compile a list of movies which dealt with the topic of HIV/AIDS and which also fit the researcher's specifications. To do this, the researcher utilized various methods. First, before even starting this thesis, the researcher owned copies of seven of these films. To locate the remaining films, the researcher went to the library and worked on the Infotrac computer system, cross-referencing the categories "Films" and "AIDS" for possible matches.

Not only did Infotrac provide a working list of most of the other film titles, it also gave a brief summary/synopsis of each film. However, to further explore all avenues, various mail-order catalogs such as Shocking Gray, Men To Men, and Gay & Lesbian Video Catalog were consulted. These publications did, indeed, reveal a few more film titles which fit the researcher's parameters. Then, in a final attempt to be as extensive and exhaustive as possible, the researcher visited St. Elmo's Bookstore in Pittsburgh, Pennsylvania. St. Elmo's has a reputation for carrying hard-to-find film titles that deal with the gay and lesbian lifestyle. After browsing through the store's film selections, the researcher picked up off the shelves any title which dealt with HIV/AIDS, and checked to

see if it met the requirements of this project. The majority did not. They were produced either as "straight-to-video" products or as instructional, "safe sex" tapes. So lastly, the researcher asked Melinda Douglas (a personal friend as well as a social worker for AID Atlanta) to scour some gay-friendly bookstores/video stores in the Atlanta area to see if she could locate any more films. Thus, in a sense, Ms. Douglas is a contributor to this project.

The key to the selection process is to remember that all of these films must have HIV/AIDS as part of the storyline. Films that merely referred to HIV/AIDS were not eligible for this thesis. For instance, *The Bodyguard* was certainly one of Hollywood's biggest blockbusters of 1992. And in this Whitney Houston-Kevin Costner romantic vehicle, there is a camera shot of a poster advertising a Miami AIDS benefit at which Houston's character (Rachel Marin) sings. Yet, including this visual reference in the film is in no way an essential theme of *The Bodyguard.*

Analyzing the Movies

These films were analyzed in an effort to note similarities and differences. Actually, that is to say, every movie was coded for the purpose of revealing the presence or absence of characteristics crucial to genre analysis. For one example, because the majority of HIV/AIDS cases still involves gay/bisexual men, these movies were coded for the presence of HIV/AIDS roles. Did these movies focus predominantly on gay men -- or did they explore other segments of society? By showing the presence of one, the absence of the other automatically is recognized. By following this path, Van Dyke wrote that "the overall goal of the coding was to ... let us see what's in them and, once we know what's there, what is not in them." (p. 79)

Coding Process

Once all the films were in the possession of the researcher, each one was viewed in the videocassette recorder twice. The first time was the more in-depth viewing. The second time through served mostly to provide a checks and balances for the sake of accuracy.

During the first viewing, each movie was coded. In a very real sense, this involved living with the VCR remote control practically permanently attached to the researcher's left hand. Each movie was stopped and started while detailed notes were taken. Sometimes, portions were watched several times so that exact dialogue could be transcribed. Running times on these movies ranged from sixty minutes to over two hours; however, this start-and-stop coding method took far longer than the actual running time for each movie.

The second viewing was for the purpose of verifying information on the coding sheet. At this point, additional pertinent information was added and data that turned out to be irrelevant was deleted. It was during this step that the film *Sex Is* was eliminated from the study. While it did meet the requirements of being a first-run theatrical release as well as containing HIV/AIDS dialogue, *Sex Is* is simply a documentary-styled feature film. These characters are real. Therefore, there is no "plot construction" concerning HIV/AIDS. However, the twelve films that were included in this project are listed in tabular form as Appendix B.

The next step in this process involved taking all the information and typing it into a personal computer for two main reasons -- to become more familiar with each movie as well as to compile individual, separate coding sheets. These sheets then became the basis for one all-inclusive, summarized coding sheet document.

Coding Categories

Researching as well as considering different coding tactics, the method which best matched this analysis was a variation of the coding scheme used by Donald Cheatwood (1982) and adapted by Van Dyke (1994). Cheatwood was a scholar of the *Tarzan* movie anthology. He studied "abstract classifications" in these movies. To better examine particular aspects of these movies, he developed a coding scheme which incorporated four major categories -- cultural conventions, ethnic/racial conventions, geographical conventions, and contextual conventions. (pp. 130-132) Van Dyke modified "contextual conventions" into "stylistic conventions" because, even though Cheatwood studied Hollywood techniques, the *Tarzan* genre was from an earlier time in film history. Thus, Van Dyke reasoned the "contextual conventions" category was outdated. (pp. 81-83)

These four categories are detailed as follows:

> Cultural Conventions: relationships between characters; display of cultural products, such as clothing, home and automobile style; display of specific brand name products; activities of extras/minor characters; leisure activities; the moral of the story; social issues covered; direct HIV/AIDS statements.
>
> Ethnic/Racial Conventions: visual and verbal clues to appearance; apparent socioeconomic status of individuals; occupations.
>
> Geographical Conventions: direct statement of location; rural, suburban, or urban locale; use of identifiable landmarks; statement of location in credits.
>
> Stylistic Conventions: camera techniques; lighting techniques; music.

A completed coding sheet will be attached as Appendix C.

Of course, it must be noted that all movies will not be structured in such a manner as to comply with every element within the four categories. For instance, some movies will emphasize socioeconomic status more than others.

Summary

The chapter outlined how first-run theatrical films that deal with HIV/AIDS will be examined. Genre analysis will be used. The chapter demonstrates why genre analysis was chosen and how this method has proven successful in other projects which have studied the "Hollywood product."

The methodology of genre analysis is detailed in the chapter. Also explained is the definition of an HIV/AIDS movie, the criteria for selecting the movies, and the framework for coding and subsequently analyzing the movies. Research questions are listed.

CHAPTER FOUR

Presentation and Analysis of Data

Introduction

No doubt all films are made with a purpose in mind. Regardless of intent, films can have a strong impact on audiences. The purpose of this analysis is not to speculate about a director's, writer's, or producer's intent when making a film involving HIV/AIDS. Nor is it to assume effects on audiences. Rather, the study examined films dealing with HIV/AIDS as texts, regardless of any purported intent, and sought to answer how HIV/AIDS is constructed in Hollywood feature films.

The presentation of the study results will proceed in the following manner. The chapter begins with synopses of the twelve films examined for this study. Then, the final coding scheme is explained, coding categories are defined, and the analysis is presented.

Synopses of the Set of HIV/AIDS Movies

Twelve films were examined for this genre analysis. The following section provides synopses of each film and introduces the main characters.

Boys on the Side (1995, Warner Brothers in conjunction with Regency Films and Le Studio Canal+)

Jane is a down-on-her-luck singer who decides to leave New York City, hoping the West Coast will rejuvenate her career. She hitches a ride cross-country with Robin. Robin is a real estate agent who says relocating to California will give her own career a boost. But actually, Robin is trying to escape from life.

Along the way, the two women stop in Pittsburgh, Pennsylvania to pick up Jane's friend, Holly. Holly is a carefree, happy-go-lucky person who has found herself in the grips of an abusive relationship. She epitomizes the concept of co-dependency.

As the three women make the trip, it is revealed that Robin is HIV-positive and was infected through unsafe, heterosexual sex. Even though California was their destination, they never make it that far. Robin collapses in Tucson, Arizona from a serious bout with AIDS-related pneumonia. She is hospitalized for a month.

When she is released, the women decide Tucson might as well become their new home. It is here that Robin and her friends struggle with how much time Robin has left to live.

The Cure (1995, Universal in conjunction with Island Pictures)

Dexter is the mysterious kid who just moved into town. The other kids ridicule him because he suffers from the AIDS virus. His neighbor, Erik, is pretty much a loner. But he befriends -- and ultimately defends -- Dexter.

The boys become the best of buddies. Over the summer, they set out to find a cure for HIV/AIDS. Their Huck Finn/Tom Sawyer-styled journey takes them from Minnesota to the Mississippi River, which they hope will lead to an answer in New Orleans, Louisiana. Theirs is a story of unconditional love -- and the willingness never to give up.

Jeffrey (1995, Orion Pictures in conjunction with Workin' Man Films and The Booking Office)

This film is an adaptation of Paul Rudnick's successful Broadway stage comedy by the same name. Jeffrey is a gay man who loves sex. But in the face of AIDS, he has become so frightened that he has sworn off sex. But can Jeffrey handle celibacy?

He thinks he has found the substitute for sex -- working out at the gym. Jeffrey believes this is definitely the place where he can take all his sexual energy and rechannel it.

But then he meets his dream man, Steve, at the gym. The only problem is Steve is HIV-positive. This film explores Jeffrey's dilemma and confusion about either running away from the problem -- or hanging around to face it.

Kids (1995, Trimark Pictures in conjunction with Shining Excalibur Pictures, The Guys Upstairs, and Independent Pictures)

In its most basic form, this film explores the lives of predominantly lower-class New York City teenagers and discovers that they are essentially disenfranchised from society. The teens in this film all seem to have addictions. Drugs, sex, and no ambition define this group.

At the heart of this film is a kid named Telly. Telly's major goal in life is to have sex with as many female virgins as possible. The problem is Telly is HIV-positive and does not know it. Therefore, he is having unsafe sex with everybody.

One of those girls is Jennie. She had sex only once, and it was with Telly. Now she is HIV-positive and is driven by her desire to confront Telly about his reckless lifestyle and the damage he had done her.

Excluding flashbacks, the movie covers one day in their lives. Director Larry Clark shows how these kids feel it is a "we versus society" issue. And why they are adamant about keeping that "war" going.

Lie Down with Dogs (1995, Miramax Films in conjunction with Walrus Productions)

Tommie is going through a crisis time in his life. He is unhappy with the way things have turned out so far. So he decides to abandon his daily New York City grind

and spend a carefree summer in the gay-friendly resort city of Provincetown, Massachusetts. In his own words, "just be gay, be tragic, or be foolish, but let the guilt go" is his summertime motto.

Tommie eventually finds a job as a houseboy. But he is not really there for work experience. He is there to learn more about himself and what he wants out of life.

The films traces Tommie's adventures at Provincetown amid old friends from New York City as well as new ones he meets. But ultimately, Tommie struggles to find true love -- or at least discover if there is such a thing or not.

The Living End (1992, Academy Entertainment)

This is story that proves the adage that opposites do indeed attract. Jon is a magazine writer and leads a rather uneventful life. But now Jon has just found out he is HIV-positive. He does not think his life can possibly get any worse.

And then a drifter named Luke enters his life. Luke is the classic "rebel against society and the system" kind of guy. Their troubles begin when Luke shoots a police officer. However, the two men turn fleeing from the law into an adventure of their own.

Throughout the film, Jon's best friend, Darcy, constantly worries about him. She does not know what is happening to Jon. Her only contact with him now is his occasional collect phone calls.

This film tackles the issue of overall irresponsibility. And it strives to show whether real happiness can come from running away from your problems.

Longtime Companion (1990, The Samuel Goldwyn Company in conjunction with Companion Productions and American Playhouse)

This film traces the affects of HIV/AIDS on a tight-knit circle of New York City gay men from 1981 to 1989. By the end of the film, three of the nine men have died. But

for those that remain, their lives have seemingly been made stronger and more meaningful.

The driving force in this film is Willie's paranoia. Willie lets everything he hears and reads about HIV/AIDS add to his fear of the disease. And this HIV/AIDS phobia even spills over and affects the steadiness of his long-term relationship with Fuzzy.

However, the most intense segment of the film involves the couple of David and Sean. Sean is dying from AIDS and the film details the last minutes of Sean's life. The audience is asked to watch the gut-wrenching scene where David encourages and reassures a now virtually "vegetabilized" Sean to "just let go" of life.

Love and Human Remains (1993, Max Films, Inc. in conjunction with Atlantis Films, Ltd.)

David McMillan is an ex-television actor who now works as a waiter because it is "more artistically challenging." The reality of it is that David is afraid to go through the whole audition grind again. David shares an apartment with his ex-girlfriend, Candy. However, David is gay now. He enjoys going to dance clubs late at night. Actually, David is trying to escape his own fears about life.

His best friend, Bertie, is going through his own private turmoil -- and nobody can seem to reach him. There is definitely a dark side to Bertie. The suspense begins when a string of serial murders starts happening. Not only are young women showing up dead, but every one of them is also missing an earring. It takes a psychic named Benita to figure out what is going on.

Parting Glances (1985, Cinecom International Films in conjunction with Rondo Productions)

Michael and Robert have been a couple for around five years. Robert thinks they are becoming too settled. So he asks to be transferred to an overseas assignment for the

next two years. Michael, in essence, thinks that Robert is leaving because he simply cannot deal with the prospect of Michael's former lover, Nick, dying from AIDS. From this standpoint, Michael is very mad at Robert because he feels Robert is too much of a coward to be there for him when Nick does die.

The plot takes place over a two-day period. The largest part of the film occurs at a going-away party for Robert. But there is also a lot of interaction with Nick. Michael visits Nick everyday to make sure he is eating properly and taking care of himself. In the end, Robert decides not to board his plane. He is ready to confront his fear of death.

Peter's Friends (1992, The Samuel Goldwyn Company in conjunction with Rennaisance Films)

This film could easily be called the English "Big Chill" for the 1990s. Peter's father has just died. To help make the holiday season less lonely, Peter invites his college friends to spend New Year's weekend with him at his country manor.

It has been ten years since they graduated from college and their lives have taken them in different directions. No matter what facade they are trying to convey, each one of them is carrying around emotional problems -- whether that translates to failed marriages, poor career decisions, alcoholism, or a futile search for Mister or Miss Right.

During the course of the weekend, all kinds of revelations occur. And, Peter has an announcement of his own to make -- one that could change their lives. Peter is HIV-positive.

Philadelphia (1993, Tristar Pictures in conjunction with Clinica Estetico Productions)

Andrew Beckett is an up and coming attorney in a prestigious Philadelphia, Pennsylvania law firm. He has just been appointed junior associate. But, Andrew is gay

and has AIDS. When the law firm fires him, he believes HIV/AIDS discrimination and homophobia are the reasons behind it. He sues for wrongful termination.

Joe Miller takes his case. Joe is completely against homosexuality. For that matter, he also has bought into the whole HIV/AIDS paranoia. But through his working relationship with Andrew, he begins to alter his personal prejudices.

At the heart of this film, however, is Andrew's plight. He is in for the fight of his life, not only because of the trial, but also because he is dying.

Zero Patience (1992, Cinevista in conjunction with Zero Patience Productions)

This musical-comedy explores different theories about how the AIDS virus originated. The most popular theory, by far, is that it came to the North American continent through a man science has dubbed "Patient Zero."

In this fictitious account of things, Sir Richard Francis Bacon used to be a Victorian sexologist as well as the explorer who discovered the fountain of youth in 1892. Since then, Richard has never aged or never died. He has simply just existed as is and has been transported through the years.

Now he works as the chief taxidermist for a Toronto museum that wants to immortalize Patient Zero in its new exhibit, The Hall of Contagion. But along the way, Richard discovers that Zero is more than just a theory -- there is a face to go with the story. And, anyhow, that story may not be completely true.

When Zero comes alive for only Richard to see, the two men fall in love. That is when Richard must grapple with what to do -- produce a sensationalized exhibit or follow his heart and live in eternity with Zero.

Analysis

In analyzing these twelve films, data from the original coding sheets (see Appendix C) was collected and then used as the basis for compiling another, more detailed coding sheet that compared specific elements of these films (Appendix D). Primarily, this coding sheet focused on the HIV-positive characters. It looked at their roles in the films. These characters were categorized as being either a major character or a minor one. Obviously, major characters spend more time on screen. Minor characters are not as crucial to the story line. They exist to support the major characters.

This second coding sheet noted the age, race, gender, and sexual orientation of the HIV-positive characters. It examined in what direction -- positive or negative -- the characters moved after learning they were HIV-positive. Also examined was what, if any, kind of moral tone the film took with the characters. Key relationship structures, relevant dialogue, and the manner in which HIV/AIDS was acquired were used to support these observations.

Once this was determined, then the characters were further classified according to which part of society or culture they represented. They could either come from the dominant culture or one of the many subcultures of society.

Dominant culture is just another way to say mainstream, general culture. HIV-positive characters who exist in the dominant culture choose to function like the vast majority of society does. They hold down "mainstream" jobs, such as lawyers, real estate agents, and corporate staff positions. Dominant culture characters are presented in *Philadelphia*, *Boys on the Side*, *Peter's Friends*, *The Cure*, and *Longtime Companion.*

Characters who are categorized in the subculture aspect of society are people who gravitate to "safe havens" or "inclusive groups." These characters choose to function, at least in part, outside the realm of the dominant, "mainstream" culture. Some of these subcultures would be the "gay dinner party crowd" culture (*Jeffrey* and *Longtime*

Companion), the "gay ghetto" culture (*Lie Down with Dogs*), the "gay bar/club" culture (*Zero Patience* and *Love and Human Remains*), the "drifter" lifestyle culture (*The Living End*), the "rock music" culture (*Parting Glances*), and the "disenfranchised youth/drug" culture (*Kids*).

By way of explanation, the "gay dinner party crowd" culture would be portrayed as gay men who always seem to having dinner with each other. They devote a good portion of their time to these functions. For them, the dinner party is an event.

The "gay ghetto" culture is defined in this manner because these gay men choose to exist primarily around other gay men. Therefore, the population of gay men in certain areas of cities is far more disproportionate than in other areas. For example, Provincetown, Massachusetts, Key West, Florida, and the Castro district of San Francisco, California would all be considered "gay ghettos."

The "gay bar/club" culture simply implies that these men put a tremendous emphasis on going out to gay bars and clubs. These men usually stay in the bars until closing time; therefore, they prefer to have jobs that do not require them to wake up early in the morning. Oftentimes, these characters would be waiters, convenience store clerks, or some profession along that line.

The "drifter" culture refers to someone who does not hold down a steady job. Maybe these characters never work. That is why they "drift" from one day to the next, from one place to the next. The "drifter" culture is defined by aimlessness and no clear purpose in life.

The "rock music" culture usually is synonymous with drug use and/or abuse. Characters who fit into this classification basically sleep during the day and party hard at night. They try to avoid as much responsibility as they can.

The "disenfranchised youth" culture is defined by numerous addictions including but not limited to drugs, alcohol, and sex. These characters are obsessed with the notion

that all of society is bad. They are almost totally apathetic to everything. They have no ambition.

Dominant Culture of Society

HIV/AIDS films present characters who represent the dominant culture and tend to portray these characters in a sympathetic light. They show these characters as likable people, almost bordering on being "tragic heroes." Characters tend to be presented as brave fighters against fates rather than as mere victims. Institutions such as the government and giant pharmaceutical companies, however, tend to be portrayed as villains.

During the course of these films, HIV-positive characters generally experience positive growth in dealing with the presence of this disease in their lives. Moreover, the way that HIV-positive individuals cope with the disease makes a positive impact on the people around them.

Most of these films seem tend to separate the gay aspect of the character from HIV/AIDS, with the result that a number of gay issues seemed to be downplayed in the dozen films considered for this study. Also, the more debilitating and graphic -- and profoundly disturbing -- physical effects of HIV/AIDS are seldom shown. These films, as a result, reveal a "less than real" display of what advanced stages of this catastrophic disease truly look like.

Ironically, all of these films are major studio releases. But then, major studios have been known for taking only slight, calculated risks with films containing controversial material.

Tone Toward Character: Characters You Will Love

The Cure lets the audience immediately know that Dexter became infected by a blood transfusion. Therefore, his HIV-positive status is something completely out of his control. Dexter is an innocent victim.

Dexter: **They ended up giving me two pints of blood. I guess that's a lot for a baby.**

Erik: **My grandmother says you're going to Hell. She says you'll suffer eternal torture from a billion flames hotter than the sun.**

Dexter: **She must be some kind of genius.**

Erik: **What?**

Dexter: **Well, my doctor's really smart and he says he has no idea what happens to people after they die. If your grandmother knows, she must be a genius.**

Erik: **She's a clerk at KMart.**

Dexter: **Maybe she's just an underachiever.**

Erik: **She's an idiot.**

Dexter: **Then maybe I won't go to Hell after all.**

There is a scene in the film where some neighborhood boys are taunting and bullying Dexter. These boys still equate HIV/AIDS with being gay. That is when Erik comes to Dexter's defense.

Erik: **Hey, what about your little brother?**

Boy: **What about him?**

Erik: **When he fell off the jungle gym at school, they had to take him to the hospital. He could've caught something then.**

Boy: **Yeah, but he didn't.**

Erik: **But he could have. Then everybody'd be calling him faggot and**

queer, then he'd get sick and die. And they'd write homo on his tombstone. Then when your mother went to bring him flowers, she'd see little Eddie Horner, Homo. And you know what the worst part about it would be? Probably a bunch of assholes like you who ain't sick thought it might be fun to beat the shit out of him.

Another sympathetic scene in *The Cure* is when Dexter and Erik are being chased by two men. Dexter slashes his wrist and says **"my blood is poison. I have AIDS."** The men back away, but then the significance of that statement mentally registers with both boys. And Dexter repeats to Erik **"my blood is poison"** like he is some kind of leper. So, Erik consoles him by reassuring him. **"You have a virus, Dex. You're gonna be exactly like everyone else the moment someone finds the cure."**

Then there is the scene where Dexter is in the hospital and Dr. Stevens comforts Dexter by telling him

History if full of very sick people who suddenly, for no reason at all, get better. And when that happens, we call it a miracle. From the moment I met you I knew you were very special and that you might be one of those people. You know I'm telling you the truth, don't you? You can feel it inside you, can't you? So don't let me down, okay.

When Dexter does finally die, his mother breaks down and starts to cry. She apologizes to Erik.

Linda: **I'm sorry.**

Erik: **I'm sorry, too. I should've tried harder.**

Linda: **Tried what?**

Erik: **To find a cure.**

Linda: **Come here sweetie. You did, you did. Everything that was in Dex's**

life was sad -- so alone. You made it go away. Dex was so happy to have a friend -- so happy."

Peter in *Peter's Friends* is actually the calming character in the film. Even though his eventual announcement that he is HIV-positive shocks his friends, it also stops their petty bickering and self-centered concerns. Through Peter, they realize that if Peter can remain upbeat and positive when he is facing eventual death, then their problems should seem far less urgent. This is how that scene plays out.

Right before the stroke of midnight on New Year's Eve, his friends ask Peter why he invited them to his country manor. Peter answers **"I invited you all here because you all mean a lot to me as you know and I'm sorry, this is not very easy, because recently I had a blood test and it turns out I'm HIV-positive."** The group is stunned and silent. Blank expressions overtake their faces. They do not know exactly what to say. Peter begs them **"Please don't let me down now."**

The clock strikes midnight. Vera, the old housekeeper, has been standing in the doorway all this time, unbeknownst to everybody else. She overheard Peter's revelation. She is the first to wish him a Happy New Year. The rest of them join in. They all genuinely make sure he knows **"If there's anything we can do."**

Peter thanks them and then goes into the kitchen to talk with Vera. When he enters, Vera looks him squarely in the eye.

Vera: **I wish you had told me.**

Peter: **I thought you might consider my plight a deserved punishment.**

Vera: **How could you say that to me? How could you say that to me? I've known you since you were a little boy. I used to watch you drawing at that table.**

Peter: **I'm sorry. I know you always disapproved of the way I live my life.**

Vera: **I didn't. You had all that promise. I hated seeing what you didn't do with your life and more, how unhappy it made you. But I always loved you. How could you say that to me, Peter?**

Peter: **Oh, I'm sorry Vera. I didn't mean to upset you.**

In this regard, Peter is unselfishly concerned with making sure his friends are able to cope with his HIV-positive status. Sympathy for Peter lies in this quality of putting others first before himself.

In *Boys on the Side*, Robin is likable because she is a nice, sweet-natured person. She harms nobody. Sympathy for Robin comes from this first, emotionally revealing conversation she has with Jane. The two women had just finished watching the romantic movie *The Way We Were* and Robin has started to cry a little bit.

Jane: **So, which one were you? The one who loved too much or the one who loved too little?**

Robin: **Neither, I'm the one who spent three years at happy hour and never went home with anybody except the bartender.**

Jane: **Well, the bartender's somebody.**

Robin: **Yeah, he was somebody all right.**

Jane: **Is that why you left New York? Because that bartender did you wrong?**

Robin: **Something like that.**

It is later revealed that the bartender infected Robin with the HIV virus.

Longtime Companion gives the audience several HIV-positive characters about for whom to care. But at the forefront seems to be the character David. In what is perhaps the most riveting part of this film, David reassures his lover Sean that it is okay to die. Sean is in the last stages of HIV/AIDS. This is where David shows his total

unselfishness, despite realizing he is about to lose his life partner far too soon. In this scene, he verbally coaxes an obviously pain-riddled Sean to

> **Just relax. Let everything go. Just let go. Let go. I know you're tired. Just let go. I've got you. Now nothing bad's gonna happen. Let go of everything. All the worry. Let go. All the pain, just let go. Just let go. There you go.**

The audience is so caught up in this powerful scene that it probably does not even realize that David is HIV-positive, too.

The movie skips forward about a year and a half later. The next scene shown is David's memorial service. It is during this scene that what folks really thought about David comes out. Bob says **"After Sean had died, and before David got sick himself, I remember David saying he wanted his own memorial service to be real simple or Sean would never forgive him for outdoing his."** Willie says that David taught him that **"Life is only what you put into it -- what you give away of yourself."**

The big-budgeted *Philadelphia* portrays Andrew Beckett as the All-American boy next door whom everybody likes. He has made his parents proud. He is an excellent attorney. And he has a successful, long-term relationship. Andrew is the type of person who takes time to ask secretaries how their children are doing or if a paralegal did well on a test. In other words, he puts other people's concerns ahead of his own. And that even extends to his longtime lover, Miguel. This conversation with Joe illustrates this point.

Andrew: **There's a possibility I won't be around to see the end of this trial.**

Joe: **Yes, I've considered that.**

Andrew: **I've made some provisions in my will for some charities. Miguel will need a lawyer. I know it's not your area.**

Joe: **I know a good probate.**

Andrew: **Thank you.**

Sympathy for this character comes into play throughout the film. But a few scenes stand out. First, there is the emotionally-charged scene where Andrew "interprets" an opera aria for Joe. The aria is "La Mama Morte" sung by Maria Callas. Essentially, Andrew has to talk about death in order to convey the message of life. The fact that he must acknowledge his impending death can be seen on his face.

Another example is the scene in which Andrew and Joe are reviewing the phraseology of an HIV/AIDS discrimination law.

Joe: **The Federal Vocational Rehabilitation Act of 1973 prohibits discrimination against otherwise qualified handicapped persons who are able to perform the duties required by their employment. Although the ruling did not address the specific issue of HIV and AIDS discrimination...**

Andrew: **...subsequent decisions have held that AIDS is protected as a handicap under law not only because the physical limitations it imposes, but because the prejudice surrounding AIDS exacts a social death which precedes the actual physical one...**

Joe: **...This is the essence of discrimination, formulating opinions about others not based on their individual merits, but rather on their membership in a group with assumed characteristics.**

And finally, the closing scene is filled with emotion. Andrew has already died, and friends and family have gathered back at the home he shared with Miguel. The camera slowly zooms into a television screen that is showing old home movies of Andrew as a kid. The music played underneath is the somber, piano-heavy song "Philadelphia" by Neil Young. It beautifully complements what is being shown.

Always A Hero, Never A Victim

The Cure illustrates this point simply by showing how the boys will go to any length to hopefully find a cure. Whether they are trying natural remedies like leaves or some strange, concocted idea like mixing candy bars with bubble gum, Dexter and Erik just never give up. They even set sail on a homemade raft down the Mississippi River because they believe the headlines of *The National Examiner* which read **"New Orleans Doctor Finds Cure For AIDS! Apparently from a plant in backwater Louisiana bayou!"**

This message of not giving up hope is present in *Peter's Friends*. Peter reassures the group.

> **I'm all right. You don't have to treat me any differently. I haven't got AIDS; I've got the AIDS virus. There's a big difference. Statistically, there's every chance it'll be years, years, before it becomes full-blown...I intend to live a long time thanks very much. I'm going to outlive you all."**

The entire legal battle in *Philadelphia* is a prime example of Andrew's willingness to fight for his rights -- even if he has to do it completely by himself. Andrew's determination is evident by this initial conversation with Joe.

Andrew: **From the day they hired me to the day I was fired I served my clients consistently, thoroughly, with absolute excellence. If they hadn't fired me, that's what I'd be doing today.**

Joe: **And they don't want to fire you for having AIDS, so, in spite of your brilliance, they make you look incompetent, thus the mysterious lost file. Is that what you're trying to tell me?**

Andrew: **Correct. I was sabotaged.**

Joe: **I don't see a case.**

Andrew: **I have a case. If you don't want it for personal reasons?**

Joe: **Thank you, that's correct. I don't.**

Andrew: **Well, thank you for your time.**

Joe: **Mr. Beckett, I'm sorry about what happened to you. It's a bitch.**

However, Joe eventually does take Andrew's case. And Joe's following opening remarks at the trial characterizes his interpretation of Andrew's fighting spirit.

> **...Andrew Beckett, afflicted with a debilitating disease, made the understandable, the personal, the legal choice to keep the fact of this illness to himself. Point number three: His employers discovered his illness. And ladies and gentlemen, the illness I'm referring to is AIDS. Point number four: They panicked. And in their panic, they did what most of us would like to do with AIDS, which is get it and everybody who has it as far away from the rest of us as possible. Now the behavior of Andrew Beckett's employers may seem reasonable to you. Does to me. After all, AIDS is a deadly, incurable disease. But no matter how you come to judge Charles Wheeler and his partners in ethical, moral, and human terms, the fact of the matter is when they fired Andrew Beckett because he had AIDS, they broke the law.**

Even though Howard is a relatively minor character in *Longtime Companion*, his actions speak just as loudly as his words do. He has already lost his lover, Paul, to HIV/AIDS. In addition, because of his own HIV-positive status, he no longer is an "employable actor." Because of his illness, he lost his part in a soap opera called "Other People." So, Howard has taken matters into his own hands. He has become sort of an

HIV/AIDS activist. Howard achieves this distinction through a theater troupe he has formed. The troupe performs for the purpose of raising money for HIV/AIDS. At the top of the show, Howard walks onto the stage and says

> **I'm an actor, and I have AIDS. A lot of the performers you'll see tonight have AIDS. A lot don't. But we're all committed to one thing. To fighting this disease, obviously, but to the idea that people with AIDS are not victims.**

Characters Who Grow

Robin runs the gamut of emotional responses in reacting to HIV/AIDS in *Boys on the Side*. At first she tries to run away from it. This is her way of not coping. She admits to Jane that **"I thought if I could just go somewhere else, I could make it not happen."**

Later, as she mentally adjusts, she experiences regrets. She and Jane are standing in a doorway. They can hear Holly having sex with her boyfriend, Nick. They look at each other.

Jane: **Do you miss it?**

Robin: **What?**

Jane: **Sex.**

Robin: **Yeah I do. You know what's weird? You never know the last time you sleep with somebody it's the last time. You're thinking 'Oh we've got problems. We've got work to do.' But you never think. And then you break up and a month later you look back and you go 'Oh, that was it. That Tuesday or Friday or whatever.' And you wished you paid attention because it was the last time, you know.**

Robin advances to the anger stage of the psychological process. She and her new boyfriend, Alex, begin to have sex.

Robin: **Listen, I have to tell you something.**

Alex: **Yeah, I know.**

Robin: **You need to know something.**

Alex: **It's okay, I know. I'm going to use something.**

Robin: **What?**

Alex: **I'm going to use something. It's okay. We'll be safe. Don't worry about it.**

Robin: **About what?**

Alex: **Shh. It's okay.**

Robin: **No, you don't understand. I'm positive. I tested positive.**

Alex: **Yeah, yeah, I know, I know. I just don't want to talk about it, all right, because I already know. What? What's the matter?**

Robin: **Who told you?**

Alex: **Nobody told me.**

Robin: **Did she (meaning Jane) tell you?**

Alex: **Yeah, she told me.**

Robin: **Why?**

Alex: **It was no big deal. She said you were very shy and had a bad time with some guy and I guessed and she didn't deny it. It came up real casual like it was part of your history, like 'Hey, she's on the rebound or something. Be careful, you know.' Come on, it's just like a detail.**

Robin: **What does that make you? A big hero bringing sex to the unfuckable? You must feel really good about yourself.**

Alex: **God, that's not it. I just want things the way they used to be.**

You know. When I meet someone, someone I like, get drunk, have a good time and fuck my brains out. Why can't we do that anymore?

Robin: **Because you can't, that's all. Just can't.**

The next morning Robin confronts Jane and asks her why she told Alex. Jane said she thought she was doing the right thing because Alex really did like Robin and that she did not want to see Robin go through any more pain. Robin replies

You think you can just put a man in my bed and I'll forget? All it does, if you want to know, all it does is remind me. Alex and you and Holly and her baby, every living thing I see reminds me.

However, Robin finally grows to fully accept her situation and faces it with dignity. She senses her impending death is not too far away and she discusses some of her final plans with Jane.

I won't want a funeral, but Mom will. But it's got to be here. Don't let her take me back to San Diego. Afterwards, have a big party at the house, okay.

Because his announcement came near the very end of the film, it is difficult to trace Peter's growth toward acceptance in *Peter's Friends*. However, he seems to be handling the situation rather positively. Part of this conversation reveals how he is coping.

Sarah: **Do you know who you got it from?**

Peter: **Don't have a clue and I really don't think it'd make that much difference now if I did.**

Sarah: **Guess not.**

Peter: **Besides, it's not as if it's anybody else's fault.**

Roger: **There's always a chance they can discover a cure, isn't there? Find new things?**

Peter: **Absolutely.**

In *Philadelphia*, Andrew seems well-adjusted to his HIV-positive (and eventual full-blown AIDS) status. He candidly discusses the results of his regular medical check-up with his mother, Sarah.

Andrew: **Dr. Gilman says I am fine. My bloodwork is excellent. She says my T-cells are strong.**

Sarah: **Honey, what about your platelets? What did she say?**

Andrew: **Even my platelets are good.**

Sarah: **Great.**

A later scene shows Andrew doing preparation work for the trial. However, he is supposed to be paying attention to one of his intravenous treatments. This upsets Miguel.

Andrew: **Can we just skip the treatment for tonight?**

Miguel: **No, we're not skipping this treatment.**

Andrew: **It's my arm and it's my treatment and I say skip it.**

Miguel: **You know something?**

Andrew: **Huh?**

Miguel: **This stuff is saving your life...**

Andrew: **You're worried we don't have much time left, now aren't you?**

Miguel: **No, no.**

Andrew: **Well, I tell you what I'm gonna do. I'm gonna start planning my memorial service. Gonna start preparing for the inevitable.**

Miguel: **Maybe you should think about it.**

It has already been documented how Andrew is very concerned that Miguel be taken care of after Andrew dies. Joe promises Andrew he will find Miguel a good probate lawyer.

The scene near the end of the film where Andrew is in the hospital illustrates how complete his journey to acceptance has become. As everybody is leaving the hospital room, Andrew tells them he will see them again tomorrow. However, once the room is clear, he motions Miguel to come to the side of the bed. Andrew takes off his air mask and says **"Miguel, I'm ready."** Death is complete for Andrew.

Dexter approaches his HIV/AIDS situation in *The Cure* quite rationally and maturely for a 12-13 year-old boy. At one point early in the film, Dexter's wristwatch alarm goes off.

Dexter: **I have to eat my lunch now.**

Erik: **Why don't you just eat when you're hungry?**

Dexter: **Because if I only ate when I was hungry, I wouldn't be here.**

Even up to the end of his life, Dexter and Erik are still pulling pranks on the nurses. His outlook is extremely positive. Clearly, Dexter did not have that much "growth" to undergo.

David is the prime example of positive growth toward acceptance in *Longtime Companion.* As prior documentation shows, David even had a somewhat comical outlook on life judging from his comments about how his memorial service should not outshine Sean's.

Howard's lover, Paul, is a minor character whose acceptance level is never fully developed. However, at the point where Paul finds out he is HIV-positive, he phones Howard.

I'm all right. I'm fine. They just found a two centimeter lesion

on my brain. At least now we what was causing me to throw up all the time.

When Howard arrives at the hospital, the mood is more somber. The impact of having a fatal disease has hit the two men. Howard tries to fight back the tears, but Paul tells him **"It's okay. It's okay to cry."** That is the last time the audience sees Paul.

However, positive growth toward acceptance is not always the case in *Longtime Companion*. Early on, David tells Willie how **"Sean's really getting plugged into the hysteria."** Later, Sean's fear increases.

Sean: **I'm so tired all the time.**

David: **Look, you don't have AIDS.**

Sean: **I've had everything you're not supposed to have. I've had herpes. I've had amoebas...I feel that something's happening in my body...I feel like something is stalking me. I know you just think I'm being melodramatic...You don't love me, but that's okay.**

Sean apparently suffers from some low self-esteem problems. And these simply manifest to further make his fight to live a losing battle.

Government Is A Villain

Longtime Companion begins by recapping that famous first HIV/AIDS article that appeared in *The New York Times* in July, 1981. Different characters read to each other through a series of quick edits/location changes.

Lisa to Fuzzy: **Have you seen the paper?...Open to page A20...**

Howard to Paul: **...Do you see the paper?...Oh well, just listen. Rare cancer seen in 41 homosexuals. Outbreak occurs in New York...**

Fuzzy: **...and California. 8 died inside 2 years. The cause of the outbreak is unknown and there is yet...**

David to John and Sean:...**no evidence of contagion. But the doctors who have made the diagnosis, mostly in the New York City and San Francisco Bay area, are alerting other physicians who treat large numbers of homosexual men to the problem in an effort to help identify more cases and to reduce the delay in offering chemotherapy treatment...**

Sean: **...This is like the CIA trying to scare us out of having sex.**

A scene where Michael is discussing the basic concept of holistic healing with Sean and David suggests that people are to blame for their own illness. He tells them about a book that says **"Disease is really a type of dis-ease. If we blame ourselves for being gay or for not being a good son...the whole thrust of her book is for people to love themselves."**

Another illustration of this institutional villain concept is the scene where Fuzzy is talking with a movie producer about Howard.

Producer: **I mean I don't think I can get insurance for him on the picture.**

Fuzzy: **Because?**

Producer: **Because he's sick.**

Fuzzy: **What do you mean he's sick, Walter?**

Producer: **I mean because he has AIDS...**

Fuzzy: **...Suppose he did, suppose he had AIDS. Is he supposed to stop acting?**

Producer: **No. I don't, look, I know I can't get a bond on this picture if one of the actors has AIDS. I didn't make the rules.**

Fuzzy: **Fuck you.**

Later that day, Fuzzy phones Howard to tell him the bad news about the movie deal. And while he has Fuzzy on the phone, Howard expresses a concern.

Howard: **What about the apartment?**

Fuzzy: **I still have a call into the ACLU. You're not gonna be thrown out on the streets.**

The final scene has Lisa, Willie, and Fuzzy walking along an empty beach, wondering what would happen if HIV/AIDS suddenly did not exist anymore. During that conversation, they also remark how they are planning to participate in a "sit-in" at city hall to protest decreased HIV/AIDS funding.

The scene in *The Cure* where Dexter and Erik are reading that article in *The National Examiner* about the Louisiana doctor who claims to have discovered the cure for HIV/AIDS is an example of blame being placed on the politicians in Washington, D.C.

Dex: **The government's trying to suppress his findings.**

Erik: **Those bastards!**

Dex: **Why would they do that?**

Erik: **Because they're embarrassed. Think of all the money they spend each year and this Dr. Fishburn guy goes out in his backyard in his underwear one morning and picks up the cure for AIDS.**

Philadelphia targets the legal establishment as the villain. After all, the defense team has to portray Andrew in a bad light if it wants to win the HIV/AIDS discrimination case brought against it. Hence, part of lead defense attorney Miss Belinda Conine's opening remarks to the jury indicate that

> **...Fact: Andrew Beckett is dying. Fact: Andrew Beckett is angry because his lifestyle, his reckless behavior has cut short his life and in his anger, his rage, he is lashing out and he wants someone to pay.**

Later on, a witness named Melissa Benedict takes the stand. She used to work as a paralegal in Washington, D.C. for one of the partners. Belinda cross-examines her.

Belinda: **Miss Benedict, how did you contract the AIDS virus?**

Melissa: **Through a blood transfusion. I lost a lot of blood giving birth to my second child.**

Belinda: **So, in other words, in your case, there was no behavior on your part which caused you to be infected with the virus. It was something that you were unable to avoid, isn't that correct?**

Melissa: **I guess.**

Belinda: **Thank you.**

Melissa: **But I don't consider myself any different from anyone else with this disease. I'm not guilty. I'm not innocent. I'm just trying to survive.**

After the trial has seemingly hit a snag for the prosecution, Joe decides to make this speech.

Joe: **Let's just get it out in the open. Let's get it out of the closet because this case is not just about AIDS, is it? So let's talk about what this case is really all about -- the general public's hatred, loathing, our fear of homosexuals and how that climate translated into the firing of this homosexual, my client Andrew Beckett.**

Judge Garrett: **Please have a seat Mr. Miller...In this courtroom, Mr. Miller, justice is blind to matters of race, creed, color, religion, and sexual orientation.**

Joe: **With all due respect Your Honor, we don't live in this courtroom, do we?**

Characters Have Positive Impact on Those around Them

Boys on the Side provides the example of how Robin's HIV-positive condition has a positive impact on people in her life. Moreover, it provides a "healing" effect on her relationship with her mother. Robin admits this relationship had been strained for years -- that there were times when she and her mother would go long periods without communicating. When her mother comes to Tucson to visit, she tells her daughter

> **I do the best I can honey. I know it's not enough and I'm sorry. But that's what you get in life, you know. You get whoever you end up with, whoever is willing to stick by you and fight for you when everyone else is gone. And it ain't always who you expect, but you just have to make do.**

Ultimately, the relationship is repaired and resolved before Robin dies.

In *The Cure*, the scene where Erik tells Dexter's mom that he should have tried harder demonstrates the positive impact Dexter had on Erik's life. The message conveyed here is that Erik learned what unconditional love in a friendship means.

The tributes to David at his memorial service illustrate how his life had a positive impact on those in his circle of friends in *Longtime Companion*. As previously mentioned, Willie summarizes the essence of David's influence on others by saying David taught him that **"Life is only what you put into it -- what you give away of yourself."**

The situation with Sean and some of his other friends forces Fuzzy to go from the mindset of **"If I never hear the word AIDS again as long as I live it'll be too soon"** to eventually volunteering time in the legal department of Gay Men's Health Crisis. This

illustrates Fuzzy's evolution from a disgusted bystander to a concerned participant in the HIV/AIDS cause.

Philadelphia is full of positive images. Andrew is portrayed -- even in death -- as bringing out the best in people. Through Andrew's courage, Joe was able to overcome his own fear of HIV/AIDS as well as his homophobia. Andrew was able to open Joe's eyes to the idea that just because someone does not live a "mainstream" lifestyle does not make that person useless to society.

When Andrew informs his parents that he is considering pursuing litigation, he asks if this will be okay with them. He tells them that during the trial some very personal aspects of his life might be brought out. However, that is when his mother reminds him **"I never raised my kids to sit on the back of the bus. You get in there and you fight for your rights."** And his father tells him **"The way you and Miguel have handled this whole thing, your mother and I can't be anything but proud of you."**

Bob Seidman, one of the partners at Andrew's former law firm, takes the witness stand and testifies.

> **I suspected Andy had AIDS...I didn't mention it to anyone, not even to Andy. I didn't even give him a chance to talk about it. And I think I'm going to regret that as long as I live.**

Peter's conversation with Vera after he discloses his HIV-positive status is an example of how Peter had a positive impact on those around him in *Peter's Friends*. It has already been documented how Peter had a positive effect on his friends.

Physical Effects of HIV/AIDS Are Less Graphic, Less "Real"

The Cure never shows Dexter in a state of deteriorating health. The actor who played him appeared to be naturally thin. Other than when he is in the hospital, the only time Dexter exhibits signs of being sick is when he develops a persistent, nagging cough while the two boys are on their way to New Orleans. He mentions he thinks he is suffering from a fever because he has run out of his medicine.

Robin becomes wheelchair-bound by the end of *Boys on the Side*. Makeup is used to create a paler face and dark circles underneath her eyes to give her a "suffering" look. Her hair also appears to be more brittle, less shiny.

The only time health matters are addressed in *Peter's Friends* is in this conversation.

Maggie: **Are you feeling okay?**

Peter: **I'm fine, really. I do get a bit tired now and again, but as much as anything, it's this drug they've got me on now.**

The film never shows Peter in a state of declining health.

Early in *Philadelphia* Andrew has apparently called off work for a few days. His friend is applying "Tahitian Bronze" makeup to his face in order to hide lesions.

Later that same day, Andrew gets violently sick in the bathroom and announces his thinks he should go to the emergency room. Once there, Andrew has this discussion with the doctor.

Andrew: **What about my bloodwork?**

ER Doctor: **We're waiting. Meanwhile, I want to prep you for a colonoscopy. We want to take a look inside.**

Andrew: **Sounds delightful.**

Miguel: **Wait a minute, wait a minute. Why you need to do this?...**

ER Doctor: **...Listen, you're right. A colonoscopy is not a pleasant procedure. But if the KS is causing the diarrhea, we've got to know about that right away.**

Miguel: **It could be parasites and infection.**

Andrew: **Reaction to the AZT.**

ER Doctor: **All these are possibilities, but we've got to go forward.**

Miguel: **No, no, now listen to me. He's not going through some painful procedure until we've canceled out everything else. You know what I mean?**

Another example is the first time Andrew goes to Joe's office seeking legal representation. Again, he has a few, small lesions on his face.

Joe: **What happened to your face?**

Andrew: **I have AIDS.**

Joe: **Oh, I'm sorry.**

At the trial, a witness for Andrew testifies. She is a paralegal at Andrew's former law firm.

Joe: **...Beyond noticing the marks on his face, were there other things about his appearance, Ms. Burton, that made you suspect that Andrew had AIDS?**

Ms. Burton: **Well, he was getting thinner and he seemed very tired sometimes. But he was working so hard. Still, I felt something was wrong.**

Eventually, it is Andrew's turn to take the stand. Miss Conine cross-examines him.

Belinda: **You've testified that the lesions on your face were visible to the people you worked with, correct?**

Andrew: **That's right.**

Belinda: **And it's your contention that when the partners were made aware of the lesions, they leapt to the conclusion that you had AIDS and they fired you, is that correct?**

Andrew: **As painful as it is to accuse my former colleagues of such reprehensible behavior, it is the only conclusion I can come to.**

Belinda: **Do you have any lesions on your face at this time?**

Andrew: **One, here, right by my ear.**

Belinda: **Your Honor, may I approach the witness?**

Judge Garrett: **Yes you may.**

Belinda: **Remembering that you're under oath, answering truthfully, can you see the lesions on your face in this mirror from three feet away, answering truthfully.**

Andrew: **Well, at the time I was fired I had four lesions and they were much bigger.**

Belinda: **Could you answer the question please?**

Andrew: **No, I can't really see it.**

Belinda: **No? No more questions Your Honor.**

Joe asks for an immediate redirect. Judge Garrett grants his request.

Joe: **...Andrew, do you have any lesions on any part of your body at this time that resemble the lesions you had on your face at the time that you were fired?**

Andrew: **Yes, on my torso.**

Joe: **On your torso? If it please the Court, I would like to ask Andrew to remove his shirt so that everyone here can get an accurate idea of what we're talking about.**

Belinda: **Objection Your Honor. It would unfairly influence the jury.**

Joe: **Your Honor, if Andrew was forced to use a wheelchair due to his illness, would the defense ask him to park it outside because it would unfairly influence the jury? Come on, we're talking about AIDS, we're talking about lesions. Let's see what we're talking about.**

Judge Garrett: **I'll allow it. Mr. Beckett, would you please remove your shirt?**

Joe: **Andrew, can you see the lesions on your chest in this mirror?**

Andrew: **Yes.**

Throughout the course of the trial, Andrew's health has weakened substantially. He has continued to lose weight and his hair has turned gray. He also must now rely on a cane.

In a scene near the end of the trial, Andrew stands up and then collapses on the floor of the courtroom. He is immediately taken to the hospital and Dr. Gilman briefs his parents. **"If he leaves the hospital, which is unlikely, don't expect him to be anything like he was."** Apparently cytomegalovirus (a herpes infection common) has made him lose his vision in one eye. And lesions have now spread to his brain. Andrew is shown lying in the hospital bed, tubes up his nose, and an air mask around his mouth. His head is completely shaven and his lips are slightly swollen.

In *Longtime Companion*, the group of friends is around a picnic table at David's beachhouse. One of the men spots someone walking along the shoreline.

Bob: **I have to say, that's the first person I've seen in a long time.**

David: **Who?**

Michael: **Or heard about.**

Bob: **That guy.**

Sean: **The guy with KS just walked by.**

Michael: **I think it's, you know, doesn't it seem that way?**

Lisa: **Like it's going away?**

Michael: **Like it's run its course or it's starting to.**

Fuzzy: **Do you read the newspapers, ever?**

Michael: **I mean gay people. Obviously a lot of people are still getting it.**

Fuzzy: **Maybe...**

Lisa: **...It's a virus.**

Michael: **I know it's a virus, but so was the black plague and not everybody got that.**

Lisa: **Not everybody was bitten by fleas.**

The scenes where Sean's health progressively worsens are probably the most visual portrayals of the effects of HIV/AIDS in the movie. His deterioration can be charted from his first hospital stay to his deathbed scene. Sean goes from the picture of health to a man who has experienced severe hair and weight loss as well as a man who is bedridden and must wear diapers because of bouts of uncontrollable diarrhea.

Separation of HIV/AIDS from Gay Issues

The Cure has no gay characters. There are references to gays in a scene where the two boys have successfully escaped from neighborhood bullies who were calling Dexter derogatory homosexual names. Erik is trying to tell Dexter that the only way to defend against name calling is to name call right back.

Erik: **Say, they really think I'm a faggot and all of a sudden I'm yelling the same stuff at them. Well, they know I'm not a faggot 'cause a faggot wouldn't yell faggot back. Now that's why you should yell faggot back.**

Dexter: **I just wouldn't feel right saying that.**

Erik: **Why the hell not?**

Dexter: **They were nice to me at the hospital. They played games with me.**

Erik: **You played games with homos?**

Dexter: **Let's just talk about something else.**

The only gay character in *Boys on the Side* is Jane. And she does not have HIV/AIDS. Instead, a heterosexual Robin does. Therefore, the film apparently saw no reason to make the HIV/AIDS-gay connection.

Peter's Friends does have Peter confessing

> **I've never tried to hide the fact that I'm kind of a whoopsie. I thought you knew...I guess I'm what you'd term a bisexual, only these days I'm more asexual. I'm not having sex with men or women.**

But this statement is made long before he announces his HIV-positive status. Therefore, the "ambivalent" sexual role Peter has assumed has no real bearing on the issue of HIV/AIDS.

Philadelphia has a more difficult time separating HIV/AIDS from gay issues. This is due in part to the fact that the film tackles aspects of homophobia as well as HIV/AIDS discrimination. This is evident early on when Joe is talking to one of his buddies. **"I hate what they (gays) do too, but a law has been broken. You do remember the law?"**

Another scene has Andrew testifying about one time he was at the health club with the partners and they cracked the joke **"How does a faggot fake an orgasm? He dumps warm yogurt on your back."** That is when he admits **"I was relieved...I never told them I was gay."**

Later in the film, law firm partner Walter Kenton takes the stand. Joe questions him.

Joe: **You were aware when you worked with Miss Benedict that she had AIDS, is that correct?**

Walter: **She didn't try to conceal it...**

Joe: **...Didn't you try to avoid contact with Miss Benedict after you found out she had AIDS? She says, and I quote, that you were repulsed by her, that you avoided her, is that correct?**

Walter: **I felt, and I still feel nothing but the deepest sympathy and compassion for people like Melissa who contracted this terrible disease through no fault of their own.**

These remarks infer that gay people are at fault; they are to blame for contracting HIV/AIDS.

When Miss Conine cross-examines Andrew, she inquires about his sexual "promiscuity." Andrew testifies.

Belinda: **Were you aware in 1984-85 that there was a fatal disease out there called AIDS and that you could contract it through sexual activity?**

Andrew: **I'd heard of a thing -- a gay plague, the gay cancer. We didn't know how you could get it or that it killed you.**

Whereas *Philadelphia* deals with HIV/AIDS discrimination moreso than associating HIV/AIDS with gay people, *Longtime Companion* does just the opposite. The characters in *Longtime Companion* are not on trial for anything. Primarily, they are gay men who are just trying to cope with the ravages of this disease. Therefore, the relationship between being gay and having HIV/AIDS is predominant in this film.

The scene where Willie and Fuzzy are walking along the beach is one example of this HIV/AIDS-gay connection. They are talking about gay-specific things. Fuzzy says **"Now we have gay doctors, gay restaurants, gay cancer."**

David and Willie pass time in the hospital, waiting to hear about John's status. During their conversation, David says Sean is becoming so paranoid that he even went to go see the doctor for something that turned out to be ringworm. But apparently the doctor did hypothesize that **"this may have something to do with overexposure to the sun"** because gays tend to spend so much time in the sun.

After John dies, Sean's paranoia grows. Eventually, this verbal exchange between them occurs.

David: **Did you sleep with John?**

Sean: **No.**

David: **Well, then you can't have AIDS because I haven't been with another man since we were in Key West in 1980, unless you can pick it up on a toilet seat.**

Sean: **You don't know how long it'll take to germinate.**

David: **It's not gonna take four years to incubate.**

Fuzzy finally reaches the point where he is absolutely frustrated with the whole HIV/AIDS situation. So Lisa suggests **"Maybe you should think about volunteering some of your time to Gay Men's Health Crisis."** He takes her advice and, when Sean dies, his connection with Gay Men's Health Crisis comes in handy. In an effort to help out David, Fuzzy calls GMHC.

Phone guy: **Gay Men's Health Crisis, this is Bill. How may I assist you?**

Fuzzy: **Hi Bill. I'm calling for a friend whose lover just died. I thought you might know if there were any particular funeral homes here that have a history of dealing with people with AIDS.**

Phone guy: **Yeah, there are.**

Subcultures of Society

HIV/AIDS films where the HIV-positive character is affiliated with a subculture of society tend to portray these characters less sympathetically. The majority are presented as likable characters, but they rarely achieve "tragic hero" status. They are largely willing to view themselves as victims. Few could be regarded as fighters. Such institutions as the federal government and pharmaceutical companies are regarded as "villains." However, blame is also placed on the characters themselves.

Most of the HIV-positive characters in these films do advance to some level of growth toward acceptance of this disease. But, usually this growth is limited in scope. Many do not ever achieve full acceptance. Only about half of these characters affect the people around them positively. Instead, several of the HIV-positive characters are self-destructive. And that quality, in turn, negatively affects those around them.

There is no middle ground when dealing with the connection between HIV/AIDS issues and gay issues. Either the film strongly ties the two together or else it will go to the extreme other direction and never even mention homosexuals.

These films rarely present the physical effects of HIV/AIDS. This is primarily because the lives of subculture characters are seldom fully developed on screen.

The vast majority of HIV/AIDS films that portray subcultures of society are produced by independent film studios. Historically, independent studios have presented subject matter which is considered to be more "cutting edge."

Tone Toward Character: Characters You Could Love, Hate, Or Just Not Care about

In *Kids*, the film presents Jennie in a sympathetic light. This is evident by the conversation that occurs when Jennie goes to the health department to find out her HIV/AIDS test results.

Nurse: **Jennie, you've tested positive for the HIV virus.**

Jennie: **What?**

Nurse: **The test isn't 100% accurate.**

Jennie: **I tested positive?**

Nurse: **I'm sorry.**

Jennie: **But I've only had sex with Telly. I just came to keep Ruby company.**

However, that same conversation only adds to the audience's presumed despising of Telly. After all, Telly's sole goal in life is to "devirginize" as many girls as he can -- no matter what the consequences will be for the girls. It is almost like the audience wants Telly to get just exactly whatever fate he deserves.

Even though no character has HIV/AIDS in *Lie Down With Dogs*, the disease has enough of a presence about it that it causes the characters to alter their behaviors. The most likable person in this film is the main character, Tommie. His whole outlook on leaving New York City behind for a summer in Provincetown is to **"just be gay, be tragic, or be foolish, but let the guilt go."**

His search for true love over the summer never quite seems to work out. But he keeps trying, in spite of the disappointments. Along the way, he does have an HIV/AIDS "scare." He describes that one-night stand this way:

> **You look at some people and you say no matter how drunk I am I would never, ever...He reminded me of Eric Roberts in Star 80. Eric Roberts plays this greasy, lowlife pimp who murders in real life Playboy centerfold Dorothy Stratton...It was him, we've all slept with one...when I got home and I went to bed and then I woke up really, really sick...I somehow knew that I had only worn myself out and gotten the flu, but the panic**

and the need for security is, I think, inevitable. No matter how safe I've been, I can't forget the fact that the odds are against me. Suddenly I'm rattso-rizzo. I'm scared."

Zero Patience stirs up sympathy for its main character. This is accomplished by having one of his friends reflect on how they treated Zero when they discovered he was HIV-positive.

A lot of us dropped him. It was like he betrayed us. If Zero, the prettiest party boy, could get sick, then so could we. And he died lonely, angry, and alone. Because we were just too scared.

Also, Richard starts out trying to exploit Zero's story for the sake of artistic advancement and cultural enrichment. Richard does this by twisting around what Zero's friends say about him during videotaped interviews.

Additionally, since *Zero Patience* contains many musical numbers, lyrics from one of those songs help lend sympathy to all persons suffering from HIV/AIDS. The song "Scheherazade" says **"Boys who thought they'd live forever didn't know we were playing for keeps."**

Even though most of the characters in *Longtime Companion* are categorized in the dominant culture, there is one who belongs in a subculture. That character is John. He is classified as belonging to a subculture because he apparently went to the gay bars/clubs quite frequently. Furthermore, his employment status is uneven. Willie describes John as **"kind of in between jobs at the moment."**

But John is a nice person. He has a soft heart. For example, he stops in mid-sentence when he sees two deer on the island. He becomes wide-eyed with wonder. It is somewhat ironic that someone who is perceived as appreciating life so much would be the first casualty of HIV/AIDS in the film.

The final time John is seen is from an overhead camera shot of John lying in his hospital bed, hooked up to a mechanical ventilator. His eyes betray his fear.

All three of the main characters in *Parting Glances* are likable. Yet, Nick is the lone HIV-positive person. There is immediate sympathy for Nick because his ex-lover, Michael, stops by every day to make sure Nick is eating healthy and taking his medication. Nick's attitude is always upbeat, despite his semi-sarcastic remarks which he makes simply to get a reaction.

Another scene which provides an element of sympathy for Nick is his "dream sequence." In this scene, ominous music is heard. And then the "Grim Reaper" appears to Nick, telling him what to expect in the afterlife. Nick's usually confident look is understandably replaced by one of fear. He has just confronted the symbol of eventual death.

As in *Parting Glances*, all the main characters in *Jeffrey* are likable. Two of these characters are HIV-positive. One is Darius. He is Sterling's lover. Not only is he a happy person, but Darius wants everybody else to enjoy life to its fullest. This is illustrated by a conversation between Sterling and Jeffrey just after Darius has died.

Sterling: **You know, Darius once said that you were the saddest person he ever knew.**

Jeffrey: **Why did he say that?**

Sterling: **Because he was sick, because he had a fatal disease and he was one million times happier than you.**

The other HIV-positive character in *Jeffrey* is Steve. He, too, is a likable character. He is most always upbeat and smiling. Steve falls hard for Jeffrey. For Steve, it truly is love at first sight. Actually, he pursues Jeffrey as if he has a teenaged crush. Yet, once Steve discloses he is HIV-positive, Jeffrey starts backpedaling. He stands

Steve up for their date by claiming he had to work late. However, Steve runs into Jeffrey at some sidewalk cafe. When Jeffrey tries to makes excuses, Steve assesses the situation. He senses that Jeffrey became too afraid to deal with Steve's HIV-positive status.

Steve: **You know I can understand about the HIV thing. It's not easy. But I don't like lying about it. Not anymore.**

Jeffrey: **I'm sorry.**

Steve: **I'm sorry, you're sorry, it's the new national anthem. Like you said before that you thought about me, that you fantasized.**

Jeffrey: **I know.**

Steve: **Do you still?**

Jeffrey: **Yes.**

Steve: **You know there's a lot of things we can do.**

Jeffrey: **Yeah?**

Steve: **Safe things, hot things.**

Jeffrey: **No.**

Steve: **But...you know, I can take being sick. I can fucking take dying. But I can't take this.**

Jeffrey: **Steve, you should've told me.**

Steve: **I did.**

Jeffrey: **Well, sooner before things happened.**

Steve: **Oh, before I kissed you.**

Jeffrey: **Yeah.**

Steve: **Oh, okay. Oh, you didn't have all the information. Okay, I've been positive for about five years. I've been sick once. My T-cell count is decent. And every once in a while, like fifty times a day, an hour, I get very tired of being a person with AIDS. A**

red ribbon. So sometimes I forget. Sometimes I choose to forget. Sometimes I choose just to be a gay man with a dick. Can you understand at all?

Jeffrey: **Yeah.**

Steve: **Can I forget again?**

Jeffrey: **No.**

Steve: **I want you Jeffrey. I very well may even love you. That means nothing. Hey, that should beat anything. That should win.**

This verbal exchange is sympathetic in Steve's favor.

While many of the characters in the subculture category are, indeed, likable and deserving of sympathy, the characters in some of these films are not. *The Living End* is one such example. Both of the main characters are HIV-positive. Yet, they possess a sense of recklessness and disregard for life. This is especially evident with Luke. Luke is portrayed as nothing more than a drifter. He exhibits no responsibility. Moreover, he has a violent streak about him. And that even includes possible suicidal tendencies.

Jon is presented in a slightly more sympathetic light. For instance, when he is on his way to find out the results of his HIV/AIDS test, he optimistically mutters **"This is the first day of the rest of my life!"** However, the doctor has something less-than-happy to tell him.

Doctor: **Positive, sorry...by no means should you consider this a death sentence.**

Jon: **Live fast, die young, leave a beautiful corpse. Yeah, right. Death is weird.**

Another example of sympathy being shown for Jon is near the end of the film. He and Luke are in the desert and Luke is going off on one of his tirades again. Only this time, he puts a gun to Jon's head, and then inside his own mouth. There is much uncertainty about whether or not Luke will pull the trigger.

The only HIV-positive person in *Love and Human Remains* is Sal, a minor character who seems to exist in the bar/club scene. Sal does not know his own HIV-positive status at the time he and David have oral sex.

David: **Is this safe?**

Sal: **Are you interested in living in a world where it's not?**

David: **To a point.**

In a sense, it is like Sal has a death wish. So, that makes it somewhat difficult to feel a lot of compassion for him.

Of course, later in the film, Sal does find out he is HIV-positive. In a redeeming sort of way, he leaves a message on David's answering machine.

> **Look, I know you probably won't want to return this phone call, but I thought I should tell you...I've got the virus, not the disease, just that, just the virus. I know everything we did was low-risk. I just, I wanted you to know.**

Near the conclusion of the film, David, Kane (David's boyfriend), and Candy bump into Sal as he is leaving a theater audition.

David: **How are you?**

Sal: **I'm alive. Call me.**

David: **Sure.**

Sal: **We'll talk.**

So, in the end, there is some sympathy to be felt for Sal because, by calling David, he is trying to do the responsible thing.

More Victims Than Fighters

In *Parting Glances*, Nick's heroism is revealed in his attitude. He has a kind of spunk that indicates he will not just lie down, give into this disease, and give up on life. An example of this is when Nick is making a video will and testament. He tells his father that

> **when the shit started going around, I stopped cold. But just my luck, it's got the longest fucking gestation period you ever heard of. But even before, I wasn't some kind of gonzo kamikaze dick. So don't go saying it was my fault all right, because it wasn't. But if you do, I'm going to come back and haunt you.**

Zero Patience shows us that Zero was terribly misrepresented and, consequently, misunderstood by the media and by the public. But it is Richard's concluding monologue at the exhibit that tries to correct some of the wrong. He states

> **From the start, AIDS is not only an epidemic of medicine, but also an epidemic of blame. Haitians, gay men, prostitutes, drug users, Africans. These were just some of the so-called carriers constructed by hysterical headlines and hypocritical governors. Unscrupulous scientists have asserted without evidence that the African green monkey is the source, that HIV is the cause, and that Patient Zero brought AIDS to North America. In fact, none of these so-called facts have been proven. Patient Zero should actually be acclaimed a hero of the epidemic. Through his cooperation in the 1982 Cluster Study, he helped prove that AIDS was sexually transmitted. Thus, Zero should be lauded as the slut that inspired safer sex.**

The manner in which Darius views HIV/AIDS, and its ultimate fatal aspect, is what makes him heroic in *Jeffrey*. The scene in which Darius has just died but appears to Jeffrey in the "tunnel of light" shows how Darius chooses not to view himself or anybody else that has died from HIV/AIDS as a victim. He has some advice for Jeffrey.

Darius: **Jeffrey I'm dead, you're not.**

Jeffrey: **I know that.**

Darius: **You do? Prove it.**

Jeffrey: **What do you mean?**

Darius: **Go dancing.**

Other Voices: **Go to a show. Make trouble. Make out.**

Darius: **Hate AIDS Jeffrey, not life.**

Jeffrey: **How?**

Darius: **Just think of AIDS like the guest that won't leave, the one we all hate. But you have to remember.**

Jeffrey: **What?**

Darius: **Hey, it's still our party.**

Steve is heroic simply by the way he greets his fate head on. This is demonstrated in the scene where Steve and Jeffrey run into each other at the Gay Pride Festival. Jeffrey informs Steve that he is moving back to Wisconsin because life is less complicated there.

Steve: **What are you gonna do in Wisconsin?**

Jeffrey: **Uh live, breathe, hide until it's all over.**

Steve: **Until what's all over, Jeffrey? AIDS? Or your life?**

Jeffrey: **Either.**

Steve: **Boy, good to have known you. Um, it was a growth experience.**

Jeffrey: **Come on, come back. Who knows, someday.**

Steve: **You know that's the difference between you and me, in that one word, someday. A real luxury item.**

If there is any heroic quality to Tommie in *Lie Down with Dogs*, it would be found in his unwillingness to give up hope of finding true love. Moreover, he is able to remain rational about the world of HIV/AIDS. The same cannot be said about most of his friends in Provincetown. For instance, when Tommie expresses his health concerns to Guy, Guy simply says

> **So you don't feel well. You don't have to be so dramatic about it. I can't be dealing with somebody who has AIDS or some shit. I came here to have a good time.**

And that is essentially the mindset of the gay men in this film. Most of their relationships are short-lived, vacuous, and virtually devoid of any meaning. Most of them are simply sex-based or only one night stands.

Heroism or non-victimization cannot be found in *The Living End.* Luke apparently blames everyone but himself for his HIV-positive status. He tells Jon

> **We're victims of the sexual revolution. The generation before us had all the fun and we get to pick up the fucking tab. Anybody who got fucked before safe sex is fucked. I think it's all part of the neo-Nazi, Republican final solution. Germ warfare, you know... Don't you get it? We're totally free. We can do whatever the fuck we want to do.**

Heroism or non-victimization are not factors for subculture characters in *Love and Human Remains*, *Longtime Companion*, or *Kids*. This demonstrates how HIV/AIDS films with subculture characters apparently do not believe that every HIV/AIDS situation must exhibit a positive or strong influence or convey some heroic message.

Growth Is Limited, Negative, Or Not Applicable

Darius never seems to have a problem coping with HIV/AIDS in *Jeffrey*. His character does not go through any life-altering revelation. Darius remains upbeat throughout the film. For instance, when Steve asks if his HIV-positive status would make a difference to Jeffrey, Darius interjects that **"HIV-positive men are the hottest."**

Then there is the scene where Darius, Sterling, and Jeffrey are at a memorial service. Jeffrey gets rather upset that Darius and Sterling are being a little catty. But Darius says that is exactly the kind of behavior he wants at his funeral.

Well, I like it. Cute guys, Liza, and dish. It's not a cure for AIDS, Jeffrey, but it's the opposite.

Steve, on other hand, is not always as upbeat as Darius. Steve has accepted his condition. But that does not mean he is perfectly okay with it. He does get angry at times. Sometimes that anger is directed at life in general, but sometimes it is aimed at one person. When Jeffrey finally agrees to go out on a date with him, this conversation follows.

Steve: **Just so there's no surprises.**

Jeffrey: **Sure.**

Steve: **I'm HIV-positive.**

Jeffrey: **Uh, okay, right.**

Steve: **Does that make a difference?**

Jeffrey: **No, of course not...**

Steve: **...I mean I'd understand. I'd be hurt and I'd be disappointed, but I just, I wanted to be clear.**

Jeffrey: **No, really, it's fine. Now come on, it's the 90s, right? Dinner at 10. I can't wait.**

But Jeffrey stands Steve up. He never makes that date because he is too scared.

Nick takes his fate totally in stride in *Parting Glances*. He realizes he will eventually die, but he refuses to let this disease get the upper hand on him. This is how Nick assesses the whole HIV/AIDS situation. He tells Michael

> **You see, AIDS is Epimenides's last laugh on us, right? Puts us back in the 14th century with them. You see, somebody's going to drop the fucking bomb anyway, right? So who gives a shit, really. Glad I won't be around for that.**

Actually, Nick's character does not grow that much because he was HIV-positive when the film started. Therefore, he did not have any "shock" through which to go. And he certainly is not visibly depressed over his health situation. This could be attributed in part to the fact that he knows people care about what happens to him.

Zero is just a ghost in *Zero Patience*. Therefore, his character's growth is a moot point. However, he still wants some form of closure and name vindication. He gets just that in this scene with Miss HIV.

Miss HIV: **Like it or not, despite all the research, despite billions of dollars, not one reputable scientist has proven absolutely and conclusively that I disable people's immune systems...**

Zero: **...Then I wasn't the first?**

Miss HIV: **Of course not. Scientists have since documented cases of AIDS in North America at least as early as the sixties. Most importantly, why should it matter who was the first?**

This conversation allows Zero to feel better about being perhaps mislabeled as the cause for HIV/AIDS on the North American continent.

Neither Jon nor Luke grow to any significant degree in *The Living End*. There are times in the film when Jon waffles about what to do. He is confused about whether to go

home and resume his life or to stay with Luke and keep running from one adventure to the other with no promise of stability. Finally, he tells Luke he wants to go home. This prompts Luke to erupt with

> **You really want to go back to your I'm HIV-positive and everything is normal, hunky-dory life? Well go fucking right ahead. Just don't forget to have sex in a plastic bag or don't plan anything too far in the future. Don't you get it? We're not like them. We don't have as much time. So we got to grab life by the balls and go for it...I swear, the first symptom, the first sign of anything, I'll just off myself straight away. No way am I going to go through all that horrible shit you hear about.**

In this case, contemplating suicide probably does not indicate a lot of growth toward acceptance for Luke.

There is certainly no growth for Telly in *Kids*. Primarily, this is because he has no idea he has the AIDS virus. His **"life without sex is no life"** philosophy demonstrates a large amount of immaturity.

Jennie is not portrayed as experiencing much personal and emotional growth toward acceptance either. However, she does show some determination when she tearfully says to herself **"I'm not gonna die."**

Her anger leads her to track down Telly in order to confront him. She looks for him in a dance club, but he is not there. While there, however, one of her friends gives her some kind of pill to relax her. When she finally finds out where Telly is, she leaves the dance club. When she arrives there, Telly is in the middle of having sex with Darcy. So Jennie closes the door. She collapses on a couch in the middle of other sleeping people.

The next morning, she is still asleep on the couch when Casper sees her. He starts to have sex with her. Jennie is still fairly groggy from the pill she had taken the night before. However, she partially wakes up and meekly tells Casper to stop. But, neither one of them take the initiative to stop. So, in effect, Jennie could be considered just as irresponsible as Telly, if not, however, more tragic.

Because no character in *Lie Down with Dogs* actually has HIV/AIDS, growth toward acceptance is difficult to record. However, the paranoia about HIV/AIDS certainly alters some characters' behaviors beyond how they might normally act or react. For many of the characters, they grow in a more negative direction. They seem to regard HIV/AIDS as something they cannot defeat, so why not give into it and have a good time until their luck runs out. Guy states

> **You know what? This year, it's like the 90s are finally kicking in. Everybody's doing drugs, people are having sex again. It's like everybody's over the 80s, really ready to party now.**

And this philosophy pretty much sums up the irresponsible attitude of gay men in this film. To an extent, these characters are self-destructive.

Characters Blame Themselves As Much As Big Business And Government

The Living End aims its blame squarely at the federal government. Luke contends politicians and the bureaucratic system are responsible for slow to no progress for HIV/AIDS treatment. He suggests to Jon **"Why don't we go to Washington and blow Bush's brains out ... or better yet, we can hold him at gunpoint and inject him with a syringe full of our blood. How much do you want to bet they'd have the magic cure by tomorrow?"**

Parting Glances targets more than just the government. In the scene where Nick is making his videotaped will and testament, he wonders **"If the Feds could spend a trillion bucks on bombs, then they could spend a little on research, right?"**

But later, when Robert and Michael are having their big argument over Robert taking that overseas assignment, Michael tells Robert

> **You're leaving because you don't want to be around when Nick dies. You don't want to deal with me going through that. You'll come walking back when it's all over. Well, you better stay away man because you're going to come back to a fucking maniac. You think I could be mean now. I'm going to go after every politician, idiot doctor, and smug born-again asshole I can get my hands on.**

Pharmaceutical companies take the majority of the heat in *Zero Patience*. This ranges from protest signs (**"Greed=Death. Stop AIDS Profiteering."**) to supposed high cost factors.

Activist #1: **The price is the big issue. It's the most expensive AIDS drug ever. It's $20,000 a year.**

Activist #2: **How can anybody who doesn't have a drug plan possibly afford that kind of money?**

Activist #1: **Look, Gilbert Sullivan says they have no choice. That's how much the research costs.**

Activist #3: **Well, they're lying. Treatment and data says the two biggest clinical trials were paid for with government funding...sometimes the facts have to be rearranged to get to the real truth.**

Additional references to pharmaceutical companies are found in the following song lyrics:

> **Say you want a different treatment? Well, I'm sorry, but it's not released. It needs approval and testing. It'll be another decade at least...The list just keeps growing and our profits continue to rise. We got billions of dollars for research. That's the way we'll win the Nobel Prize.**

Another scene even assigns the blame to gay men themselves. Lyrics from yet another song relates that

> **Freud said we have a death wish. Getting buggers getting killed. This is a costly epidemic, something our subconscious willed.**

Still another scene places blame with the scientific community's constant theorizing about the origin of the HIV virus. In the scene where the animals in the "Hall of Contagion" exhibit come alive, the green monkey sings

> **The experts keep pushing this African origin theory. And why? Let's see. It's sexy, it's tropical. Hey, it's across the ocean.**

One of the characters in *Jeffrey* takes a different approach to placing blame. Jeffrey solicits advice from Deborah, the New Age evangelist/spiritual healer, regarding how to handle the situation with Steve.

Jeffrey: **Deborah, I think that sex is just about the best thing ever. But I've met someone and he's HIV-positive. And I'm about to self-destruct...**

Deborah: **...What you're talking about is evil, am I right? Why is there disease?...Here's the lowdown on evil. It is the absence of love ...Where you don't have love, illness makes a home.**

Jeffrey: **Excuse me. Are you saying that people get sick because they don't love enough or people don't love them?**

Deborah: **It may sound simplistic, it may sound cruel, it may sound like I'm blaming other people for their illness, and maybe I am. That's Deborah.**

Jeffrey even perceives God as a villain. He angrily ponders **"Why did God make the world this way? And why do I have to live in it?**

Targets of blame in *Longtime Companion* have already been documented in the "Dominant Culture of Society" section. Again, villains are more institutional. However, in reference only to the subculture character, John, there is a scene where Willie becomes infuriated with hospitals and insurance companies because John had to wait twenty one hours for a hospital bed. The reason is because admissions first needed to find out if John's insurance card was valid.

There is no stated HIV/AIDS villain in *Love and Human Remains*. The same can be said of *Kids*. However, in each of these films, it is evident that blame can be attributed to the recklessness of the characters themselves.

What Harms One Usually Harms Others

Telly has no positive impact on his circle of friends in *Kids*. As a matter-of-fact, when Telly and Casper get together in some guy's apartment, here is how the topic of HIV/AIDS is approached.

Guy #1: **That's the whole story, you know what I'm saying? You have all this disease shit, disease this, disease that. Fucking everyone's dying and shit. That fucking shit is made up. I don't know no kid**

with AIDS. No one died from that shit. That's a fucking make-believe story they got the whole world believing.

Guy #2: **If that shit is true, you're gonna die anyway. I'm gonna go out fucking.**

Guy #3: **Hell yeah.**

However, when Jennie finds out she is HIV-positive, the impact is completely different. Her friend, Ruby, is there to console and comfort her. She tells Jennie

It's going to be okay. It's okay. We'll work it out.

The antics that Jon pulls in *The Living End* cause his best friend, Darcy, to worry a great deal. Darcy is so consumed by where Jon is and what is happening to him that her own relationship disintegrates.

Moreover, to claim that Luke has a positive impact on those around him would be pure farce. After all, Luke has presumably killed a police officer. Plus, he shoots a street punk who happened to say **"You know what AIDS stands for? Adios Infected Dick Suckers."**

Nick is such a well-liked person within his circle of friends in *Parting Glances* that he seems to be on their minds much of the time. This is illustrated by this conversation between Joan and Michael.

Joan: **What are you going to do when he's gone?**

Michael: **Miss him.**

Joan: **Me, too.**

Michael: **You know his father doesn't even know.**

Joan: **You're kidding. When was he going to tell him? After he's dead?**

Michael: **I have a feeling we're going to be the ones who wind up telling**

him he's dead...

Joan: **...It's true what they say, the good always die young.**

In *Longtime Companion*, Willie admits that **"John is my best friend. People think we're lovers just because we like to hang out together, you know, run around and stuff."** But John dies so early in the film that it is difficult to determine what kind of impact -- positive or negative -- he had on people. Perhaps his impact can best be judged from the conclusion of the film. This is the scene where Willie, Fuzzy, and Lisa are walking along the beach, discussing "what ifs."

Willie: **Seems inconceivable, doesn't it?...That there was ever a time before all this, when we didn't wake up every morning wondering who's sick now, who else is gone?**

Fuzzy: **Do you ever wonder if they ever do find a cure, if people would go back to sleeping around?**

Willie: **Oh, who cares, you know?**

Fuzzy: **Just a question.**

Willie: **I know, I know, but I'm sorry. I just think that what other people do or don't sleep around or what they do is just not the point. I'm tired of hearing people pontificate about it.**

Lisa: **Except us.**

Willie: **Except us. I just want to be there.**

And at that moment, the empty beach suddenly becomes full of people who have died from HIV/AIDS. But now they are healthy and alive, as if this disease had never existed. John spots Willie and calls to him. The two men embrace like they have just been given a second chance.

The videotaped interviews in *Zero Patience* show that Zero's friends liked him. But whether or not his HIV-positive status had a good or bad impact on those around him

is not clear. It is obvious that his friends and his mother miss him. But these characters were not portrayed as having been affected greatly by his death. The one person he does impact positively is Richard. Regardless of Zero's health situation, Richard is able to grow past his own scientific pursuits and to realize what he wants out of life. Zero helps Richard conquer his own feelings about homosexual love.

Darius can be solely credited with eradicating Jeffrey's HIV/AIDS paranoia in *Jeffrey*. After Darius has died, Jeffrey is lamenting how that could have been Steve and how that is precisely why it is best not to get involved with Steve. Jeffrey believes it would only lead to misery and sadness.

Jeffrey: **But you loved Darius and look what happened. Do you want me to go through this with Steve?**

Sterling: **Yes.**

But ultimately, it is Darius who does the final convincing. His urging to **"Hate AIDS, Jeffrey, not life!"** is what opens Jeffrey's eyes to the possibility of happiness and love with an HIV-positive Steve.

In *Lie Down with Dogs*, the positive impact of HIV/AIDS is hard to find. There is the constant HIV/AIDS paranoia of Tom. When Tommie tries to kiss Tom, Tom stops him.

Tom: **No.**

Tommie: **Why?**

Tom: **I told you.**

Tommie: **It's been a while now Tom. The last time you brushed your teeth was probably like 15 hours ago. There's no blood.**

Tom: **Still, it's no good.**

Tommie: **You just don't like to kiss, do you?**

Tom: **No.**

Tommie: **You're just afraid you're gonna get AIDS, aren't you? That's so stupid. You're not gonna get AIDS that way. Ask anyone. Ask a doctor.**

Tom: **I know. I was a nurse in Key West.**

Tommie: **Then you should know better than anyone if you were a nurse.**

Tom: **They don't know.**

Tommie: **Oh my God, this is so stupid. You're just as likely to get hit by a car, but that doesn't mean you don't leave the house.**

Physical Effects of HIV/AIDS Are Absent

There are no visible signs that Darius is suffering from HIV/AIDS in *Jeffrey*. He looks physically fit. After all, he is a dancer in the Broadway musical "Cats." It is acknowledged that the drug AZT has been prescribed to him. There is a scene where he, Sterling, and Jeffrey are at a memorial service and Darius mentions that he had undergone a bout of AIDS-related **"pneumonia, but it went away."** However, at that same memorial service, there is a shot of a guy who apparently used to be a bodybuilder. But, now he is tremendously skinny, blind (from CMV), and virtually bald (from chemotherapy).

Another scene involving Darius is at the opera. Darius falls down the staircase because he is dehydrated from this new medicine he is taking.

In the end, Darius dies from a brain hemorrhage. It apparently hit him so quickly that he lapsed into a coma and never came out of it. But the film never shows any of this storyline.

As for Steve, he is outwardly the picture of great health. He is extremely muscular from working out at the gym. Never once during the film does he complain of

any pain. There are no references to any medication that he might be taking. However, there is a scene in which Steve lets Jeffrey know that

> **I've been positive for about five years. I've been sick once.**
>
> **My T-cell count is decent.**

Parting Glances does not portray Nick in any stage of declining health. Nick is naturally thin. So if he is experiencing AIDS-related weight loss, it is difficult to determine. His skin is also pale in color, but this is because Nick is a "night" person. He just does not leave his apartment much during the day.

Zero Patience portrays Zero as already dead. His body certainly does not show any signs that HIV/AIDS has ravaged it. There are no lesions anywhere on his body. He is not overly thin; he is simply in shape. His hair is cut short, but it is by no means thinning.

Jon and Luke do not go through any severe or traumatic health experience due to HIV/AIDS in *The Living End.* They look the same at the end of the film as they did in the beginning. Of course, the plot takes place over the course of a week or so. And Jon had just learned he was HIV-positive at the start of the film. Luke is very muscular with thick hair. He exhibits no signs of declining health.

In *Kids*, Telly is normally very skinny, so weight loss would be hard to notice. The same holds true for Jennie.

The scene in *Love and Human Remains* where Sal walks out of the theater door shows his face to be rather gaunt. Also, he has slightly dark circles under his eyes. But this is the first time the film shows him in bright lighting. Prior to that, the only times he

is on screen is in the dark dance club scenes. Therefore, it is difficult to tell if his health has declined.

Only *Longtime Companion* shows its subculture character, John, in any sort of declining health. And this is only briefly. John is the first member of the circle of friends to be hospitalized. David and Willie wait in the emergency room for information on John's condition. Finally, the attending physician talks with them.

David: **Is he (John) having trouble with his immune system?**

ER Doctor: **It's a possibility.**

However, the film only shows John in a hospital bed, coughing a lot. This is presumably from the pneumonia which is quickly overtaking him. The last time John is seen, he is hooked up to a mechanical ventilator. Then the overhead camera shot fades to black.

HIV/AIDS And Gay Issues Are Largely Connected

Love and Human Remains does include a slight reference to HIV/AIDS being predominantly a gay male disease. This is how Bertie assesses HIV/AIDS. He and David are having a conversation about how Bertie thinks life has disappointed him.

Bertie: **Same old bullshit. I go to work, I meet a girl, I get laid.**
I dump her.

David: **Who you dumping now?**

Bertie: **Linda.**

David: **Who's Linda?**

Bertie: **Just this chick I fuck sometimes.**

David: **Hope you're playing safe?**

Bertie: **I think you need to worry about that more than I do.**

David: **Same for everybody, Bert.**

Bertie: **Think about it that much?**

David: **I don't wanna die.**

Bertie: **Well, nothing's any fun if the possibility isn't there.**

David: **You mean that?**

Bertie: **Sure do.**

Zero Patience does not do a whole lot to disprove the mindset that HIV/AIDS is a gay disease. After all, the focal character, Zero, is a gay male. Moreover, he is a gay male who apparently thought nothing of frequent bathhouse sexual encounters. So, in that regard, he typifies the image that gay men are sexually-obsessed, irresponsible people.

The only scene that adds distance to this theory is one in which one of Zero's former flight attendant colleagues tells Richard she is HIV-positive. She is heterosexual.

Jeffrey strongly ties HIV/AIDS to gay issues. However, it must be noted that the material in *Jeffrey* is very gay male-oriented. It is definitely written from a gay male perspective. This is evident from one of the first scenes in the film. Jeffrey tells Sterling why he has decided to give up sex.

Jeffrey: **Sterling, I think I'm giving up sex.**

Sterling: **You are?**

Jeffrey: **Well, I just think it's time. I mean I love sex so much, but everything has gotten too scary. It's too overwhelming.**

Sterling: **My dear, what you need is a relationship.**

Jeffrey: **A relationship?**

Sterling: **If you had a boyfriend, then you'd relax. You'd set the rules once and everything would be fine.**

Of course, there is the already-mentioned scene where Steve tells Jeffrey

And every once in a while, like fifty times a day, an hour, I get very tired of being a person with AIDS. A red ribbon. So sometimes I forget. Sometimes I choose to forget. Sometimes I choose just to be a gay man with a dick.

There is another scene in which Jeffrey gets gay-bashed by street thugs as he is walking home. When Jeffrey bites one of them on the ankle, the thug cries out **"He bit me. I'm gonna get AIDS."**

Gay issues continue to be tied to HIV/AIDS issues in the scene where Jeffrey phones home to tell his parents about his "no more sex" decision.

Jeffrey: **Dad, I've stopped having sex.**

Dad: **Eileen, Jeff's stopped having sex.**

Mom: **No sex? You just mean safe sex, don't you dear?**

Jeffrey: **No Mom, I hate safe sex.**

Dad: **Wrestling those condoms.**

Mom: **Water-based lubricants.**

Dad: **Dry kissing.**

Mom: **Darling, are you a top or a bottom?**

Jeffrey: **Mother.**

Dad: **Have you tried any of those workshops?**

Mom: **Oh, what about a jerk off club?**

Dad: **How about phone sex?**

Jeffrey: **What?**

Mom: **Oh Fred, let's help him out. Sweetheart, what are you wearing?**

Jeffrey: **Uh, sweats and a T-shirt.**

Dad: **Oh, that's hot.**

Mom: **That's very hot.**

Dad: **Are you alone?**

Jeffrey: **Dad, I'm not gonna have phone sex with you and Mom.**

Mom: **Darling, have you looked at any videos?**

Dad: **Hardcore? Have you explored masturbation?**

Mom: **Oh, as if we have to ask. Sometimes I never could get into that bathroom.**

The fact that the film shows Sterling and Darius carrying a **"Decorators Fight AIDS"** banner in the Gay Pride Festival parade just perpetuates the connection between this disease and homosexual orientation.

And finally, Darius's previously-mentioned tunnel of light message to Jeffrey again connects HIV/AIDS to gay men.

Darius: **Hate AIDS Jeffrey, not life.**

Jeffrey: **How?**

Darius: **Just think of AIDS like the guest that won't leave, the one we all hate. But you have to remember.**

Jeffrey: **What?**

Darius: **Hey, it's still our party.**

Both Jon and Luke in *The Living End* are HIV-positive and gay men. The same is true for John in *Longtime Companion* and Nick in *Parting Glances*. HIV/AIDS is not represented in any other light in these films.

There is heterosexual representation of HIV/AIDS in *Kids*. Both Telly and Jennie are straight.

Summary

The Hollywood film industry has constructed multiple representations of HIV/AIDS in feature films. How HIV-positive characters are portrayed depends, in large part, to which segment of social culture they are linked.

Major studio releases tend to place their HIV-positive characters in the dominant culture. These characters are likable people that are often presented in a sympathetic light. On the other hand, institutions such as the federal government and large pharmaceutical corporations are regarded as "villains."

Dominant culture HIV-positive characters are fighters. They are the type of characters that become so endeared to the audience that the audience becomes involved in their "life and death" struggle.

These characters always seem to grow toward acceptance of their HIV/AIDS fate. Their HIV/AIDS condition also positively affects those around them.

Major studios tend to gloss over the "real" physical aspects of HIV/AIDS. Very little suffering is shown.

There is a concerted effort to separate the HIV/AIDS issues from gay issues. Actually, dominant culture gay men are presented as "non-threatening" to the audience.

Conversely, the majority of HIV/AIDS films that categorize their HIV-positive characters in subcultures of society tend to be produced by smaller, independent studios. Therefore, these films tend to be slightly more "real" and "cutting edge."

Subculture HIV-positive characters essentially are likable, but they are not given the same amount of sympathy as those in the dominant culture. They are seldom revered as "tragic heroes." However, like the dominant culture, the perceived "villains" are the government and pharmaceutical companies. Yet, the recklessness of HIV-positive subculture characters also seems to be blamed for their situation.

Oftentimes, these characters see themselves as "victims." The audience can find it difficult to hope things will work out for people who do not seem to want to help themselves.

These characters experience limited growth toward acceptance of their HIV/AIDS status. Moreover, they usually have self-destructive tendencies which negatively affect those around them.

So far, independent studios have chosen to show as little physical effects of HIV/AIDS as possible. Virtually none of their HIV-positive characters agonize over any pain. Their suffering is far from real.

Subculture films, by nature, have a tremendous difficulty in separating HIV/AIDS issues from gay issues. The gay element runs throughout most of these films.

CHAPTER FIVE

Discussion and Implications

Introduction

As this study drawn from twelve films with HIV/AIDS themes has shown, the Hollywood film industry has constructed several "looks" or "faces" for HIV/AIDS. This disease is portrayed differently depending on the "cultures" inhabited by the HIV-positive characters. Characters in the dominant culture tend to be presented in a more optimistic, victorious manner. Conversely, those from any of the subcultures are portrayed more vaguely and as having less defining qualities.

However, the film industry has not made the two cultures diametrically opposed to each other. There are similarities and some notable differences as well.

Discussion

Similarities among portrayals

The majority of HIV-positive characters are presented in a likable and sympathetic manner. This holds true for either culture. However, filmmakers do have a tendency to make dominant culture characters more likable. The general pattern seems to be the bigger the studio is, the more likable the HIV-positive character is. For instance, Robin in *Boys on the Side* and Andrew in *Philadelphia* are far more likable than Luke in *The Living End* or Telly in *Kids*. One explanation for this could be that, most of the time in major studio releases, the HIV-positive character ends up dying. This "fight for life" is meant to register sympathetic emotions from the audience toward the character.

Films dealing with HIV/AIDS oftentimes portray institutions like the government or giant pharmaceutical companies as villains. Blame is placed on these institutions for their perceived slow reaction to this disease. Cost factors are targeted in these films. The government is revealed to be "tight" with HIV/AIDS funding levels. And pharmaceutical companies are portrayed as being more concerned with profits than with the advancement of medical treatment.

Dominant culture and subculture films alike choose to present a "less than real" physical look of HIV/AIDS. Hollywood's filmmakers apparently feel that audiences will be more comfortable with a "glossed over" image of HIV/AIDS. Only three of the twelve films (*Boys on the Side*, *Longtime Companion*, and *Philadelphia*) even slightly touched on how a person in the final stages of HIV/AIDS appears. Ironically, these films were major studio releases.

Regardless of which societal culture, HIV-positive characters tend to go through some degree of growth toward acceptance of this disease during the course of the film. Yet, the film industry portrays dominant culture characters as experiencing more positive growth than do subculture characters. Most dominant culture characters come to full grips with their fate and accept it graciously. These characters already have been portrayed as "tragic heroes." Therefore, it would make little sense for these characters to be heroic as well as emotionally limited. That probably explains why dominant culture characters "grow" more.

On the other hand, most HIV-positive characters in the subcultures of society also experience growth, usually just on a smaller scale. The "drama" of their HIV/AIDS revelation is not usually dwelled upon as much in subculture films as it is in dominant culture films. However, sometimes HIV-positive subculture characters experience absolutely no growth. By not fully accepting their fate, Hollywood, as a whole, perpetuates the notion that these subculture characters did something wrong along the way.

Differences among portrayals

There are several key differences among these films. To a large extent, these differences are rooted in the dominant versus subculture representations.

Obviously, subculture HIV-positive characters are somewhat removed from mainstream society. And, as a result, the "gay" factor is more prevalent. Not only are these characters gay, they are "very gay" in how they live. In other words, subculture gay characters are presented as existing in arenas other than the mainstream world. They are part of gay "colonies" like Provincetown, Massachusetts. They are also characters whose lives revolve around gay bars/clubs as well as other gay people. In social terms, there is not a great deal of blending the heterosexual world with the homosexual world for these characters. Therefore, a strong connection between gay issues and HIV/AIDS issues is portrayed in subculture films. Most of these films are produced by independent studios.

Conversely, major studio releases present their gay characters as "non-threatening" as possible to general audiences. These gay characters function in the everyday, "straight" world just fine. Their "gayness" just happens to be a small part of what makes them the persons they are. Actually, in most cases, gay issues are extremely secondary.

Another key difference is that HIV-positive characters in the dominant culture are portrayed as "fighters." For instance, their struggle in the face of illness, discrimination, and eventual death is shown as a valiant effort. Hollywood's major studios have focused so much attention of the unfortunate plight of these characters because they want the audience to want the characters to win. The perception that these big studios apparently hope to create with dominant culture characters is that HIV/AIDS is a terrible disease that strikes down good people.

At the other end of the spectrum is how subculture characters are portrayed. Hollywood's more independent studios have chosen to present these HIV-positive

characters as people who feel they are "victims." These characters take very little responsibility for their actions. Their reckless lifestyles finally have caught up with them. And, consequently, the audience is left with the mindset that these characters deserve what they got. This demonstrates the philosophy that "you can't play with fire too long without being burned."

Another difference is that characters in the dominant culture have a strong, positive impact on those around them. These characters oftentimes put the needs of others before their own, even in the face of death. They are generally highly respected individuals. They are well thought of by their friends and families.

As for subculture characters, they either have a mildly positive impact on people around them or else they have a negative effect on them. After all, many of these characters are self-destructive in nature. And this self-destructiveness spills over on to others. Most of them are portrayed as too selfish or too self-centered to really care about what happens to anybody else.

Implications

What Is Missing from HIV/AIDS Movies

There is a decided "whiteness" to feature films that deal with HIV/AIDS. From analyzing these twelve films, it is evident that Hollywood, again as a whole, has chosen to portray HIV/AIDS as a gay white male disease most of the time. In nine of the twelve films (or 75%), gay white men were the HIV-positive characters. While it is true that gay white males still comprise the largest amount of HIV/AIDS cases in this country, that population group no longer leads in the percentage of newly diagnosed HIV/AIDS cases. Therefore, even though HIV/AIDS among gay white men is on the decline, Hollywood still presents this disease in the context of a gay white male affliction.

And along that same line of thinking, almost all of these gay men are portrayed as coming from affluent backgrounds. That is to say they earn enough to place them far ahead of this country's so-called middle class. So, by doing this, Hollywood major studios are imbedding further the notion that HIV/AIDS is prevalent among gay white professional males.

For that matter, many of these gay characters have "artistic" or stereotypically-gay careers. They are dancers, musicians, flight attendants, bartenders/waiters, writers, and actors. Very few of the HIV-positive gay characters are allowed to break away from that mold. Only Andrew in *Philadelphia* has a mainstream occupation. He is an attorney.

There is no substantial race or gender representation in these films. No film has portrayed either a Black character or an Hispanic character as being HIV-positive. And only two films, *Boys on the Side* and *Kids*, presented females as the characters with this disease. This kind of underrepresentation directly contradicts the fact that the Centers for Disease Control says the largest percentage increases of newly diagnosed HIV/AIDS cases are being reported in the minority and heterosexual female populations.

Furthermore, it seems to be ingrained in Hollywood films (major studio releases as well as independent studio releases) that HIV/AIDS is still very much a "big city" disease. All of the films were either set in or had some connection with mega-urban areas like New York City. Even though *The Cure* has a small town/suburban presence about it, Dexter and Erik do believe their hope for a cure ultimately will be found in New Orleans. For Hollywood to attach this "urbanized" quality to HIV/AIDS is misleading. According to the CDC, this country's rural areas currently are recording the largest percentage gain in the rate of HIV/AIDS infection.

Moreover, HIV/AIDS has been given a "neat, clean" appearance. Many of these films are lacking any graphically riveting examples of what HIV/AIDS truly looks like. In all fairness, *Philadelphia* came the closest of the major studio releases to portraying realistically the physical ravages of this disease. And to the general public, this

representation may have seemed harsh. However, to people who have experienced losing a loved one or a friend to HIV/AIDS, *Philadelphia* was a "watered down" version of the toll HIV/AIDS takes on a body. Perhaps, the film industry thinks that it is reward enough if people simply go to see a film which deals with HIV/AIDS. But to show the actual, physical ravages of this disease is asking too much for an audience to digest. And, therefore, Hollywood's filmmakers may believe that moviegoers would stay away from these films if they were too realistic. Ironically, this is true even in most of the HIV/AIDS films produced by independent studios, which historically have a reputation for realism.

Perhaps this is the reason why there is also a lack of dialogue from the HIV-positive characters about what they are physically experiencing. Most of the films do not allow these characters to vocalize their pain and suffering. Actually, more of this type of dialogue comes from their friends and families. Instead of the person with HIV/AIDS, friends and family members tend to be the ones who are permitted to discuss health concerns.

"Reach effect"

The main distinction between major studio releases and independent studio releases, regardless of their subject matter, is their "reach" effect. In other words, how many viewers do these movies "reach" is critical. Major studio releases are very mainstream in their approach to marketing. Bigger studios wield a lot of power and influence because of their demographic share and market penetration. These films are distributed to thousands of screens, where millions of viewers will see them. Therefore, rarely are they overly controversial or offensive. They tend to be middle-of-the-road productions in order to be accepted by the widest audience possible. It is a formula that works well most of the time.

Conversely, independent films are aimed more toward specific audiences like, for the purpose of this study, gays/lesbians. That is why they can be more risky in their choice of subject matter and in their decision on how to present it. They are normally released on a limited number of screens. These screens are almost always in urban areas. Sometimes the per screen gross is higher than that of the more widely released films. So, they can and do turn a profit. However, because of this narrow, pinpointed marketing approach, these films have a rather limited "reach effect."

What this is saying is that, until major studios tackle HIV/AIDS in a more realistic light, general audiences will keep getting the message that this disease is unfortunate and tragic, but not devastating. Moreover, they will never understand from any of the HIV/AIDS films produced thus far just how "real" this disease is. At this point, even though Hollywood is not shying away anymore from the topic of HIV/AIDS, studios continue to struggle with just what to cinematically make of the whole situation. It appears to be confused about whether or not to portray HIV/AIDS the way the public sees it. What it may not realize is that the public sees HIV/AIDS largely the way it is portrayed on screen. So, in that sense, Hollywood's film industry is not the "follower of sentiment" it tends to think it is. Instead, it remains a "shaper of opinion."

It is evident from this study that the film industry has responded to HIV/AIDS. Even though it took several years into the crisis for the film industry to produce movies that dealt with HIV/AIDS, this "lag time" seems to be in keeping with how Hollywood has handled other situations. For example, the majority of films pertaining to the Vietnam War were not produced until five or more years after that war ended. So, for the most part, it appears that the Hollywood film industry is pretty much "on track" when it comes to producing films about this disease.

Suggestions for future studies

The obvious and most direct suggestion for additional studies would be to pick up where this study has left off. Use the format of this study and analyze future HIV/AIDS feature films. As of completion of this study, there were more HIV/AIDS films "in the works" in Hollywood.

Another suggestion would be to expand this study. But, rather than focusing on Hollywood feature films, perhaps the genre of made-for-television movies could be analyzed instead. This could be categorized even more specifically by differentiating between movies produced for network television and movies produced for cable television.

Abandoning the small/large screen genre, future studies could include how HIV/AIDS is portrayed on Broadway. After all, some of these films were adapted from stage plays. So the material is certainly there.

Research also should be done exploring the production demands on making an HIV/AIDS film. Such studies could talk with directors, writers, and producers about their decision-making process in bringing an HIV/AIDS film to the Hollywood screen.

Also, audience responses to the film industry's portrayal of HIV/AIDS should be explored. It seems reasonable to assume that different viewing audiences would have different responses to these films. Separate studies should be undertaken to address the following populations: persons with AIDS, gay men, lesbians, racial minorities, straight white men, and straight white women. Age differences could be explored as well.

Studies like the one presented here and those suggested for future investigation are important given that film occupies a privileged place in social discourse about issues like HIV/AIDS. Through film, people can and do form strong opinions about topics. And those opinions largely can hinge on whether the film portrayed the topic in a positive or negative light. If left unchecked, Hollywood has the capability to become nothing

more than a propaganda machine. When it comes to HIV/AIDS, no one is asking Hollywood not to take a stand. It should, however, be more responsible and accurate in its representations of HIV/AIDS.

BIBLIOGRAPHY

BIBLIOGRAPHY

_____. "Editors admit gay coverage needs improvement." Editor & Publisher. February 22, 1992.

_____. "Sex 'n condoms in the USA." New Scientist. April 24, 1993.

_____. "This could be a film transcript (Philadelphia attorney charges HIV-employment discrimination)." Newsweek. October 24, 1994.

Alpaugh, Gary J. "AIDS-related claim survey results." Best's Review -- Life/Health Insurance Edition. December 1991.

Anderson, A.J., Conable, Gordon, and Muller, Bill. "Sex, AIDS, and the public library." Library Journal. June 15, 1993.

Aruffo, John F., Coverdale, John H., and Vallbona, Carlos. "AIDS knowledge in low-income and minority populations." Public Health Reports. March/April 1991.

Bagdikian, Ben H. The Information Machines: Their Impact on Men and the Media. Harper & Row, New York, New York. 1971.

Baggaley, J. et al. "Automated evaluation of AIDS messages with high-risk, low-literacy audiences." Journal of Educational Television. 1992.

Barnet, Robert J. "A Catholic doctor looks at AIDS in the U.S.A." America. February 6, 1993.

Black, David. "The plague years." Rolling Stone. June 11, 1992.

Black, Robert F., Collins, Sara, and Boroughs, Don L. "The hidden cost of AIDS." U.S. News & World Report. July 27, 1992.

Blendon, Robert J., Donelan, Karen, and Knox, Richard A. "Public opinion and AIDS: lessons for the second decade." The Journal of the American Medical Association. February 19, 1992.

Bowen, S.P. and Michal-Johnson, P.A. "Rhetorical perspective for HIV education with black urban adolescents." Communication Research. December 1990.

Brown, W.J. "An AIDS prevention campaign: effects on attitudes, benefits, and communication behavior." American Behavioral Scientist. July/August 1991.

Brown, W.J. "Culture and AIDS education: reaching high-risk heterosexuals in Asian-American communities." Journal of Applied Communication Research. August 1992.

Bush, A.J. and Bolter, G.W. "Rethinking the role of television advertising during health crises: a rhetorical analysis of the federal AIDS campaigns." Journal of Advertising. 1991.

Cameron, Glen T. and Yang, Jian. "Effect of support and personal distance on the definition of key publics for the issue of AIDS." Journalism Quarterly. Winter 1991.

Caranicas, Peter. "Responsibility." Back Stage/SHOOT. March 12, 1993.

Cline, R.J., Freeman, K.E., and Johnson, S.J. "Talk among sexual partners about AIDS: factors differentiating those who talk from those who do not." Communication Research. December 1990.

Cline, R.J.W. and Johnson, S.J. "Mosquitos, doorknobs, and sneezing: relationships between homophobia and AIDS mythology among college students." Health Communication. 1992.

Cline, R.J., Johnson, S.J., and Freeman, K.E. "Talk among sexual partners about AIDS: interpersonal communication for risk reduction or risk enhancement?" Health Communication. 1992.

Colasanto, Diane, Singer, Eleanor, and Rogers, Theresa F. "Context effects on responses to questions about AIDS." Public Opinion Quarterly. Winter 1992.

Colborn, Kate. "Dealing with AIDS in the workplace: company-sponsored AIDS education programs vary from nonexistent to DEC's full-time office. What is your company doing?" EDN. June 3, 1993.

Cooper, Jim. "Country music launches AIDS PSA campaign in rural areas." Broadcasting & Cable. January 3, 1994.

Cose, Ellis. "Newsroom homophobia: a survey and book examine coverage of gay issues." Time. April 16, 1990.

Davis, David. "'Understanding AIDS' -- the national mailer." Public Health Reports. November/December 1991.

Deford, Frank. "A magical mystery tour." Newsweek. December 23, 1991.

Diamond, Edwin. "Magic and the media." New York. December 2, 1991.

Dickinson, R. "Beyond the moral panic: AIDS, the mass media, and mass communication research." Communications: The European Journal of Communication. 1990.

Donovan, Robert J., Jason, Janine, Gibbs, Deborah A., and Kroger, Fred. "Paid Advertising for AIDS Prevention -- Would the Ends Justify the Means?" Public Health Reports. November/December 1991.

Druschel, B.E. "Sensationalism or sensitivity: use of words in stories on AIDS by Associated Press videotex." Gay people, sex and the media. 1991.

Eaton, Susan. "AIDS education must go beyond the condom wars." Education Digest. December 1993.

Edgar, T. et al. "Strategic sexual communication: condom use resistance and response." Health Communication. 1992.

Farnham, Paul G. "Knowledge, attitudes, beliefs, and behaviors of the business community relative to HIV-AIDS." Public Health Reports. November/December 1991.

Flaskerud, Jacquelyn H. and Uman, Gwen. "Directions for AIDS education for Hispanic women based on analyses of survey findings." Public Health Reports. May/June 1993.

Fleury, Rick. "The most powerful icon of the 90s?" Brandweek. November 30, 1992.

Flora, J.A. and Maibach, E.W. "Cognitive responses to AIDS information: the effects of issue involvement and message appeal." Communication Research. December 1990.

Freimuth, V.S. et al. "Researching those at risk: a content-analytic study of AIDS PSAs." Communication Research. December 1990.

Fumento, Michael. "Media, AIDS, and truth." National Review. June 21, 1993.

Gelman, David. "The young and the reckless: safe sex campaigns are running into a generation gap in the gay community." Newsweek. January 11, 1993.

Gentry, Eileen M. and Jorgensen, Cynthia M. "Monitoring the exposure of 'America Responds to AIDS' PSA campaign." Public Health Reports. November/ December 1991.

Gerbert, Barbara and Bleeker, Thomas. "AIDS in the public eye: is the epidemic viewed a crisis?" Journal of Community Health. December 1993.

Geresh, Debra. "Unclear boundaries: was it news that former tennis pro Arthur Ashe has AIDS?" Editor & Publisher. April 18, 1992.

Giles, Thomas S. "Churches lack guidance on AIDS." Christianity Today. November 23, 1992.

Goodale, James C., editor, Communications Law - Volume Three. Practicing Law Institute, New York, New York. 1993.

Grenier, Richard. "The homosexual millennium: is it here? Is it approaching?" National Review. June 7, 1993.

Hardy, Ann M. "National Health Institute survey data on adult knowledge of AIDS in the United States." Public Health Reports. November/December 1991.

Harney, D.M. "Legal advocacy as a means of defining social policy: arguing school admissions for children with AIDS." Communication Research. December 1990.

Heaven, Patrick C.L., Connors, John, and Kellehear, Allan. "Structure and Demographic Correlates of Attitudes Toward AIDS Sufferers." The Journal of Psychology. Fall 1992.

Hein, Karen. "'Getting real' about HIV in adolescents." The American Journal of Public Health. April 1993.

Herek, Gregory M. and Capitanio, John P. "Public reactions to AIDS in the United States: a second decade of stigma." The American Journal of Public Health. April 1993.

Hill, R.P. "An exploration of the relationship between AIDS-related anxiety and the evaluation of condom advertisements." Journal of Advertising. 1988.

Hofacket, Jean. "Intensive care: materials on AIDS and HIV." Library Journal. January 1993.

Jessie, Susan K. "AIDS and doctors: managing a communication crisis." Communication World. December 1991.

Johnson, K. and LaTour, M.S. "AIDS prevention and college students: male and female responses to 'fear-provoking' messages." Health Marketing Quarterly. 1991.

Johnson, Roy S. "None of our business." Sports Illustrated. April 20, 1992.

Jones, Richard C. "The plague generation." The Science Teacher. November 1993.

Kalichman, Seth C. and Hunter, Tricia L. "The disclosure of celebrity HIV infection: its effects on public attitudes." The American Journal of Public Health. October 1992.

Katz, John. "AIDS and the media: shifting out of neutral." Rolling Stone. May 27, 1993.

Kaufman, Leslie. "Beat the press: death threats and bullying tactics follow AIDS journalists who contradict the conventional wisdom." Washington Monthly. March 1993.

Keiser, Niki Hutton. "Strategies of media marketing for 'America Responds to AIDS' and applying lessons learned." Public Health Reports. November/December 1991.

Kelly, Jeffrey A. et al. "Community AIDS/HIV risk reduction: the effects of endorsements by popular people in three cities." The American Journal of Public Health. November 1992.

Kelly, Jeffrey A., St. Lawrence, Janet S., et al. "AIDS risk behavior patterns among gay men in small southern cities." The American Journal of Public Health. April 1990.

Kilday, Gregg and Thompson, Anne. "1994 Box Office Report." Entertainment Weekly. February 3, 1995.

Kinsella, James. Covering the Plague: AIDS and the American Media. Rutgers University Press, New Brunswick, New Jersey. 1989.

Krepcho, Martin, Freeman, Anne, et al. "Harnessing the energy of the mass media: HIV awareness in Dallas." The American Journal of Public Health. February 1993.

Lazarus, Judith. "The AIDS ribbons' tangled message: why some see red." *The Los Angeles Times*. March 24, 1995.

Levine, Arthur. "The making of a generation." Change. September/October 1993.

Lucas, Craig. "Longtime Companion." The Samuel Goldwyn Company in conjunction with Companion Productions and American Playhouse. 1990.

Lukenbill, W. Bernard. "AIDS information services in American public libraries: a profile of attitudes of public library and AIDS service agency directors, with policy suggestions." RQ. Fall 1991.

Lynch, Daniel. "The real risk of AIDS." Reader's Digest. May 1993.

Maddox, John. "Media makes AIDS wishes come true." Nature. July 2, 1992.

McCaig, Linda F., Hardy, Ann M., and Winn, Deborah M. "Knowledge about AIDS and HIV in the U.S. adult population: influence of the local incidence of AIDS." The American Journal of Public Health. December 1991.

McCoy, Frank. "AIDS: we all pay in different ways." Black Enterprise. February 1993.

McNair, R.R., Elliott, T.R., and Yoder, B. "AIDS prevention groups as persuasive appeals: effects on attitudes about precautionary behaviors among persons in substance abuse treatment." Small Group Research. August 1991.

Melnick, Sandra L., Jeffrey, Robert W., Burke, Gregory L., Gilbertson, David T., Perkins, Laura L., Sidney, Stephen, McCreath, Heather E., Wagenknecht, Lynne E., and Hulley, Stephen B. "Changes in sexual behavior by young urban heterosexual adults in response to the AIDS epidemic." Public Health Reports. September/October 1993.

Moatti, Jean-Paul, Bajos, Nathalie, Durbec, Jean-Pierre, Menard, Collete, and Serrand, Caroline. "Determinants of condom use among French heterosexuals with multiple partners." The American Journal of Public Health. January 1991.

Moore, John. "AIDS: striking the happy media." Nature. June 3, 1993.

Morgan, W. Meade. "HIV/AIDS Surveillance Report." vol. 5, no. 4, Atlanta, Georgia. 1994.

Nemes, Judith. "Hospitals shouldn't shortchange AIDS prevention pending experts." Modern Healthcare. July 5, 1993.

Norton, R., Schwartzbaum, J., and Wheat, J. "Language discrimination of general physicians: AIDS metaphors used in the AIDS crisis." Communication Research. December 1990.

Orlik, Peter B. Broadcast Copywriting. Allyn and Bacon, Inc., Boston, Massachusetts. 1982.

Perloff, R.M. "Effects of an AIDS communication campaign." Journalism Quarterly. Winter 1991.

Pierce, Christine. AIDS: Ethics and Public Policy. Wadsworth Publishing Company, Belmont, California. 1988.

Pochoda, Elizabeth. "Reading around." The Nation. April 27, 1992.

Price, Vincent and Hsu, Mei-Ling. "Public opinion about AIDS policies: the role of misinformation and attitudes toward homosexuals." Public Opinion Quarterly. Spring 1992.

Randall, Teri. "CDC's hot line: 'America Responds to AIDS.'" The Journal of the American Medical Association. May 16, 1990.

Randall, Teri. "Messages prove 'You can do that on television.'" The Journal of the American Medical Association. May 16, 1990.

Reardon, K.K. and Richardson, J.L. "The important role of mass media in the diffusion of accurate information about AIDS." Gay people, sex, and the media. 1991.

Remafedi, Gary. "The impact of training on school professionals' knowledge, beliefs, and behaviors regarding HIV/AIDS and adolescent homosexuality." Journal of School Health. March 1993.

Robinson, Walter. "Day Without Art." Art in America. December 1991.

Rogers, Theresa F., Singer, Eleanor, and Imperio, Jennifer. "The polls: poll trends: AIDS -- an update." Public Opinion Quarterly. Spring 1993.

Salmon, Charles T. and Jason, Janine. "A system of evaluating the use of media in CDC's National AIDS and Education Program." Public Health Reports. November/December 1991.

Saltzman, Joe. "AIDS and the media." USA Today. July 1992.

Schlossberg, Howard. "AIDS-prevention ads spark battle over what's proper." Marketing News. May 13, 1991.

Schoch, Russell. "'Dad, I'm positive.'" Newsweek. August 17, 1992.

Seidner, David. "The red ribbon." The New Yorker. February 15, 1993.

Shilts, Randy. And the band played on: politics, people, and the AIDS epidemic. St. Martin's Press, New York, New York. 1987.

Singer, E., Rogers, T.F., and Glassman, M.B. "Public opinion about AIDS before and after the 1988 U.S. government public information campaign." Public Opinion Quarterly. Summer 1991.

Sinnock, Pomeroy, Murphy, Paulette E., Baker, Timothy, G., and Bates, Ruthann. "First 3 years of the National AIDS Clearinghouse." Public Health Reports. November/December 1991.

Synder, L.B. "The impact of the Surgeon General's 'Understanding AIDS' pamphlet in Connecticut." Health Communication. 1991.

Stiff, J. et al. "Learning about AIDS and HIV transmission in college-age students." Communication Research. December 1990.

Stroman, C.A. and Seltzer, R. "Mass media use and knowledge of AIDS." Journalism Quarterly. Winter 1989.

Svetkey, Benjamin. "Sour notes from the band." Entertainment Weekly. September 10, 1993.

Timmerman, Tina, McDonough, Stephen, and Harmeson, Philip. "AIDS awareness in North Dakota -- a knowledge and attitude study of the general population." Public Health Reports. March/April 1991.

Turner, Todd A. "Teens need AIDS information, assistance." Nation's Cities Weekly. February 24, 1992.

van Dam, Laura. "Fighting the plague: an interview with Mathilde Krim." Technology Review. July 1992.

Van Dyke, James. "If we work within the system, we'll prevail: A genre analysis of the social problem made-for-television/cable movie." (Doctoral Dissertation) The University of Tennessee, Knoxville, Tennessee. May 1994.

Waller, Robert R. and Lisella, Lynn W. "National AIDS hotline: HIV and AIDS information service through a toll-free telephone system." Public Health Reports. November/December 1991.

Weisman, Katherine. "From Paris: in the public interest; raising young people's awareness of AIDS is the focus of ad campaigns from these two jeans firms." Women's Wear Daily. September 8, 1993.

Wickham, Jennifer. "AIDS Response Knoxville: Education, Support & Service." AIDS Response Knoxville, Knoxville, Tennessee. 1994.

Winett, R.A., Ahman, D.G., and King, A.C. "Conceptual and strategic foundations for effective media campaigns for preventing the spread of HIV infection." Evaluation and Program Planning. 1990.

Woods, Diana R., Davis, David, and Westover, Bonita J. "'America Responds to AIDS': its content, development, process, and outcome." Public Health Reports. November/December 1991.

APPENDICES

APPENDIX A

HIV/AIDS Statistics

Males comprised nearly nine out of every ten AIDS patients.

Gender	% of AIDS Cases
Male	88%
Female	12%

AIDS also remained high-profile in the more urban areas. An overwhelming number of AIDS cases were in very large metropolitan areas.

Population	% of AIDS Cases
Metro Area (500,000 or more people)	85%
Metro Area (50,000 - 499,999 people)	10%
Non Metro/Rural Area	5%

The ethnic mix of AIDS cases among American men is as follows:

Race	% of Male AIDS Cases
White/Caucasian	55%
African-American	28%
Hispanic	16%
Other (Asian, Am. Indian, Alaskan, etc.)	1%

The ethnic mix of AIDS cases among American women is as follows:

Race	% of Female AIDS Cases
White/Caucasian	25%
African-American	54%
Hispanic	20%
Other (Asian, Am. Indian, Alaskan, etc.)	1%

The method of transmission among men is as follows:

Risk Category	% of Male AIDS Cases
Homosexual	62%
Intravenous Drug User (IDU)	21%
Both Homosexual/IDU	7%
Heterosexual	2%
Hemophiliac	1%
Transfusion	1%
Risk Not Identified	6%

The method of transmission among women is as follows:

Risk Category	% of Female AIDS Cases
Intravenous Drug User (IDU)	49%
Heterosexual	35%
Transfusion	6%
Risk Not Identified	10%

The majority of AIDS cases were diagnosed between the ages of 25 and 44.

Age at Diagnosis	% of Males	% of Females
Under 5	1%	4%
5-12	0%	1%
13-19	0%	1%
20-24	3%	8%
25-29	15%	17%
30-34	23%	24%
35-39	22%	20%
40-44	16%	12%
45-49	9%	5%
50-54	5%	3%
55-59	3%	2%
60-64	2%	1%
65 of Over	1%	2%

APPENDIX B

The Twelve HIV/AIDS Feature Films

Film	Year	Studio	Premise
Boys on the Side	1995	Warner Brothers	Three women try to cope when one of them finds out she is dying from HIV/AIDS.
The Cure	1995	Universal	Two boys, one of whom is HIV-positive, embark on a summer's journey to find a cure for HIV/AIDS.
Jeffrey	1995	Orion Pictures	A gay man swears off sex because he is afraid of HIV/AIDS. But he must face reality when he falls in love with an HIV-positive man.
Kids	1995	Trimark Pictures	A group of disenfranchised New York City teenagers try to function in life without any ambition or goals.
Lie Down with Dogs	1995	Miramax Films	A gay man leaves big-city life behind for a summer of fun and romance in Provincetown, MA.
The Living End	1992	Academy Ent.	Two completely opposite gay men share one thing in common -- their HIV-positive status.
Longtime Companion	1990	Samuel Goldwyn	The effects of HIV/AIDS on a circle of New York City gay men is traced throughout the 1980s.
Love and Human Remains	1993	Max Films	A gay man and his ex-girlfriend struggle with the uncertainty of being single in over thirty in the 1990s.
Parting Glances	1985	Cinecom Intl.	A gay male couple must come to terms with one of their ex-lovers dying from HIV/AIDS.

Peter's Friends	1992	Samuel Goldwyn	A group of college friends reunites after ten years, only to discover that one of them is HIV-positive.
Philadelphia	1993	Tristar	A gay attorney is fired and sues for HIV/AIDS discrimination.
Zero Patience	1992	Cinevista	The fictitious story of Patient Zero, the man science claims brought HIV/AIDS to North America, is set to music.

APPENDIX C

CODING SHEET (SAMPLE)

TITLE **Boys on the Side** **(1995)**

Synopsis. Jane (Whoopi Goldberg), a down-on-her-luck singer, hitches a ride cross-country with Robin (Mary-Louise Parker), a New York City real estate agent. Along the way they pick up Jane's friend, Holly (Drew Barrymore), who happens to be nearly two months pregnant and is also fleeing her abusive boyfriend, Nick (Billy Wirth). As the three women make the trip, it is revealed that Robin is HIV-positive and was infected through unsafe, heterosexual sex. California-bound, they get as far as Tucson, Arizona before Robin has a serious bout with AIDS-related pneumonia. She is hospitalized for about a month. When she is released, the women decide Tucson might as well become their new home. It is here that Robin and her friends struggle with how much ever time Robin has left to live.

CULTURAL CONVENTIONS

Relationships between characters. It is unclear how Jane and Holly became friends; however, their relationship seems to be a long-term one. Apparently there was a time when Jane, who is a lesbian, had a "crush" on Holly. Jane is more dominant in this friendship, as Holly often relies on Jane for advice and guidance. At first, Jane and Robin seem to be complete opposites in their personalities and in their approach to life. When Jane finds out Robin loves music by The Carpenters, Jane calls Robin **"the whitest woman on the face of the earth."** However, as their friendship grows, it is obvious that Jane has fallen deeply in love with Robin. Of course, nothing physical will come of it because Robin is straight. But when Robin is in the hospital for the last time, Jane admits she is in love with someone she can never have. Robin asks her **"It was me you loved, wasn't it?" (Jane) "Yeah, still." (Robin) "I loved you, too."** The relationship between Robin and Holly resembles a sisterly one. Holly's enthusiasm and sense of adventure help Robin herself to act silly at times -- apparently something she hasn't done in quite a while because of the seriousness of dealing with her HIV/AIDS status. Robin tries to protect Holly from any unpleasantness, as if Holly were her little sister. Holly and Nick illustrate an extremely abusive relationship. After she leaves Nick, there are times when Holly suffers from very low self-esteem and talks about going back to him. She tells Robin and Jane that **"He's really a nice guy, when he's not high."** Robin's relationship with her mother has probably been strained for years because Robin tells Jane that she and her mother rarely communicate. Yet, in the end, when the mother comes to visit Robin in Tucson, the mother makes many attempts to be supportive of what her daughter is going through. Their love is there. When Holly starts dating Abe,

she's just in it for the fun. He treats her well and she is not accustomed to this. When he proposes marriage to her, she doesn't take him seriously (probably that issue of low self-esteem again). But eventually, she realizes he will love her (and her unborn baby) no matter what. They do marry and Abe assumes the role of protector. Robin's relationship with Alex doesn't really have a chance to develop. But he is supportive of her HIV-positive situation.

Display of cultural products. **Cars** -- Jane drives what appears to be a late model (circa 1976) Datsun B210 at the beginning of the film. However, it is towed away for a parking violation and she never bothers to reclaim it. The cross-country trip takes place in Robin's Mercury minivan. During part of the trip, Holly is aboard a Greyhound bus. Once they make it to Tucson, Jane drives a Jeep Cherokee. When Robin's mother (Louise) comes to visit, she is driving a rented Cadillac. As for other vehicles, obviously an ambulance is used to transport Robin to the hospital. Abe is a cop; therefore, a police car is shown. Alex drives a pick-up truck. **Clothing** -- Robin dresses very femininely, a style which resembles the Laura Ashley clothing line. More specifically, she wears muted pastel colors, sweaters, pearls, and "dressy" jeans, in addition to lacy ensembles. Jane is most often seen in casual clothing (e.g., jeans, T-shirts, and baggy cardigan sweaters). However, when she testifies in court, Jane is seen in a business-type blazer with matching pants. Holly chooses clothes which parallel those worn by the so-called "Generation X" crowd (e.g., bell-bottom jeans, sandals, tattered shirts, and leather jackets). **Homes** -- Jane's New York apartment is in a typical big-city complex. It is cluttered and is decorated in somber colors. A piano is a focal point. It sits near a large window. Robin's New York apartment is more upscale. Several "Impressionist-style" paintings are in it. Holly and Nick's apartment in Pittsburgh is very trashed (because Holly and Nick have been fighting and presumably smashing furniture and other things before Jane and Robin show up). The Tucson house in which the women live is a sprawling, one-story, southwestern adobe style residence. It has an inner courtyard where Robin plants flowers. The house is probably well over the $100,000 range.

Display of specific brand names. Corn Flakes, Greyhound Bus Lines, Lincoln/Mercury, Coors Light Beer, Corona Beer, Thighmaster, Long John Silver, Dunkin' Donuts, Denny's, Wendy's, Gulf, BP, Sunoco, Lays, TrueValue, UPS, *Redbook*, *Pittsburgh Post-Gazette*, the movie "An Officer and A Gentleman," and the movie "The Way We Were."

Activities of extras/minor characters. They are band members, hotel clerks, waitresses, gas station attendants, furniture movers, drug dealers, police officers, lawyers, bartenders, and hospital workers.

Leisure activities. Holly wants to take a bag of pot with her when the group leaves Pittsburgh. Jane and Holly play miniature golf during a stop on the trip. Everybody seems to like drinking beer. Jane plays the piano. Robin slow dances with Alex in the Tucson street fair scene. Holly tries to break a pinata during the same scene. Jane goes to consult with a psychic/tarot card reader on two occasions. Robin enjoys planting flowers.

The moral of the story. The overall lesson to be learned is that the definition of "family" doesn't always have to mean who a person's biological parents are. Family can be defined as those people who are there for each other -- unconditionally. This idea is best summed up from a conversation between Robin and her mother. The mother admits their relationship has never been a perfect one and tells Robin that **"I do the best I can honey. I know it's not enough and I'm sorry. But that's what you get in life, you know. You get whoever you end up with, whoever is willing to stick by you and fight for you when everyone else is gone. And it ain't always who you expect, but you just have to make do."** Another message of this film is that life goes on. The birth of Holly's baby coupled with Robin's death illustrates that, indeed, life travelled full circle. Yet another message is that there is a special bond which exists between women that men just cannot truly understand.

Social issues covered. Physical abuse, codependency, lesbianism, murder, and suicide.

Direct HIV/AIDS statements. The viewer might first suspect that something is wrong from this conversation between Jane and Robin. They had just finished watching "The Way We Were" and Robin has started to cry a little bit. That's when Jane asks her **"So, which one were you? The one who loved too much or the one who loved too little?" (Robin) "Neither, I'm the one who spent three years at happy hour and never went home with anybody except the bartender." (Jane) "Well, the bartender's somebody." (Robin) "Yeah he was somebody alright." ... (Jane) "Is that why you left New York, because that bartender did you wrong?" (Robin) "Something like that."** However, it is finally revealed that Robin is HIV-positive when she collapses in Tucson and is rushed to the hospital. A female doctor tells Jane **"It's pneumonia. We'll have to keep her here for a couple of days...It's typical in this kind of AIDS-related pneumonia." (Jane) "AIDS? You're telling me she's got AIDS?" (Doctor) "Yes. I'm sorry. I thought you knew." (Jane) "No, I didn't."** Later that night in Robin's hospital room, Robin apologizes for not telling Jane the truth from the start. Robin breaks down and tells Jane **"I thought if I could just go somewhere else, I could make it not happen."** After a month, Robin is released from the hospital. She and Jane are standing in a doorway of the Tucson house. Holly is upstairs having sex (even though she is pregnant) with her new boyfriend, Abe. Robin and Jane can hear them. They look at each other and Jane asks **"Do you miss it?" (Robin) "What?" (Jane) "Sex." (Robin) "Yeah I do. You know what's weird? You never know the last time you sleep with somebody it's the last time. You're thinking 'Oh we've got problems. We've got work to do, you know.' But you never think. And then you break up and a month later you look back and you go 'Oh, that was it. That Tuesday or Friday or whatever.' And you wished you paid attention because it was the last time you know."** Eventually Robin must confront her HIV-positive status in terms of having sex again. She and her boyfriend Alex begin to have sex when Robin tells him **"Listen, I have to tell you something." (Alex) "Yeah, I know." (Robin) "You need to know something." (Alex) "It's OK, I know. I'm going to use something." (Robin) "What?" (Alex) "I'm going to use something. It's OK. We'll be safe, don't worry about it." (Robin) "About what?" (Alex) "Shh. It's OK." (Robin) "No, you don't**

understand, I'm positive. I tested positive." (Alex) "Yeah, yeah, I know, I know. I just don't want to talk about it alright because I already know. What? What's the matter?" (Robin) "Who told you?" (Alex) "Nobody told me." (Robin) "Did she (the audience knows Jane told Alex) **tell you?" (Alex) "Yeah, she told me." (Robin) "Why?" (Alex) "It was not big deal. She said you were shy and had a bad time with some guy and I guessed and she didn't deny it. It came up real casual like it was part of your history, like 'Hey, she's on the rebound or something. Be careful, you know.' Come on, it's just like a detail." (Robin) "What does that make you? A big hero bringing sex to the unfuckable. You must feel really good about yourself." (Alex) "God, that's not it. I just want things the way they used to be. You know. When I meet someone, someone I like, get drunk, have a good time and fuck my brains out. Why can't we do that anymore?" (Robin) "Because you can't, that's all. Just can't."** The next morning Robin confronts Jane and asks her why she told Alex. Jane said she thought she was doing the right thing because Alex really did like Robin and that she didn't want to see Robin go through any more pain. Robin replies **"You think you can just put a man in my bed and I'll forget? All it does, if you want to know, all it does is remind me. Alex and you and Holly and her baby, every living thing I see reminds me."** The last time Robin goes into the hospital, the viewer senses that Robin's impending death can't be too far away because she is telling Jane some of her final plans. **(Robin) "I won't want a funeral but Mom will. But it's got to be here. Don't let her take me back to San Diego. Afterwards, have a big party at the house, OK?"**

ETHNIC/RACIAL CONVENTIONS

Visual/verbal clues to appearance. Jane is black. Robin and Holly are white. The other characters are also white, except for Jane's bar owner friend (Anita Gillette) in Tucson, who is Hispanic. None of the three major characters display any certain accent (e.g., New York).

Socioeconomic status. Robin comes from a "comfortable," upper middle class upbringing. It is slightly difficult to judge, but Jane probably has seen her share of months where she couldn't make the rent. She appears to be the resourceful type that has scraped by most all of her life. Holly's background and choice of occupations suggest that she is hovering somewhere below middle class status.

Occupations. Robin sold real estate. For seventeen years, Jane sang lead for a band. It is hinted at that the band personnel changed often during that time. Holly's employment status while in Pittsburgh is unknown; however, in Tucson she becomes a waitress.

GEOGRAPHICAL CONVENTIONS

Direct statement of location. The story begins in New York City, then makes a stop in Pittsburgh, and finally ends up in Tucson. However, the final destination was supposed to be California (specifically San Diego for Robin and Los Angeles for Jane and Holly).
Rural/urban/suburban. New York City and Pittsburgh are definitely urban. Their trip takes them through all kinds of geographical settings. However, the part of Tucson in which the women decide to settle down is on the outskirts of the city. Actually, their home seems to be far away from any neighbors. It is nestled around both desert-like conditions as well as a typical southwestern-style mountain chain in the background. When they do go into Tucson for diversions, the section they frequent appears almost suburban, small-townish rather than urban.

Use of identifiable landmarks. There are no clear-cut visual indications that the story begins in New York City. The camera shots are too close and do not allow the viewer to see any recognizable buildings. However, when Jane and Robin enter Pittsburgh to pick up Holly, there is a "Welcome to Pittsburgh" sign on the interstate. They appear to be coming into town via the Fort Pitt Bridge. The only landmark which indicates that the women are actually in Tucson is an exterior shot of Tucson General Hospital.

Statement of location in credits. All three cities -- New York City, Pittsburgh, and Tucson are mentioned.

STYLISTIC CONVENTIONS

Camera techniques. A good balance of wide versus medium versus tight shots exists. However, when the storyline calls for a "reaction" shot, camera angles more often than not went for tight to very tight close-ups of faces. Most of the shot selection involves static shots. There are few moving shots (unless it was shot from the inside of a moving vehicle looking out through the windows). The "black and white" format is even used when Robin is remembering things from her childhood in "flashback" style. Yet, at the end of the film, the cinematographer uses the "pan" technique for optimum effect. The climactic scene begins with a living room full of people as a now wheelchair-bound Robin, obviously in poor health, weakly sings the opening lines from the song, "You Got It." The camera slowly and tightly pans the room for each person's reaction. By the time it moves across the entire room to Jane, Robin has stopped singing. So, Jane continues with the song lyrics **"Anything you want, you got it. Anything you need, you got it. Anything at all, you got it, baby!"** Then the camera goes to a full close-up of Jane and then Robin and then back to Jane. Then the original pan from the beginning of the scene is redone -- only this time, no one is in the room. By the time the camera gets to where Robin was seated, only an empty wheelchair is left.

Lighting techniques. Probably more than half of the film takes place in interior settings. The cinematographer chose to utilize "natural" lighting techniques (candles, firelight, etc.) in order not to give the actors a "harsh glare" look. When outside, sunlight was used to its maximum effectiveness. The most dimly lit scene is in Robin's Tucson hospital room. Here, the cinematographer decided to shoot the scene with the only illumination coming from the fluorescent light above Robin's bed. Also, in the climatic scene previously referred to in "Camera Techniques," after the camera has made its first full pan and winds up with the extreme close-ups of Robin and then Jane, the screen suddenly goes several shades darker for just a few seconds and then returns to its original lighting. This gives the viewer the sense that something tragic has just happened (which is ultimately Robin's death).

Music. There is a heavy reliance upon piano crescendos and somber string and woodwind music during the more serious, ominous scenes. On the other hand, when the women are traveling on the road, the music is far more upbeat. Hispanic music is heard during the Tucson street fair scene. Jane even plays a Carpenters song ("Superstar") on the piano. The soundtrack for this film consists almost exclusively of female recording artists such as The Indigo Girls, Bonnie Raitt, Annie Lennox, K.D. Lang, and Melissa Etheridge.

PRODUCTION DATA

Writer	Don Roos
Co-producer	Patrick McCormick
Executive producers	Don Roos, Patricia Karlan
Producers	Arnon Milchan, Steven Reuther, Herbert Ross
Director	Herbert Ross
Music	David Newman
Costumes	Gloria Gresham
Cinematographer	Donald Thorin
Art director	William O'Brien
Production designer	Ken Adam
Editor	Michael Miller
Studio	Warner Brothers, in conjunction with Regency Films and Le Studio Canal+

Actors/character names

Whoopi Goldberg	Jane
Mary-Louise Parker	Robin
Drew Barrymore	Holly
Matthew McConaughey	Abe
Billy Wirth	Nick

James Remar	Alex
Anita Gillette	Elaine
Dennis Boutsikaris	Massarelli
Amy Aquino	Anna
Stan Egi	Henry
Estelle Parsons	Louise

APPENDIX D

REVISED CODING SHEET (SAMPLE)

Name of Film: Jeffrey

Person with HIV: Darius

Gender: Male

Type of Character: **Major** XX
Minor

Race: White

Age: Late twenties/early thirties

Culture: **Dominant**
Subculture XX
Darius's education went as far as the eighth grade. He is a dancer in the Broadway show "Cats."

Sexual Orientation: Gay

Movement of Character (Positive or Negative)

Darius always seems to be upbeat and quite happy. He apparently is fully accepting of his HIV-positive status. At one point, Darius even tries to convince Jeffrey not to worry about going out with Steve because **"HIV-positive men are the hottest."**
In the scene where Sterling, Darius, and Jeffrey attend some dead guy's memorial, Jeffrey gets upset that they're being catty. That's when Darius says he wants this type of behavior at his funeral. **"Well, I like it. Cute guys, Liza, and dish. It's not a cure for AIDS, Jeffrey, but it's the opposite."**
Actually, Darius has the distinction of summing it up. He tells Jeffrey **"Hate AIDS Jeffrey, not life."** The more underlying message is that everybody needs to let some form of love into their lives, or else their lives don't mean all that much.

Film's Moral Tone Toward Character

The film portrays Darius in a sympathetic light. The thought it conveys through Darius is that it is quite unfortunate that someone so happy with life will die. When Darius dies from a brain hemorrhage, Sterling wants comforting from no one, especially Jeffrey. Because Jeffrey is moving back home, Sterling apparently now regards Jeffrey as yet someone else who is running out on him. But he's just angry at life, not at Jeffrey. However, he does tell him **"You know Darius once said that you were the saddest person he ever knew." (Jeffrey) "Why did he say that?" (Sterling) "Because he was sick, because he had a fatal disease and he was one million times happier than you."**

Supporting Evidence

Relationships:

I. His friendship with Jeffrey

Jeffrey and Darius act more like brothers than just friends. But Jeffrey does emotionally hold himself back a little bit from this friendship. The reason? It all goes back to the fact that Jeffrey doesn't want to see anybody die; therefore, he doesn't seem to give himself completely to anybody.

II. His lover relationship with Sterling

He truly loves Sterling. And Sterling is amazed that someone like Darius could have fallen in love with him. They are the picture of gay domestic bliss. Sterling still is the stronger of the two, but where Darius is concerned, he can be a softie. But Sterling makes it clear to Darius that Darius will not die. On this topic Sterling is adamant and insistent.

Treatment of Gay Issues:

No attempt is made to separate Darius's sexual orientation from the storyline of the film. Actually, his homosexuality (like the other characters) is an integral part of the plot construction. Darius is employed as a Broadway dancer and is also a member of the "Pink Panther" patrol. When Sterling mentions how he and Darius should be on **"a poster for Middle America to say 'Oh look, there's a wholesome gay couple'"** Jeffrey quickly points out to them that they are more like Martha Stewart and Ann Miller.

How HIV Was Acquired:

There is no direct reference to how Darius acquired HIV. However, it is made known that he was HIV-positive before he and Sterling met. Because Darius lives cleanly (e.g., no drugs, etc.), it can be implied that he was infected with the virus through unsafe sex.

VITA

Richard Lewis Opp was born in New Castle, Pennsylvania on October 29, 1963. But his parents soon wised up and left those brutal northern winters behind for good. The family relocated to the Bristol, Tennessee area. He attended public schools there. He also spent a lot of time on the baseball field.

Opp pursued the rigors of higher education at a small, liberal arts institution in his hometown. In 1986, he graduated *summa cum laude* from King College, earning a Bachelor of Arts degree in Business Administration and Economics. But just so the whole experience would not be a narrow one, he also minored in French. But do not let it be said that he did not investigate the social side of college as well. Moreover, by this time in his life, Opp had swapped the ball field for the tennis court.

Finally, he received a Master of Science in Communications from the University of Tennessee at Knoxville in 1996. His emphasis was in Public Relations. He began this feat after having been out of the academic world for six years. And it took him roughly four years of part-time, evening school courseloads to achieve the end result.

Upon embarking on post-undergraduate life, Opp epitomized the classic image of a vocational vagabond. In the span of about four years, he held such positions as insurance underwriter, car salesman, high school French teacher, aerobics instructor as well as the envy-inducing job of waiter. Incidentally, he also could make a mean Fuzzy Navel.

However, in 1990, Opp launched into what would prove to be his longest career move thus far. He is a television news anchor/reporter. Opp has worked in the following television markets: Wausau/Rhinelander, Wisconsin; Greenville/Greenwood, Mississippi; and Knoxville, Tennessee. He currently can be seen by local news junkies in the greater Youngstown/Warren, Ohio area.