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Understanding the Modern Pandemics through AIDS Poetry: A Comparative Study

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Abstract

Looking back at the AIDS Crisis of the 1980s and 1990s in the United States, through the poems “What the Intern Saw” by Phillis Levin and “How to Watch Your Brother Die” by Michael Lassell, this paper presents an analogy between the past and present pandemics unleashed on modern life. Through the prism of these AIDS poems an attempt is made to illustrate the American history of the AIDS crisis. Akin to the present fears, extreme anxiety and xenophobia engendered by COVID-19, the AIDS pandemic too exploded with similar yet contrasting instances almost four decades ago. Through these poems an attempt is made to connect the condition of the urban gay male community along with the perspectives of the general population. Furthermore, the aim here is to disengage and strip off the social meanings and metaphors that accompanied AIDS so as to look at it as it ought to be seen. The ongoing COVID-19 pandemic is also compared and contrasted with the AIDS crisis so as to frame a possible narrative for a world after this present health-care emergency.

Keywords: COVID-19, AIDS, HIV, AIDS Literature, AIDS Poetry, American literature, gay identity, homophobia

The COVID-19 (Coronavirus disease) pandemic has already altered the way we live our lives. The extensive lockdown, while necessary, has driven home the severity of this global health crisis. There have been a number of pandemics in the past, pandemics which have altered the course of human history. With the present paper, an attempt is made to study AIDS - Acquired Immune Deficiency Syndrome, one of the most horrific modern pandemics, through the medium of the chosen AIDS poems “What the Intern Saw” by Phillis Levin and “How to Watch Your Brother Die” by Michael Lassell. The paper will briefly look into the history of AIDS, its early social meanings which have yet to leave the popular consciousness in the United States of America. The paper will compare the homophobia and fears engendered by the AIDS crisis in the 1980s and 1990s to the present xenophobia and anxiety born out of the present-day crisis. The urban gay male community will be the locus of this paper and it will also present the disengagement and fears of the ‘general population’ vis-à-vis AIDS and homosexuality. The paper will also briefly dwell on the origin of AIDS with reference to Susan Sontag’s 1989 text *AIDS and its Metaphors*.



The chosen poems, “What the Intern Saw” by Phillis Levin and “How to Watch Your Brother Die” by Michael Lassell, present perspectives which although dealing with the consequences of AIDS, do not directly include the Person with AIDS (PWA) as the major voices as a part of their respective narratives. While the former deals with the effect of AIDS, particularly its physical manifestations, on the mind of a medical intern, the latter presents a heterosexual man, an individual from the so-called ‘general population’ suddenly put in the midst of his gay brother dying with AIDS in a hospital (Stevenson 249). The narrators of both these poems are fascinatingly presented as almost passive observers, especially in case of Lassell’s poem, unable to make sense of the suffering of the young homosexual PWAs. These poems also reveal the stigmatized status of the male homosexual community in the United States of America since the early 1980s with the advent of the AIDS epidemic (Plummer 28, Shilts 138, Treichler 31). Levin’s poem was published in her 1988 volume *Temples and Fields*, while Lassell’s poem was published in 1985 in the volume *Poems for Lost and Un-Lost Boys*. Both the poems were also anthologised in the 1989 collection *Poets for Life: Seventy-Six Poets Respond to AIDS* edited by Michael Klein.

Phillis Levin (b. 1954), the American poet, editor, translator and academician, is the recipient of the Ingram Merrill Award (1986), the Amy Lowell Poetry Travelling Scholarship (1999-2000), the Guggenheim Fellowship (2003), and the National Endowment for the Arts Fellowship (2007). She is the written five poetry collections: *Temples and Fields* (1988, winner of the Poetry Society of America’s Norma Farber First Book Award), *The Afterimage* (1995), *Mercury* (2001), *May Day* (2008), and *Mr. Memory & Poems* (2016). She is also the editor of *The Penguin Book of Sonnet: 500 Years of a Classica Tradition in English* (2001) (*Phillis Levin*). Born in 1947, Michael Lassell is an American poet, essayist, and editor best known for his 1985 volume *Poems for Lost and Un-Lost Boys*. He has written expansively on the theatre and GLBT studies. His other major works include *Decade Dance* (1990), *The Hard Way* (1994) *The Name of Love: Classic Gay Love Poems* (ed. 1995), and others. He is best known for the chosen poem of this paper “How to Watch Your Brother Die”. He was awarded the Lambda Literary Award for Poetry in 1990 for the volume *Decade Dance*. The chosen poems, identified as ‘AIDS poems’, are part of the continuum of AIDS

literature which emerged as a response to the AIDS crisis. The function of these AIDS poem was to:

provide a historical record, commemorate the dead, console readers directly affected by HIV, encourage empathy from those not yet touched, rage against public mismanagement of the epidemic, and forge alternative narratives. (Landau 194)

Levin and Lassell along with other poets like Paul Monette, Thom Gunn, Mark Doty, Marie Howe, Essex Hemphill, and Melvin Dixon have contributed immensely to the subgenre of AIDS poetry which deal with the consequences of the AIDS (Pastore 254-55). The other literary genres dealing with AIDS include plays, short stories and novels, along with the performative and visual art forms like cinema, painting, dance and so on.

In order to read these poems as a response to the AIDS pandemic, one primarily needs to understand the meaning of the term 'pandemic'. A pandemic, according to the Merriam-Webster dictionary, is "an outbreak of a disease that occurs over a wide geographic area and affects an exceptionally high proportion of the population" (*Pandemic*). The World Health Organization (WHO) defines a pandemic as a "worldwide spread of a new disease" (*What is a Pandemic?*). The most known modern pandemics are the HIV/AIDS pandemic, the Flu pandemic of 1968, the Asian Flu (1956-58), and the Spanish Flu of 1918-19 (Miller & Miller).

AIDS, one of the most recent modern pandemics, by itself, is not the name of an illness. According to Susan Sontag, AIDS is the "name of a medical condition, whose consequences are a spectrum of illnesses" (102). One is said to have this 'medical condition' on the basis of the presence of a "roster of symptoms" which signifies that the patient has AIDS (106). It is a permanent condition which occurs in three stages. The first is a "long latency period between infection and the onset of 'tell-tale' symptoms" known as human immunodeficiency virus (HIV) as observed by Sontag (107). An individual is said to be 'seropositive' when he/she tests positive for HIV antibodies. This leads to the second stage called ARC - AIDS-related complex - which includes "symptoms of immunological deficit such as fever, weight loss, fungal infections, and swollen lymph glands" (106). In the final

stage, which is AIDS, the patient is infected by diseases like pneumocystis carinii pneumonia (PCP), Kaposi's sarcoma (KS), and others (Gilman 89). It is necessary to note that while Sontag certainly discusses the psychological and social implications of this condition, she merely alludes to its then most prominent risk groups – the intravenous drug users, the homosexual men, people of colour and even the haemophiliacs. Her text, *AIDS and its Metaphors*, does not truly acknowledge the history of this medical condition and does not shed any light on the origin of the term AIDS or its predecessor GRID.

The condition, known as AIDS today, was first discovered in 1979 in the United States, in a “group of patients”, all young gay men suffering from “a rare form of cancer Kaposi's sarcoma” (KS) which strikingly manifested as “bluish or purplish-brown lesions on the skin” (Gilman 89). “Twenty-six such cases” were reported by June 1981 along with “five cases of pneumocystis carinii pneumonia (PCP),” an illness caused by a certain parasite which “manifests itself only in individuals with depressed immune systems” (89). The Centers for Disease Control (CDC) reported these findings in their *Morbidity and Mortality Weekly Report* (MMWR) in the same month. Furthermore, this CDC report stated that the patients were all young ‘homosexual’ men living in large urban areas like New York, Miami, Los Angeles, and San Francisco. These reports gave credence to some of the earliest public discourses which associated this health crisis with the sexual identity of the patients thereby leading to the proliferation of such discourse in mainstream media like *The New York Times* (89). Also, this condition was thus provisionally named GRID - Gay-related Immunodeficiency. However, when other minorities and marginal groups like haemophiliacs, heroin addicts and Haitians (and other people of colour) and then subsequently heterosexual women and men become infected, this viral condition was officially baptized as AIDS in September 1982. It was in May 1983, two years after the health crisis was first identified, when HIV was identified as “the virus that causes” it (Shafer). While the AIDS pandemic is mired with political inaction and medical negligence as during its early years, in the United States, it was seen as “a disease of the urban poor (and homosexuals)” (Sontag 160). Moreover, AIDS was considered to be the “plague of cities which have traditionally been seen as the harbours of disease and degeneracy” (Gilman 103). Presently, with COVID-19, a different yet similar rhetoric has taken shape in the popular imagination.



The origin of COVID-19, on the one hand, in the public consciousness, has its origin story more or less ‘fixed’. In late 2019, someone at the now infamous “Huanan seafood market in Wuhan”, China was “infected with a virus from an animal” (Readfearn). The WHO has described COVID-19 as an “infectious disease caused by a newly discovered coronavirus” (*Coronavirus*). Furthermore, the WHO has stated that

Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. (*Coronavirus*).

On the other hand, the on-going story of COVID-19 is already coloured by conspiracies which either consider it to be manmade in a laboratory and ‘accidentally’ leaked into the general population, or, it believed to be biological weaponry deliberately set free upon the globe. These ubiquitous conspiracies and scandals have become ‘viral’ through the present social media. Given that this is “the first pandemic of the social media era”, it is not entirely surprising that “misinformation, conspiracy theories and even racist slurs” have flooded various online forums (Elie, White). A major world leader had termed COVID-19 as “Chinese Virus”, one of his delegates termed it as “Kung Flu”, and another called it the “Wuhan Virus” (Rogers et al, White). Akin to the HIV/AIDS pandemic, there is a sentiment of fear and anger accompanied by anxiety of mortality as more than two lakh and thirty-eight thousand lives have been lost and over three million have been infected in two hundred and fifteen countries as of this writing, as reported by the WHO (*Coronavirus*). The historiography of COVID-19 is still in the making. It is already accompanied by an element of an international whodunit with the global superpowers pointing fingers and lawsuits at the country of its origin (Rogers et al, White). However, it cannot be debated that the rhetoric of xenophobia is already born and flourishing.

There is already a body of AIDS literature with a set of functions that aimed to defy the popular homophobic (and also racist) narrative that was a part of the mainstream consciousness, as stated earlier. The earliest major literary works dealing with AIDS were the novel *Facing It* (1984) by Paul Reed and the plays *As Is* (1985) and *The Normal Heart* (1985)



by Larry Kramer (Pastore 3, 9). The first official report confirming cases of GRID/AIDS had come out in 1981. Hence, it took almost three to four years into the pandemic for the first major literary works to enter the public consciousness. It is thus probably a little early to expect literary works dealing with the COVID-19 to be in currency given that the world is still in the midst of a lockdown. However, one can learn to imagine a world in the midst and possibly after COVID-19, through an analysis of the narratives presented in the selected poems.

Phillis Levin's poem, "What the Intern Saw", is split into three sections – each dealing a visual aspect of the suffering engendered by the AIDS crisis in the perspective of the titular 'intern'. The poem functions as a third-person narrative of the intern whilst it serves an almost disinterested yet profoundly detailed description of the horrors of the reality of AIDS. It dwells on the physical suffering of those who had the 'disease' and its effects on the said medical intern. The very opening lines of the poem establish this aspect of the poem,

He saw a face swollen beyond ugliness

Of one who just a year ago

Was Adonis

Practicing routines of rapture:

(Levin 424)



The above lines present to the readers, through the intern, an aspect typical of many AIDS poems. This opening section immediately foregrounds "the sudden, unnatural ageing and extensive disfigurement" of the PWA who, until 'a year ago', was an 'Adonis' (Stevenson 249). This juxtaposition of the boy's physical appearance within the opening lines is typical of the poem's "structure of contrasts" (249). This element of contrast is seen in the succeeding as well,

A boy who could appear

To dodge the touch of time,

Immortal or immune –



A patient in a gown,

Almost gone.

(Levin 424)

This section of the poem highlights the PWA's physical "deterioration" (Stevenson 249). This is further evidenced by its rhymes – ugliness/Adonis, immune/gown/gone – which position a certain visuality of physical beauty and its terrifying loss, and the glow of youth and its metamorphosis into a grotesque figure. Moreover, the presence and perspective of the 'intern' as the guide for the readers makes this an 'atypical' choice on the poet's part (249). A good number of literary works engaged with AIDS, often involve an insider, someone who's either a PWA himself, or is a caretaker of one, or someone who is a part of the gay or AIDS community in some manner. Here, the intern represents "an unusually distanced viewpoint", someone who is still not a doctor or health care worker; he is rather a representative of the individuals who are not intimately associated with the disease (249). This is demonstrated in the following section of the poem, wherein the poet shatters the intern's and thus also her readers view by stating,

In the beautiful school of medicine

He read about human suffering,

A long horrible drama

Until the screen of anaesthesia

And penicillin's manna.

(Levin 424)

It can be observed from the above lines, 'human suffering' was considered to be a thing of the past. In the times after radical advancements of modern medicine, that includes 'anaesthesia' and the boon which was 'penicillin', such ghastly suffering was inconceivable. The intern's idealism that informed his time at medical school is juxtaposed with "a state of fear and vulnerability" that also ages him in a "transformation parallel" to that of the PWA (Stevenson 249). He considers the hospital as



a land of the freely

Estranged from the dead, he meets

That face and fear seizes his body.

(Levin 424)

The intern, now broken away from his former idealism, is painfully transformed into a figure representing “this experience” brought about by AIDS and its accompanying suffering (Stevenson 249). In the concluding section of the poem, the poet increases her scrutiny on this enlightened figure. The intern’s daily experience of having to ‘meet’ many such ‘face(s) swollen beyond ugliness’, this cycle of having to witness such transformations and eventual deaths of the PWAs, corrodes his own innocence and youth. This routine of death makes him feel like “he must be getting older” (Levin 245). These horrors follow him even when

He shuts his eyes

And in his sleep he sees a gleaming bar,

The shore of pain.

It isn't far.

People live there.

(Levin 425)



The intern is so consumed by the pain and suffering he has witnessed that even his sleep is infected by them. The sea of pain that he encounters in his sleep is peopled by those whom he sees in the hospital. The intern is, much like the PWA seen in the opening of the poem, fully consumed by horrors of AIDS. Similar trends are already evident in the present with the COVID-19 pandemic in both the US and India (Madhavan, Wan). Thus, the trauma of both AIDS and COVID-19 is not limited to those immediately affected by it, but its effects are also witnessed in the case of the health care workers as well.

The words used to describe the PWA in “What the Intern Saw” are deceptively simple. This person with AIDS is seen as an ‘Adonis/ Practicing routines of rapture’. The word ‘rapture’ is very telling for it suggests that this young man, once untouched by time, was until

very recently entangled in the routines of intense joy. One can only speculate whether Levin is suggesting a pre-AIDS gay life. However, the selection of these words is noteworthy. Levin's words are devoid of judgement, unlike "homophobic myths" that had "organized (the) public response to AIDS" (Landau 193). The poet subtly defies the ubiquitous notions of the 1980s and early the 1990s wherein the "guardian of public morals" stated that AIDS was "God's punishment" and the "revenge of nature" on gay men (Shilts 331, Sontag 147). Levin's poem is thus "an appropriate response" to the demonizing discourses" which were commonplace at the height of the AIDS crisis (Landau 194). She does not levy any charges on the person with AIDS. This beautiful man and his 'routines of rapture' are presented as-is. He is described on the basis of his sufferings and not on the basis of his sexual identity. This 'Adonis' is now a passive, almost a tragic figure broken beyond repair. This poem thus functions as a discourse that deals with those immediately affected by AIDS, the person with it and the health care practitioner.

Michael Lassell's "How to Watch Your Die" is a much more personal and intricate poem that presents itself as "an exploration of a meeting between a heterosexual man, his dying brother, and his brother's male lover (Bona 220). Here the heterosexual man, while 'Dantesque', is presented as a baffled yet identifiable figure for the general population. He is the one that navigates the narrative of this poem which has twelve stanzas. Each stanza represents a unique experience for this heterosexual individual who is suddenly thrust in the centre of the AIDS crisis. It is interesting that Lassell has chosen to write the poem in the second person, thereby addressing not only the narrator in a confessional and personal manner but also making the reader a part of the narrative. The poem, much like Levin's work, begins with a direct focus on the physical condition of the dying individual,

When the call comes, be calm.

Say to your wife, "My brother is dying. I have to fly to California."

Try not to be too shocked that he already looks like a cadaver.

(Lassell)

These lines foreground death as the poem's central feature along with a few other issues. The narrator seems to be anticipating this call from 'California' – a known gay heaven – as he

cautions himself to 'be calm'(Shilts 15). This places the poem historically in the midst of the AIDS epidemic when such phone calls were commonplace. Through the course of the poem, Lassell's narrator and subsequently his readers are informed about the hardships faced by the PWAs and the gay community in particular. This is illustrated through the various interactions he has with other characters in the poem. This includes the lover, the wife the doctor, the border guard, and the funeral director. It is important to note that the titular brother dying of AIDS is devoid of personality as he is already likened to a corpse in the above lines. This description is not as poetic as it is suggestive of a debilitating aspect of AIDS – massive weight loss which transformed him into a 'cadaver'. Much like Levin's poem, the dying individual is described as-is in the opening lines of this work as well. The poet conflates the primary conflict of his work, AIDS, along with another conflict which is immediately revealed through the following lines,

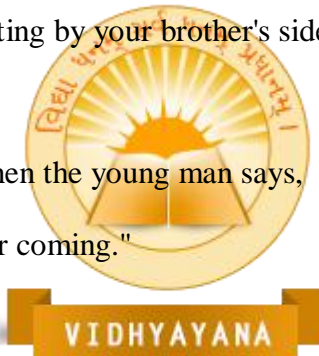
Say to the young man sitting by your brother's side,

"I'm his brother."

Try not to be shocked when the young man says,

"I'm his lover. Thanks for coming."

(Lassell)



The narrator is 'shocked' that his brother had a lover. He watches "the lover's eyes as they stare into" his brother's, who staring "into space" (Lassell). The description of the deep affection displayed by the brother's lover is baffling to the narrator. He is further troubled when the lover is seen crying in the hospital cafeteria. He is unable to make sense of their relationship and sexuality. Homosexuality is a major taboo for the mainstream society and through the course of this poem, Lassell discloses that the siblings were estranged due to the dying brother's sexual identity (Shilts 15). This is revealed when the unnamed lover tells the narrator to "forgive" himself "for not wanting to know" his sibling after he came out to him. The narrator wants to make sense of their identity when he acknowledges that he does not "know what it means to be the lover of another man". The lover replies, "It's just like a wife, only the commitment is deeper/because the odds against you are so much

greater" (Lassell). These 'odds against' them are immediately revealed when the narrator, in his genuine desire to understand their relationship, asks his wife

"How could anyone's commitment be deeper than
a husband and wife?" Hear her say,

"Please. I don't want to know the details."

(Lassell)

The wife's reaction is indicative of explicit homophobia of the general population. Her total disregard, to her husband's dying brother simply because of his homosexuality, is not a singular incident. Her reaction is not just homophobia but it is also the inescapable AIDS-phobia, which was in currency at the height of the AIDS pandemic in the 1980s and early 1990s (Román 60, Shilts 311, 353). The narrator continues to feel troubled by the actions and reactions of various people around the PWAs in the city.

The doctor is described as having a "steel face on" and being "remote" (Lassell). The narrator is unable to understand why the health care professional does not display an iota of compassion for his dying brother. All he gets from the hospital are the "necessary forms", mere formality devoid of sympathy. In order to save his brother, he drives to Mexico with the lover for "unproven drugs", which he is not allowed to carry across to the United States by the border guard. It is in the eyes of this guard the narrator sees "how much a man can hate another man" (Lassell). The guard knows these drugs are for AIDS, and thereby assumes for a gay man. The narrator is unable to grapple with the intensity of the guard's hatred, which his brother's lover states is something gay people have always dealt with (Shilts 353). AIDS was, in the mid-1980s, considered to be the disease of the outcasts and social pariahs like the gay community (Buddhdev). The exercise of trying to get untested medicines is not exclusive to the AIDS crisis, as it is being witnessed today during the present pandemic as well.

After the titular brother's death, it is the narrator who comforts the lover. It is the narrator who helps the lover in making the funeral arrangement. He encounters the funeral director who refuses to "embalm the body for fear of contamination" (Lassell). His anger at such disregard towards his brother whom he has lost to AIDS is palpable. However, this refusal to respectfully bury a person with AIDS is not exclusive to the AIDS pandemic alone.

Such instances have already been witnessed in case of COVID-19 in the US and India (Ellis-Petersen, Rosen). Lassell's poem ends with the narrator returning to his family after his brother's funeral.

"How to Watch Your Brother Die" is work "less concerned with poetry than with conveying the terrible truth" of having to witness AIDS as a first-hand experience (Stevenson 241). The poet, through his unnamed heterosexual narrator, presents a picture of the AIDS pandemic when it was "widely perceived in America as a disease primarily affecting (gay) men and, in fact, as devastating whole communities of gay men" (243). Here the Dante-like narrator navigates the world of AIDS and homosexuals so that the readers can get a glimpse of the 'odds' against them.

One can deal with the present after one has made sense of the past. By looking back at the origin of the AIDS crisis of the 1980s and 1990s in the United States and through a study of the chosen poems, "What the Intern Saw" by Phillis Levin and "How to Watch Your Brother Die" by Michael Lassell, this paper has presented an analogy between the past and present pandemics unleashed on modern life. Both poems focus on people with AIDS (PWA) and the effect of their suffering on those around them. In case of Levin's poem, the focus is on the mental health of medical intern. In case of Lassell's work, the focus is firmly on the urban gay community and also the general population. Depressed health care workers, refusal to bury the dead with dignity, fears of contamination exist today as much as they did in the past. Discrimination of those associated with the pandemic has been observed in both cases. To imagine a world after COVID-19 is the only way the world can move ahead. While no vaccine has been found for the HIV till date, there are pathbreaking medicines which have arrested the growth of its causal virus (*HIV Vaccines*). Thus, the present narrative of HIV/AIDS has been shaped by these medicines. One can possibly imagine a post-COVID-19 narrative after a vaccine or medicine has been introduced to the world. And a cooperative global race for a vaccine for COVID-19 has already begun.

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