



The Way We Write Now: The Reality of AIDS in Contemporary Short Fiction

by Sharon Oard Warner

“She knew as much about this disease as she could know.” (36)

The line comes from “Philostorgy, Now Obscure,” a short story first published in *The New Yorker*. Its author, Allen Barnett, died of AIDS in 1992. The “disease” the line refers to is, in fact, AIDS, and the “she” is a woman named Roxy, who asks her friend Preston whether he intends to go on DHPG.¹ Roxy knows DHPG is a drug used to treat CMV (cytomegalovirus), and that it requires “a catheter inserted into a vein that fed directly into an atrium of his heart” (36). Roxy has done her homework. In her room, Preston finds “a photocopy of an article from the *New England Journal of Medicine*,” as well as “a book on the immune system and one on the crisis published by the National Academy of Sciences, and a list of gay doctors” (43). She has read extensively, and she cares deeply, but there is still much she cannot know. I identify with Roxy: I have read extensively (though not as much as she has), written some, and care deeply, but like her, there is much I cannot know. What I do know, however, I have learned not so much from television documentaries, though I have watched them, and not from articles and reports, though I have read them. What I know about AIDS—about living with it and dying from it—I have learned from literature, from novels and poems and essays, and, most of all, from short stories.

Most of us knew little about AIDS when Susan Sontag’s story “The Way We Live Now” was published in 1986 in *The New Yorker*. “The Way We Live Now” was one of the first stories on AIDS to appear in a mainstream periodical, and it is still—by far—the best known story on the subject. To illustrate, not only was Sontag’s story included in *Best American Short Stories 1987*; it was also chosen for the volume *Best American Short Stories of the Eighties*. Last spring, to raise funds for AIDS charities, the story was released

¹To invoke the acronym AIDS is to call forth a whole legion of acronyms: HIV, ARC, PCP, AZT, KS, FDA, CDC—but you get the idea.

once again, this time as a small and expensive volume, complete with illustrations by British artist Howard Hodgkin. In *The New York Times Book Review* (1 March 1992), Gardner McFall proclaimed this newest incarnation of the story "an allegory for our times" (20).

Presumably, the allegorical elements of the story are in what is left out: the name of the main character—the man who is ill—and the name of the disease. These two subjects, person and illness, we learn about through hearsay, second and third hand in a variety of voices:

I've never spent so many hours at a time on the phone, Stephen said to Kate, and when I'm exhausted after the two or three calls made to me, giving me the latest, instead of switching off the phone to give myself a respite I tap out the number of another friend or acquaintance, to pass on the news. (253)

Surely, one of Ms. Sontag's intentions was "to pass on the news" to the reader. However, the message may not be getting across, at least not to everyone, and perhaps not to those most in need of hearing it. Last fall, I taught "The Way We Live Now" in a fiction writing class at Drake University. Five years had passed since the story's first appearance in *The New Yorker*, a period in which approximately 120,000 Americans died of AIDS. Even so, several students in my class insisted that the disease in question might not be AIDS at all. One young man was adamant; no amount of argument would serve to convince him. Enlightened members of the class pointed to lines such as this one: "Ellen replied, . . . my gynecologist says that everyone is at risk, everyone who has a sexual life, because sexuality is a chain that links each of us to so many others, unknown others, and now the great chain of being has become a chain of death as well" (262). But the student would not be persuaded; he simply preferred to believe that Sontag intended some other disease—any other disease. The meaning of the allegory, if indeed "The Way We Live Now" is an allegory, was certainly lost on this student.

While Sontag's story may well have been the first to avoid the name of the illness, it certainly was not the last. The first volume of stories on AIDS, *A Darker Proof*, by Edmund White and Adam Mars-Jones, mentions the acronym only once in 233 pages. In the foreword to his newest collection of stories, *Monopolies of Loss*, Mars-Jones comments that the "suppression" (4) of the term in the earlier book was intentional.² My own experience with writing about AIDS is similar. In writing a story about a foster mother to a baby with AIDS, I deliberately sidestepped the term until page 6, and thereafter used it only twice. My concern was that editors and readers would be turned off by the subject, so I made sure my audience was well into the

²Adam Mars-Jones's collection, *Monopolies of Loss*, includes all four stories from *The Darker Proof* plus four new stories dealing with AIDS.

story before I divulged the truth. Even in fiction, it seems, we are invested in keeping AIDS a secret.

But more problematic than avoiding the name of the illness is the practice of evading the person with AIDS. In Sontag's story, we never learn the man's name—or much else about him, for that matter—except that he has a large number of devoted and talkative friends. In a very real sense, Sontag's story has no main character. What it has, instead, is, at best, a subject of conversation, at worst, grist for the gossip mill. As several of my students pointed out, "The Way We Live Now" is reminiscent of the children's game, "Telephone," in which players sit in a circle and whisper a message in turn:

At first he was just losing weight, he felt only a little ill, Max said to Ellen, and he didn't call for an appointment with his doctor, according to Greg, because he was managing to keep on working at more or less the same rhythm, but he did stop smoking, Tanya pointed out, which suggests he was frightened, but also that he wanted, even more than he knew, to be healthy, or healthier, or maybe just to gain back a few pounds, said Orson. . . . (253)

This technique is catchy, but it may well cast suspicion on the veracity of what is at hand. After all, the charm of the children's game comes from the inevitable distortion of the message. (If everyone reported correctly, what fun would it be?) Were it only one of many stories on AIDS, the issues of technique and omitted names might be simply matters to be hashed out among literary critics; but, in fact, "The Way We Live Now" continues to be the best-known story on the topic and one of the few to have been published in a commercial periodical.

By and large, the stories about AIDS that have followed Sontag's have also kept their distance from the subject. (Here, I am speaking of stories that have been published in mainstream literary and commercial publications.) As good as these stories are—and some are excellent—most of them are not stories about people with AIDS—instead, they are stories about people who know other people with AIDS. Once again, the disease and those who suffer from it are kept at a distance.

The main characters in these stories tend to be siblings or friends of people living with AIDS. Three good examples are "Close" by Lucia Nevai, which appeared in *The New Yorker* in 1988; "A Sister's Story," by Virginia DeLuca, which appeared in *The Iowa Review* in 1991; and "Nothing to Ask For," by Dennis McFarland, which appeared in *The New Yorker* in 1989 and was later included in *Best American Short Stories 1990*. Guilt plays a major role in all three. While a friend or a sibling struggles with AIDS, the main characters of these stories struggle with feelings.

In Nevai's story, a social worker named Jorie is flying home for the funeral of her brother Jan, "who had contracted AIDS seven months earlier

and had not let anyone in the family know" (36). Jan's lover Hank cared for him, "made sure he never lacked for visitors," "made sure he had painkillers," "helped him write a will" (37). The pain of knowing that she was intentionally excluded from the last months of Jan's life is hard for Jorie to bear, but by the end of the story she realizes that "pain was stronger, pain was hungrier. Pain would win this one" (39).

DeLuca's story also concerns a sister whose brother dies. Much of "A Sister's Story" is told through journal entries, and the effect of this technique is the same sort of distance one feels in Sontag's story. As in Nevai's story, the sister is burdened with guilt, partly because her husband is afraid of AIDS, and therefore afraid of her brother, Mike. At one point, the sister confesses her husband's fears to Mike. His response is rage: "Mike turns to me. 'You shouldn't be married to him. Leave him. How can you stay married to him when he does this to me? LEAVE HIM'" (172). A few days later, the sister writes in her journal that her brother will die faster as a result of the pain she has caused him. Near the end of the story, she writes of her own pain: "So these memories, coming at unexpected times, . . . are like cramps, sudden, fierce, doubling me over—forcing me to clench my jaw" (183).

Of the stories about people who know people with AIDS, "Nothing to Ask For" gets closest to both the illness and those who suffer from it. In the Contributor's Notes of *Best American Short Stories 1990*, Dennis McFarland explains that "Nothing to Ask For" is based on a visit he paid to a close friend just weeks before the friend died of AIDS. He admits that he had trouble with the narrator: "It was hard to let the story be his, while never allowing his concerns to upstage those of the characters who were dying" (351). Perhaps because upstaging was a concern, McFarland's story succeeds in allowing "the horror of the disease to speak for itself" (351) The result is a story full of reverence for life and for those in the midst of leaving it.

The main character of "Nothing to Ask For" is a man named Dan who is spending the day with his friend Mack, who is close to death, and with Mack's lover, Lester, also sick with AIDS. Guilt is an issue in this story as well. At one point, Lester finds Dan in the bathroom sprinkling Ajax around the rim of the toilet bowl:

"Oh, Dan, really," he [Lester] says. "You go too far. Down on your knees now, scrubbing our toilet."

"Lester, leave me alone," I say.

"Well, it's true," he says. "You really do."

"Maybe I'm working on my survivor's guilt," I say, "if you don't mind."

"You mean because your best buddy's dying and you're not?"

"Yes," I say. "It's very common."

He parks one hip on the sink, and after a moment he says this: "Danny boy, if you feel guilty about surviving . . . that's not

irreversible, you know. I could fix that.”

We are both stunned. He looks at me. In another moment, there are tears in his eyes. (146)

McFarland takes pains to develop both Lester and Mack as characters in their own right. To do so, he pulls us directly into their lives, bypassing gossip, memories, and journal entries.

In order to prepare Dan for the sight of him naked in the bath, Mack calls out, “Are you ready for my Auschwitz look?” (144). As Dan bathes him, Mack muses on his fate: “You know, Dan, it’s only logical that they’ve all given up on me. And I’ve accepted it mostly. But I still have days when I think I should at least be given a chance” (145). A chance is what McFarland gives this character—the chance to express himself, to enter our psyches, to change us in a way hearsay can never do.

As one might predict, most of the writing about AIDS is being done by gay writers, but readers may not realize that most of this writing is published in collections marketed primarily to gay readers. Not until I began searching out stories dealing with AIDS did I begin to realize just how segregated that market is. A number of the stories I wanted to read were unavailable in local bookstores—even in the bigger and better ones—and the books had to be special-ordered. Others were available in a special section set aside for gay readers. So I was not surprised to find that of the 20 entries under the subject heading “AIDS” in the *Short Story Index* for 1990, eight were published in an anthology called *Men on Men 3*. Four were published in a collection by Allen Barnett called *The Body and Its Dangers*, which I could not locate in libraries or bookstores, despite the fact that the book won a PEN/Hemingway award. The eight remaining were either reprints—McFarland’s and Sontag’s—or stories appearing in individual collections. Not one of the stories in the 1990 listing appeared in a periodical of any kind. Because few people outside the gay community are exposed to these stories, few are reading them. And we all need to be reading them. These are the stories that go to the heart of the matter, stories by writers who are either HIV-positive themselves or who know enough to risk writing from the point of view of someone with AIDS.

The Darker Proof: Stories From a Crisis was the first collection of fiction dealing with AIDS.³ It includes four stories by the British writer Adam Mars-

³Allen Barnett’s collection, *The Body and Its Dangers* (1990), also deals extensively with AIDS. And in 1993, two new collections on the subject have appeared—Adam Mars-Jones *Monopolies of Loss* and Jameson Currier’s *Dancing on the Moon: Short Stories About AIDS* (Viking). The first story in Currier’s collection, “What They Carried,” borrows much in terms of structure and technique from Tim O’Brien’s “The Things They Carried,” and from Susan Sontag’s “The Way We Live Now.” It is also worth noting that only one story in *Dancing on the Moon* is written from the viewpoint of a character with AIDS. The main characters in the other stories are lovers, relatives, and friends, some of whom may be HIV-positive.

Jones and three long stories by American novelist Edmund White. These stories plunge right in, no intermediaries or second-hand information. For instance, Mars-Jones's story, "Slim," begins this way:

I don't use that word. I've heard it enough. So I've taken it out of circulation, just here, just at home. I say Slim instead, and Buddy understands. I have got Slim. When Buddy pays a visit, I have to remind myself not to offer him a cushion. Most people don't need cushions; they're just naturally covered. So I keep all the cushions to myself, now that I've lost my upholstery.

Slim is what they call it in Uganda, and it's a perfectly sensible name. You lose more weight than you thought was possible. You lose more weight than you could carry. Not that you feel like carrying anything. (1)

Of the 20 stories in *Men on Men 3*, eight are concerned with AIDS. All are well worth reading, but by far the best is Part One of *Halfway Home* by Paul Monette. Though actually an excerpt from a novel, Monette's piece works remarkably well as a piece of short fiction. Monette is a versatile man—a poet, essayist, screenwriter, and novelist—and one of the finest writers I have read in years. His book, *Borrowed Time: An AIDS Memoir*, was nominated for the National Book Critics Circle Award in 1988.⁴ It is the intensely moving account of the life and death of Roger Horwitz. In *Borrowed Time*, Monette remarks that "families do not always come together neatly in a tragedy" (293) and Part One of *Halfway Home* is a poignant illustration of this sad truth.

Tom Shaheen is in his early thirties and has not seen his brother Brian in nine years, not since their father's funeral. He fully expects to die without seeing his brother again, and he fully expects to die soon. Until then, he lives in a bungalow by the sea, rent-free courtesy of a gentle and unassuming man named Gray Baldwin. Every day Tom makes his way slowly down the 80 rickety steps—"my daily encounter with what I've lost in stamina" (12-13)—to the entrance to a cave by the surf. There, he broods over "missed chances" and "failures of nerve" (12). He does not, however, probe the painful tooth of his childhood—his "scumbag drunk" (30) of a father, his "whimpering" mother (33). In particular, he avoids thinking about his older brother Brian—beautiful as a Greek god, ruthless as a terrorist. Monette prepares the reader carefully for an unexpected visit, but he is such a skillful writer that Brian's abrupt entrance still takes us by surprise. The encounter is brutal. Monette does not spare Tommy or Brian or the reader. Guilt is an issue here, too, but now we see it from the other side of the gun. When Brian tries to say he is sorry, Tommy feels not forgiveness but the added burden of his brother's regret:

⁴Paul Monette received the 1992 National Book Award in non-fiction for *Becoming a Man: Half a Life Story*.

Suddenly I feel drained, almost weepy, but not for Brian's sake. . . . The whole drama of coming out—the wrongheaded yammer, the hard acceptance—seems quaint and irrelevant now. Perhaps I'd prefer my brother to stay a pig, because it's simpler. And even though he's not the Greek god he used to be, fleshier now and slightly ruined, I feel *more* sick and frail in his presence. Not just because of AIDS, but like I'm the nerd from before too. "You can't understand," I say, almost a whisper. "All my friends have died." (27)

Part One of *Halfway Home* cannot be neatly summed up. It is not simply a story about a confrontation between two brothers, a story about AIDS, or self-pity, or a growing acceptance of death. It is about all these things plus so many others. As George Stambolian explains in the Introduction to *Men on Men 3*, "The epidemic . . . challenges and tests our beliefs, makes time directly perceptible to our hearts and minds." He goes on to quote Robert Gluck: "Now death is where gay men . . . learn about love. . ." (4). And love is a subject Monette knows more about than any other contemporary writer I can think of. Near the end of the story, Tommy steals into the bedroom where his brother is sleeping. Looking down at Brian, Tommy feels intense hate—"I'm like a bad witch, rotten with curses, casting a spell even I can't see the end of" (36)—and bitter love:

I take a last long look at Brian, and on impulse I lean above him, hover over his face and brush my lips against his cheek. . . . I've never kissed my brother before. He doesn't flinch, he doesn't notice. Then I turn and stumble back to my room, pleading the gods to be rid of him. (36)

While I was working on my own story about AIDS, a writer friend advised me to change the disease. "I really like this story," she told me, "but why does the baby have to have AIDS?" I had no answer for that question, really. Why does anyone have to have AIDS? The impetus for my story was something I overheard about a single woman in Chicago who nurses babies with AIDS. When one child dies, she simply turns to caring for another. After hearing about that brave woman, I wanted to get to know her, and because I am a fiction writer, that meant writing a story. While I could change many things about "A Simple Matter of Hunger," I could not change the disease. That much, at least, I am sure of.

The tragedy is that babies do have AIDS, that an estimated one million people in the US are infected with the HIV virus. According to the Centers for Disease Control, by the end of 1995, the USA will have at least 415,000 AIDS cases and at least 330,000 AIDS deaths. It is not something we can avoid as writers, as readers, or as human beings. "But I was taught not to write about social issues," my friend explained to me. "They just don't last.

In a hundred years, it's possible that AIDS may be completely forgotten." We can hope for that, I suppose, but it does not change the present. Right now, we all need to know as much about this disease as we can know.

Ms. Sontag ends "The Way We Live Now" this way: "I was thinking, Ursula said to Quentin, that the difference between a story and a painting or a photograph is that in a story you can write, He's still alive. But in a painting or a photo you can't show 'still.' You can just show him being alive. He's still alive, Stephen said" (270). Ironically, in this most famous story about AIDS, "he" whoever he might be, isn't *shown* still alive. For that, we have to take Stephen's word. And while his word might have been enough to begin with, now and in the future we will need something more. We will need stories like Monette's, stories whose main characters speak to us directly: "I've been at this thing for a year and a half, three if you count all the fevers and rashes. I operate on the casual assumption that I've still got a couple of years, give or take a galloping lymphoma. Day to day, I'm not a dying man, honestly" (14). See there, Tom Shaheen is still alive. Take it from Monette, someone who knows.

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The SSP now staffs eight people and has published, since its inception, nearly hundreds of authors writing in nearly 30 languages. To enhance its reading experience, the SSP curates the material on its site (currently itâ€™s women in fiction), commissions introductions for stories both contemporary and classic, pairs each story with original artwork, and hosts a series of audio readings as supplements to its library of fiction.Â What was the impetus of the Short Story Project? What inspired it? The first person who ignited my love for short stories was a Bedouin shepherd named Samir, who would herd his sheep near my Kibbutzâ€™s fields.