

Dramaturgy Packet

About the Playwright



Our playwright is not a typical, common knowledge author. In fact, when trying to find out more about him, my information had to be drawn mostly from interviews and one-paragraph background pages on fan sites¹. From the southern city of Atlanta, Georgia, Yockey is quite self-proclaimed for being so well produced. His shows, including our *Octopus*, have gone up all across the United States, Europe, and Asia. This includes titles like *Large Animal Games*, *Very Still & Hard to See*, *Blackberry Winter*, and *The Thrush and the Woodpecker*. Yockey is notorious for keeping a similar tone to his shows; this air of mystery in connection to an animal, commonly something that is known for its oddities. Naturally, Yockey has been asked about this representation by many dramaturgs of his time. His response, mostly, was this:

“I want to write theater that is theatrical...(the plays I produce are) really just dark realism with some pretty grand theatrical gestures.”

Yockey was not always interested in writing. In fact, for a long time he was an economics and international business major at the University of Georgia. It was not until he was 25 that Yockey caught a passion for his writing. He claims to have always had the love for arts and writing, but he was “haunted” by that fear of not producing something that others wanted to see. In an interview with the Indianapolis Theater Habit, Yockey says,

“I was always in love with the idea of theatre but I didn’t want to fall in love with it because I had this (other) idea of what I was supposed to be, what my life was supposed to look like.”

As Yockey’s life began to take shape, so did his well known theatrical element. When he arrived at NYU’s Tisch School of the Arts for grad school, he was taught something that would stick with him forever. While getting his bachelor’s, Yockey kept his plays to a minimum due to a fear that they would be too complex to actually get produced. He was taught at NYU to forget this method, to create plays “based in passion”. From here, Steve Yockey began to follow his instinct to create large, theatrical pieces that still touched on an element of realism. *Octopus* was the first play he wrote in graduate school.

¹ Back in 2014, Steve started writing for CW’s *Supernatural* and MTV’s *Awkward* and *Scream*, which naturally opened the Fangirl Floodgates and lead to a slew of fansites describing his involvement in select seasons.

Inside Steve Yockey's theatrical plays, an element of realism lies. Yockey connects to the concept of event theatre in this way; he wants to take his plays written in realism and involve his audience in a way that makes them think. Instead of creating an overly-interactive environment, especially in such a commonly large-scale production like our *Octopus*, Yockey stands by this statement:

"The fourth wall stays intact in *Octopus*...it's realism, not naturalism".

Naturalism is defined as "theatre that attempts to create an illusion of reality through a range of dramatic and theatrical strategies"². Yockey has made it clear in multiple interviews that the phrase naturalism "scares (him)"; it inhibits Yockey's desire to make something with elements of realism into something fantastic and magical. The main effect Yockey wants from this style of theatrical realism is getting his audience to react to a real situation in a notional way. That allows them to step outside of their world and experience a world of abstract thought.

In *Octopus*, we are faced with this metaphorical element of a disease swallowing a person whole, entrapping them in this unknown darkness. This element of darkness is something deeply rooted in elements of the ocean and its vast creatures. As I mentioned above, Yockey is one for grand theatrical stages with elements of realism incorporated. Something I felt difficult to grasp in his work is this connection to the sea. We know that the sea holds hundreds of mysteries, but what exactly about these dark crevices connects us the world of HIV/AIDS? We can find out more about that by diving into the deep ourselves and seeing what these animals truly have to offer.



² Wikipedia defines naturalism in this way, as do sources like Theater Links and Drama Online. These sources can be found in our cited pages for those who want to know more.

Exploring the Bottom of the Ocean

From an early age, children begin reaching for the stars. They dream of being astronauts and scientists, building spaceships from cardboard boxes in their garages and space helmets from mixing bowls in their kitchens. While space is understandably fascinating, it is strange that children are less interested in exploring their own planet. Very seldom do we see children pretending to pilot a submarine or to scuba dive around a coral reef. Perhaps the reason for this aversion to ocean exploration comes from a deep-seated, worldwide fear of the unknown. The unknown is dangerous and unreachable. Additionally article titles such as *12 Creatures That Prove The Deep Sea Is The Scariest Place On Earth* further create a stigma against the deep sea. With approximately 95% of the world's oceans left untouched by humankind, there is no surprise that this collective fear impacts our perception of the unexplored (Conathan).

Partially because of the allure of space presented in popular culture (*Star Wars*, *Star Trek*, *2001: A Space Odyssey* to name a few) space exploration tends to take precedent over deep sea exploration. According to reports from both NASA (The National Aeronautics and Space Administration) and NOAA (The National Oceanic and Atmospheric Administration), NASA's \$3.8 billion budget dwarfed NOAA's \$23.7 million budget by roughly 150 to one. We have better, more comprehensible maps of the surface of Mars than we have of our own oceans (Conathan). The possibility of alien life is more enthralling to the general public than the confirmed species that live at the bottom of the ocean. Creatures that can live in water with the pH of Drano are overlooked because they populate a part of our world that we are extremely uncomfortable with (Ballard).

Because it is unfamiliar, because it is "frightening," because it seems unconquerable, the deep sea faces neglect from our nation. Similarly, this national neglect also affects communities and social issues that we view as "unworthy" of our attention. Stigmatization of a group or a thing is immensely dangerous, as we will discuss later in regards to the American AIDS Epidemic.



The Life of an Octopus

While initially reading an article entitled “The Mind of an Octopus,” I was drawn to this phrase; “Its body seems to be everywhere and nowhere.” The article later goes on to describe the octopus as sharing a sentient connection with human beings because of their ability to engage. By these descriptions alone, we can glean that the octopus is all-encompassing; the octopus is all-consuming. It has more in common with humans than we would think probable. Additionally, this creature that is the namesake of our show, not only behaves metaphorically like the AIDS virus but also has an air of mystery surrounding it (more on that later). It consumes, and it takes over its prey. As one of the more cognitively complex creatures in the sea, the octopus is, at least in mental capacity, “probably the closest we will come to meeting an intelligent alien” (Godfrey-Smith).

Octopuses are a part of the marine mollusk group of cephalopods which are partially categorized by their tentacles, and lack of hard body parts. They usually have large heads, and bilateral body symmetry. When we refer to the octopus as an intelligent marine animal, we are not only referring to their brain, but we are also referring to their tentacles. Of the 500 million neurons in an octopus’ body, most of them can be found in their tentacles (Godfrey-Smith). This cognitive ability, coupled with an unparalleled ability to comprehend human behavior, makes the octopus a very intriguing specimen of ocean life.

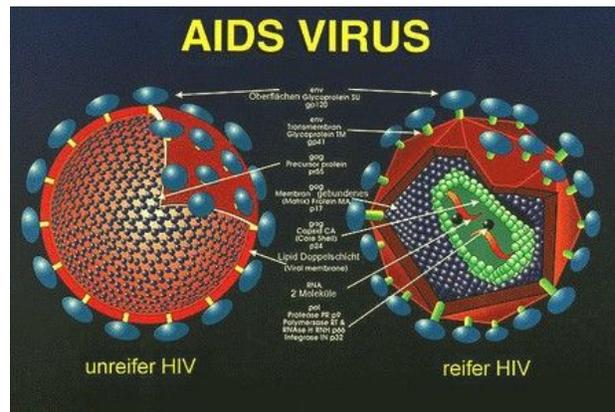


Comparatively and metaphorically, an octopus’ behavior is similar to the HIV/AIDS virus. These cephalopods can be seen all over the world, from the poles to the tropics (Photographed). I use the word “seen” lightly because oftentimes octopuses are able to expertly blend into their surroundings. They can become undetectable, much like the way that the AIDS virus manifests itself in the body. As “fast, agile hunters,” octopuses are also like the virus in the sense that they kill their prey quickly and unexpectedly (Photographed). It is only fitting that our play, regarding this silent killer (AIDS), is named after a creature that silently kills.

Relatively unassuming experts of camouflage, some octopuses are additionally still unknown to scientists. Out of the 300 species of octopus, there are some species that have yet to be properly described by scientists (such as the hairy octopus) (Photographed). It took scientists and researchers over ten years to find the most successful form of AIDS treatment (from 1981, the first official reporting of the virus, to 1995, the introduction of antiretroviral therapy). To this day, there is still no definitive cure (“A Timeline”).

Behavior of the Disease

Much like the octopus, human immunodeficiency virus (HIV) “attacks” its “prey” by destroying the infection-fighting CD4 cells in the body. It is all-encompassing, and all-consuming. This attack on the immune system makes it even harder for the body to fight off cancers and infections, making the infected human that much more vulnerable. Without proper treatment, HIV can completely destroy the immune system, thus progressing to what we know as acquired immunodeficiency syndrome (AIDS). While a healthy body has a CD4 cell count between “500 to 1,600 cells/mm³,” a body infected with the AIDS Virus has a CD4 cell count of “less than 200 cells/mm³”. This lack of infection-fighting, cancer-fighting cells opens the door to various infections such as Kaposi’s Sarcoma, Pneumocystis carinii pneumonia, and Tuberculosis. There are many warning signs of HIV/AIDS that oftentimes appear similar to other illnesses. Because of this, it is vitally important that we delve deeper than the small, “stereotypical” understanding of HIV/AIDS (“...The Basics”).



HIV/AIDS is transmitted via exchange of infected “blood, semen, pre-seminal fluid, vaginal fluids, rectal fluids, and breast milk.” There are three stages of disease: “acute HIV infection, clinical latency (HIV inactivity or dormancy), and acquired immunodeficiency syndrome (AIDS) (“HIV/AIDS”). Within 2 to 4 weeks after becoming infected with HIV, an individual will exhibit flu-like symptoms (“fever, chills, or rash”). After this early stage, HIV multiplies ever-so-slowly throughout the body. Signs of opportunistic infections (ie. Kaposi’s Sarcoma, Tuberculosis) do not commonly appear for many years. If the individual already has a weakened immune system, these infections can appear more quickly (“...The Basics”). During the final stage of the disease, the body will exhibit “chills, fever, sweats, swollen lymph glands, weakness, and weight loss.” Individuals who go without AIDS treatment have about three years to live, and commonly die from AIDS-related complications involving opportunistic infections (“HIV/AIDS”). Even if symptoms do not appear to be present, HIV transmission is possible at any stage of HIV infection (“...The Basics”).

Treatment for HIV/AIDS is all we have at the moment; there is no definitive cure. While we will discuss older methods of treatment later, we will focus now on the best treatment

program currently available. Antiretroviral therapy (ART) in its infancy was described as a “drug cocktail,” and is essentially a combination of medicines that target HIV. The regimen consists of three HIV medicines from 2 or more drug classes (“non-nucleoside/nucleoside reverse transcriptase inhibitors, protease inhibitors, fusion inhibitors, entry inhibitors, and integrase strand transfer inhibitors). ART works the best it can by “prevent[ing] HIV from multiplying” enabling the body’s immune system to recover enough to fight off HIV related infections. Because of the lack of multiplication, ART can also help reduce the risk of HIV transmission. It is important to note that just because someone is undergoing ART does not mean that they are unable to transmit the disease to partner(s), or children (“HIV Treatment”).

HIV/AIDS: A Retrospect

The AIDS Crisis spans over 20 plus years. Because of the sheer magnitude of this national and global epidemic, we will break our discussion down by decade, highlighting the first decade of the epidemic (the 1980s).

The 1980s: **June 5th, 1981** marks the first time the AIDS Epidemic is officially reported on in the United States by the Centers for Disease Control and Prevention (CDC). During a Morbidity and Mortality Weekly Report, they describe cases of a rare lung infection “Pneumocystis carinii pneumonia” in five young, gay men in Los Angeles. In addition to the appearance of this lung infection, the aggressive cancer, Kaposi’s Sarcoma, starts to rear its ugly head in the gay community. By the end of **1981**, there are “a cumulative total of 270 reported cases of severe immune deficiency among gay men,” with 121 of them deceased. In the year following, it is estimated by the U.S. Centers for Disease Control and Prevention that *only* tens of thousands maybe be affected by this disease.

September 24th, 1982 marks the day that AIDS is given its official name (acquired immunodeficiency syndrome). Reports have started to come in illustrating the variety of people who could be possibly affected, such as women and children (“A Timeline”).

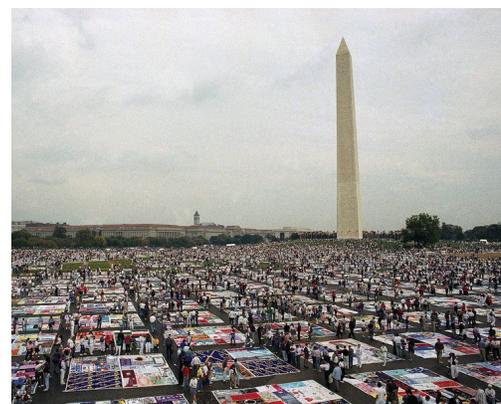


1983 marks a time of great movement in the AIDS crisis. Researchers such as Dr. Robert Gallo of the National Institutes of Health and Dr. Françoise Barré-Sinoussi of the Pasteur Institute in France start to speculate the cause of AIDS. On **May 20th, 1983** Dr. Barré-Sinoussi and her team discover the Lymphadenopathy Associated Virus (LAV) which is a “likely” cause

of AIDS. The CDC begins to identify those at risk (“homosexual men with multiple sexual partners, injection drug users, Haitians, and hemophiliacs”) and rule out casual contact as a means of spreading the disease. The first AIDS discrimination lawsuit is filed “after a New York doctor is threatened with eviction from his building for treating AIDS patients.” At this time, AIDS research is horribly underfunded and underdeveloped. On **April 23rd, 1984**, it is announced that Dr. Robert Gallo “discovered the cause of AIDS” (the HTLV-III retrovirus) after a French woman and her team discovered it a year prior. Studies later conducted between Gallo and Barré-Sinoussi indicate that the LAV and the HTLV-III retrovirus are “almost certainly identical” causes of the disease (“A Timeline”).

All this time, President Ronald Reagan (elected in ‘81) remained silent. It was not until **September 17th, 1985** that Reagan “vowed” to make AIDS a priority in a letter to Congress. This is *four years* after the report of the disease affecting the gay community in Los Angeles. With the death of Rock Hudson (a “straight” actor), and the diagnosis of Ryan White (a teenager with hemophilia) AIDS started to become “worth talking about” because it was affecting a “less marginalized” community. At the same time, the Pentagon begins rejecting individuals with AIDS. By the end of **1985**, at least one case of HIV has been reported from every region of the world. The National Academy of Sciences declares the AIDS Epidemic a “national health crisis” in **1986**, calling for a \$2 billion response from the United States Government. Additionally, the first panel of the AIDS Memorial Quilt is created by artist Cleve Jones, and the National Minority AIDS Council (NMAC) is formed in **1986** (“A Timeline”).

March 19th, 1987 marks the FDA’s approval of Zidovudine (AZT), the first antiviral drug. Within the month, playwright Larry Kramer founds the AIDS Coalition to Unleash Power (ACT UP) in New York. In **May 1987**, President Reagan makes his first public speech regarding the AIDS Crisis, and initiates a Presidential Commission on HIV; This is *six years* after the report of the disease affecting the gay community in Los Angeles. In **July 1987** congress puts forth the Helms Amendment, which “bans the use of Federal funds for AIDS education materials that ‘promote or encourage, directly or indirectly, homosexual activities.’” The AIDS Memorial Quilt, featuring 1,920 4x8 panels, is displayed at the National Mall for over half a million visitors. **December 1st, 1988** becomes the first World AIDS Day. In **May** of that year, the first “coordinated HIV/AIDS education campaign” is mailed to households across America. Despite the release of AZT, ACT UP protests the “drug-approval



process” at FDA headquarters on **October 11th, 1988**. There is still a collective homophobia and stigma surrounding the disease. By the end of the **1980s**, there have been around 100,000 “reported” cases of AIDS in the United States alone (“A Timeline”).

The 1990s: President Ronald Reagan leaves office in 1989, and George H. W. Bush takes his place. The 90s marked a time of great breakthrough, loss, and advocacy in the AIDS Epidemic. Artist Keith Haring, and teenager Ryan White both die of AIDS-related illness in **1990**. On **May 21st, 1990**, ACT UP protests the lack of HIV treatments, and demands the expansion of clinical trials to include more women and people of color. In **1991**, AIDS once again enters the public spotlight with the death of Freddie Mercury, and the diagnosis of Magic Johnson. By **1992**, AIDS “becomes the number one cause of death for U.S. men ages 25 to 44.” President Bill Clinton starts the “White House Office of National AIDS Policy” (ONAP) in **1993**; when I clicked on a through-link to the ONAP page, there was no information regarding the act under the Trump administration. In the same year, AIDS research starts to include more women and minorities, the first Hollywood film about AIDS is released (*Philadelphia*), and *Angels in America* wins a Tony Award for Best Play. By **1994**, AIDS “becomes the leading cause of death for all Americans ages 25 to 44” (“A Timeline”).



By **October 31st, 1995** “500,000 cases of AIDS have been reported in the US.” With this report comes the FDA’s approval of the first protease inhibitor, marking a “new era of highly active antiretroviral therapy (HAART)”. HAART starts to show its effectiveness early on in **1996**. With diagnoses declining for the first time since the start of the epidemic, AIDS only remains a leading cause of death for African Americans ages 25 to 44. The AIDS Memorial Quilt is displayed for the last time in its entirety in **October 1996**; it covers the entirety of The National Mall (146 acres). In **1997**, despite the success of the protease inhibitor, and the 47% decline in deaths (compared with the previous year), the issue of drug resistance becomes a major concern. President Clinton declares AIDS a “severe and ongoing health crisis” in **1998**, affecting racial minorities such as African Americans and Hispanics much more than White communities. A series of special initiatives are put in place to target affected racial minority groups. In **1999** there is a shift in attention from the national crisis to the global crisis. At this time, the World Health Organization announces that HIV/AIDS has become the “fourth biggest

killer worldwide and the number one killer in Africa.” They estimate “that 33 million people are living with HIV worldwide, and that 14 million have died of AIDS” (“A Timeline”).

The 2000s: The first time the United Nations Security Council meets to discuss a disease (AIDS) as a “threat to peace and security” is **January 10th, 2000**. Later that year, Clinton declares HIV/AIDS as a threat to national security. In **2001**, there is a push under the Doha Declaration to make generic versions of HIV/AIDS vaccinations available to struggling countries and communities. For a disease that is almost always synonymous with the gay community, AIDS becomes the “fourth biggest global killer,” hitting areas of sub-Saharan Africa extremely hard. In **2003**, the Centers for Disease Control and Prevention estimates that more than half of the “40,000 new infections that occur each year in the U.S.” are transmitted by individuals who are unaware of their infection. **June 5th, 2006** “marks 25 years since the first AIDS cases were reported.” The majority of the **2000s** is focused on a global approach to the increased risk of HIV/AIDS in developing countries. To this day, 35 plus years after the initial report of the AIDS virus in Los Angeles, there is no concrete, globally-accessible cure for HIV/AIDS (“A Timeline”).

Lasting Stigma of the AIDS Crisis

"AIDS is not just God's punishment for homosexuals, it is God's punishment for the society that tolerates homosexuals."

-Baptist pastor and televangelist Jerry Falwell

“Too many people hate the people that AIDS most affects: gay people and people of color. I do not mean dislike, or feel uncomfortable with. I mean hate. Downright hate. Down and dirty hate.”

-Playwright and activist Larry Kramer

It has been more than 35 years since (what we now call) AIDS was reported in Los Angeles. Developing countries around the world still have limited access to HIV/AIDS medication. This “gay disease,” this disease that affects already marginalized communities (from race to sexuality to gender to socioeconomic status) was neglected in its early appearances because it was a mystery. Because it was unfamiliar, because it is frightening, because it seems unconquerable, AIDS faced and still faces



neglect from our nation. Marginalized groups deserve our attention and care; they do not deserve to be ignored out of fear. Stigmatization of a group or a thing is immensely dangerous, and it would be naïve for us to assume that this stigma disappeared in the '90s.

From a personal account, growing up in San Francisco in the 1980s, Gwendolyn Barnhart examines the crisis as an outsider, and an observer. Eloquently, Barnhart illustrates the disconnect between those affected by the disease and those who remained ignorant about the disease. Unlike the largely conservative politicians at the time, AIDS “can affect everyone, in every walk of life; it does not discriminate.” The conservative stance on homosexuality, drug use, race, and class discrimination in the 1980s, in particular, shaped the national response to the AIDS Crisis, especially in regards to public funding and education. Collectively, AIDS patients gained public sympathy only when celebrities such as Rock Hudson, Robert Reed, Liberace, and Freddy Mercury died of the disease (Barnhart).

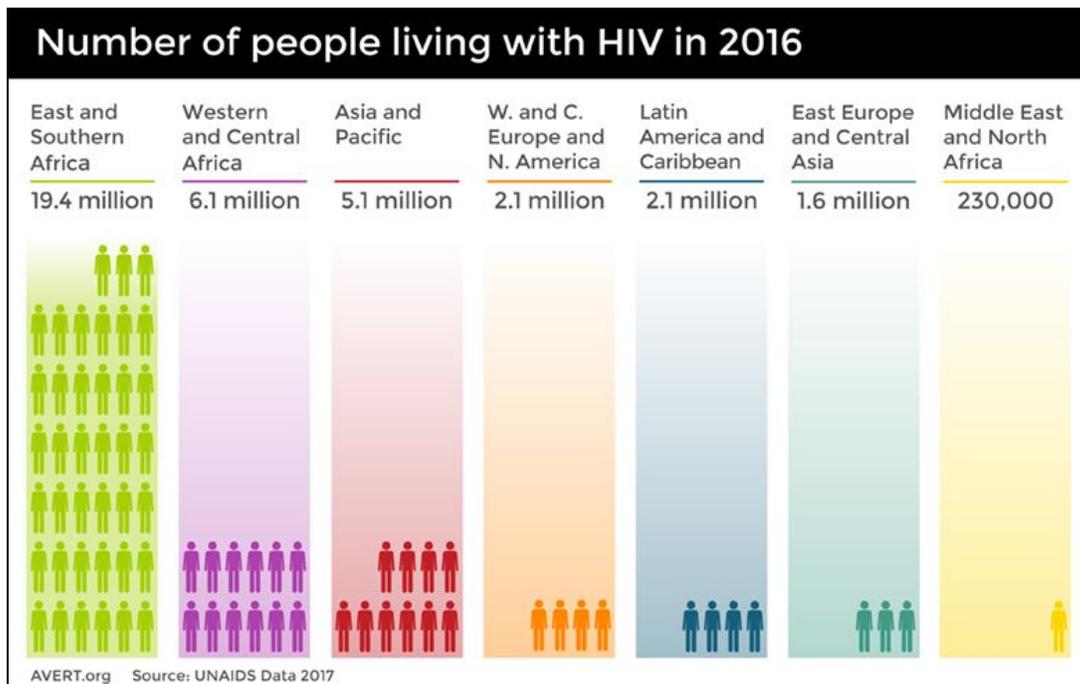


The issue of stigmatization occurs additionally because of the ability to blame the disease on the immoral. Cases like the infection of teenager Ryan White drew public sympathy because of the age of the patient. He was not a part of the LGBTQ+ community, he was not a POC, he did not use intravenous drugs, and he did not have unprotected sex (that we know of). While his contribution to AIDS awareness was irreplaceable, he was not a part of a community that was at the most risk. Because of his standing as a white, cis, heterosexual teenager, Ryan White elicited a response in the public with a “passage of a bill designed to help cover the costs associated with HIV/AIDS... (Ryan White Care Act).” Had this been a middle-aged gay man, an African American woman, or an addict, the public response would be that of discrimination and even that of hatred (Barnhart).

The “us versus them mentality” still exists in regards to AIDS in the 21st century. Depending on where you are located in the United States, education on HIV/AIDS can differ (with more conservative areas preaching heterosexuality and celibacy). One could say that it is difficult to pinpoint what it means to be fully educated on a disease that is not a personal reality. One could argue, however, that AIDS could potentially infect anyone, and therefore everyone should be educated the same way. With the rise of sexual liberation, even in the 21st century, there comes the rise of sexually transmitted diseases. Hookup culture further creates a

community where unprotected sex is prevalent if not commonplace. While there has been a definitive change in the way we discuss HIV/AIDS, there is still a cloud of ignorance surrounding the disease. It is oftentimes viewed as a disease of the past due to the accessibility of antiretroviral therapy in the United States. In developing countries, the access to these drugs is limited, and HIV/AIDS remains a leading cause of death.

As we have mentioned previously, the AIDS Crisis is far from over in various parts of the world. In **2016**, it is estimated that 1 million people died worldwide from AIDS-related illness according to The Joint United Nations Programme on HIV/AIDS (UNAIDS). The infographic below illustrates the prevalence of HIV infection in 2016 alone. Notice how parts of the world such as Europe and North America have relatively low HIV cases in comparison to other developing countries. The main reason for this visceral difference in number of infections has to do with the combined lack of access to medication, and the lack of comprehensive education (“Global”).



What can we do as people with access to AIDS education, and medication? What can we do as artists, creators, and global citizens? How can we avoid tokenism, and a white-savior complex when offering solutions to the global AIDS Crisis? These questions still remain long after the Reagan presidency, the introduction of AZT, or the final unfurling of the AIDS Memorial Quilt. I do not have the answers, but we can look towards our history for some potential options. In response to a global epidemic, political artist Keith Haring spoke eloquently about his diagnosis in 1988, saying that “This, I feel, is the advantage to creating art at this point in time: When we realize that we are temporary, we are facing our self-destruction, we are realizing our fate and we must confront it. Art is the only sensible primal response to an outlook of possible destruction (obliteration).”

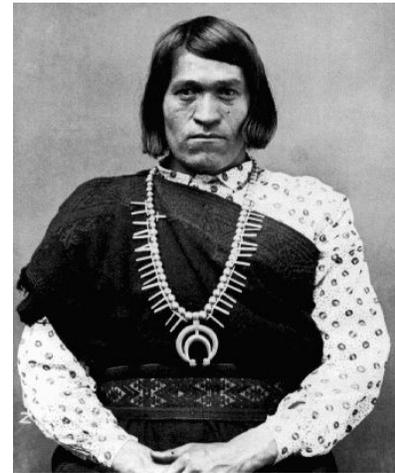
LGBTQ+ History

Contrary to popular knowledge, the LGBTQ+ community has a long and extensive history, dating all the way back to the mid-1600s, at the beginning of the colonization of the United States. Many believe that the beginning of the true revolution was during the time of the HIV/AIDS Crisis, but that is very clearly not the case. To save time (and word count), we will begin our discussion with a few bits and pieces of information on early colonial gay rights, and then move forward to discuss what is relevant to our times and in the world of *Octopus*.

Back to the Very Beginning...

As Europeans began their migration West, as did their constructs of gender and sexuality, for the most part. Our founding fathers, like Thomas Jefferson and Alexander Hamilton, came to this new land with the English ideal for a “good man”—well versed, quite fluid, well spoken of, and a bright bleach powdered wig. In order to stray away from the gender and sexuality norms of the society these men were trying to separate themselves from, our founding fathers turned to making the “American Man”. Long before this, and in fact what inspired this shift, our colonizers met many various Native American tribes who defied the very idea behind sexuality and gender constructs.

In these tribes across what is now the United States, gender was defied beyond all (European) reason. Among these were those who chose to dress as the opposite sex, or no recognizable sex at all, allowing them to pick which jobs they were to attend to, and which sexual partners they were to be active with. The French explorers called them *berdache*—an accusation of sodomy, by translation. *Beraches* would dress as



the opposite sex, as I mentioned above, take on the role of this sex, and were (most of the time) honored. However, European writers tend to make this nonbinary arrangement seem like an act of malice rather than preference, when in fact in their terms, the Native Americans thought of their *berdache* as synonymous to the European definition of “gay”. This new type of person presented a threat to the binary culture that the English and French explorers brought with them. Pedro Font, a missionary from Catalunya, Spain who aided in the expedition of the Western frontier, noted in his entries:

“...From all the foregoing I conclude that in this matter of incontinence there will be much to do when the Holy Faith and the Christian religion are established among them”.

The idea of homosexuality being criminalized in Elizabethan England was enforced haphazardly. In various moments throughout history, being gay/participating in “gay activities” has been overlooked when the activities themselves are shadowed over by something else. In the early 1600s, cross-dressing was illegal, but permitted under the grounds of performance, as

women were not allowed to be on stage. Various men and women had what was called “homosocial” relationships—implying that in their designated social circles, members of the same sex carried heavily familiar relationships without explicit definition of anything intimate or romantic. These relationships stemmed from commonplace people to our very own George Washington and Marquis de Lafayette, who wrote extensively to each other throughout the late 1700s.

What allowed for these relationships to go unquestioned was the ever-changing environment of early America. As new religious, social, and political constructs were being formed, citizens found themselves questioning the lives they were to lead in this new, free world. Is the Catholic church the right path to follow? Can each person discover their own self, or is there a new format to fit? What do we look for, what do we love in this utopia?

The Westward Expansion Invites Change

Soon enough, the Eastern colonies developed into major cities like Boston, Pennsylvania, and New York. In an effort to spread these now concrete beliefs across the nation, the United States began their Westward expansion. This unfamiliar, dry, and now deserted land (after the assimilation of hundreds of Native American tribes) again brought the question to these colonizers: “Can I reinvent myself?”. Women began working on farms and taking jobs traditionally held by men in the East. Men felt able to explore the adventurous and uninhibited image that the bringing-home-the-bread male image of the East forbade them to do. This exploration of self often led to sexual fluidity, which brings us to the image of the Cowboy.



The Cowboy represented various levels of imagery for the early American queer male. For example, as Chris Packard—author of *Queer Cowboys and other Erotic Male Friendships*—notes:

“The cowboy is queer; he is odd; he doesn’t fit in; he resists community”

The general idea behind the Cowboy, as presented to us in Western media, is a man who wants to seek a life outside of the law, who searches for adventure but also craves solitude. In the mid-to-late 1800s, the West was cultured by gender segregation; this then led to extensive homosocial relationships. We are also presented with the “civilization” versus “wilderness” paradox. The idea behind this contrast is escapism—the queer male seeking refuge, a place to explore the desires his society forbids him to have. This exploration challenges the institutional heterosexuality that was enforced with every step taken in these new lands.

Queer history presents itself with fascinating, deeply cut layers. Through the settlement of the United States, queer peoples have had to swim through valleys to be seen. As cities developed and settlements grew, so did the strength behind the need for LGBT+ visibility.

The Movement Solidifies: 1900s Queer America

We Cry Over Spilled Milk: Harvey Milk and his Legacy

There is no possible way to connect to queer history and the late 1900s movements without first addressing Harvey Milk, the first openly queer politician for the San Francisco Board of Supervisors. Milk had been openly gay since his high school years, where he was known for his wide range of interests, from football to opera. After attending college at what is now State University of New York (SUNY) in Albany for math and history, Milk enlisted in the Navy in 1951. Shortly after his enrollment, Milk was questioned on his sexual orientation, thus causing his leave from the Navy and beginning of his political activism.



THE HARVEY MILK CITY HALL MUSEUM
Supervisor Harvey Milk, March 7, 1978
Photo by Daniel S. Williams

Harvey soon moved to San Francisco, where he opened up a camera shop on Castro Street, in the center of a newly thriving gay community. His popularity increased and, after his first run for office failed, the strength of his voice grew. Many members of the queer community in San Francisco took a liking to Milk, and the strength he held pushed the voices of the gay community to be heard. Together, the community and Milk constructed the Castro Village Association, an organization to help LGBTQ+ community members establish their businesses in San Francisco. This began to grow, causing Milk to create the Castro Village Fair for LGBTQ+ businesses outside of San Francisco to come and engulf themselves in this new and open environment.

In 1975, Milk's close friend Mayor George Moscone appointed him to the city's Board of Permit Appeals, making him the first openly gay committee member. This was a huge stride for the LGBTQ+ community, as now there was a man in office that could get their voices heard; if anyone was going to create positive impacts for the gay community, it was going to be Harvey. He writes in *The Harvey Milk Interviews*:

"It takes no compromise to give people their rights...it takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression."

After loss and loss again, Milk finally landed a seat in the San Francisco Board of Supervisors on January 9th, 1978 with the help of members of the Castro community, as well as Mayor Moscone and his campaign manager Anne Kronenberg. Although his hardest fight was towards gay rights, Milk also advocated for many other civil rights movements. He created a daycare for working mothers, reform on the tax code to attract more buyers to abandoned

warehouses in the city, safe neighborhoods, ethnic and racial equality, and more. During a time where bills like Proposition Six—a law allowing for the firing of gay teachers in public schools—were being presented and commonly passed, Harvey Milk’s voice was a necessity for the obtaining of gay rights. Fortunately, the strength of the community allowed for the veto of this bill, but many others came and went as anti-gay state senator John Briggs advocated against gay inclusion, a fight known as “The Briggs Initiative”.



On November 27th, 1978, Dan White snuck into a government building, avoiding metal detectors and shot Mayor George Moscone. Shortly after, he walked down the hall and shot Harvey Milk five times, finishing with two shots to the head. Dan White formerly had a seat in office, but resigned after his anti-gay acts were silenced by Milk’s intense commitment to the community. When he resigned, Mayor Moscone had at first offered to hire him back but, after a special request from Harvey, recalled his offer. This caused the anger already living inside White to boil, thus leading to the assassination of the two men.

The response to Milk’s murder is known as one of the most peaceful and respectful responses to an assassination in U.S. history. Following that day, members of the Castro community and beyond gathered for a silent, candlelit march to City Hall. Milk was well aware of the chance that he may be assassinated, causing him to record several versions of his will. It is in one of these tapes where the famous line was recorded:

“If a bullet should enter my brain, let that bullet destroy every closet door”

The importance of Harvey Milk to the gay community is dense and extensive. His activism drove the San Francisco gay community to fight well into the HIV/AIDS crisis, to stand tall and proud despite the constant discrimination. On the one year anniversary of Harvey Milk’s assassination, members of the Tavern Guild—an organization of San Francisco gay bars—as well as others, gave speeches at an assembly held to a crowd of 25,000. Wayne Friday, president of the guild, said in his speech:

“...fear and self-loathing are a part of the problem—if not, indeed, the problem itself. And that, my friends and friends of Harvey, was the problem of Dan White: FEAR. Fear of exposure, fear of inadequacy, fear of an indictment, fear of the rejection by his friends and family...and (he), like the deer slayer, gunned down the two innocents who were nudging him out of his dreaded closet.

We have demonstrated our skills. We have proved ourselves capable and competent. THIS IS OUR CITY TOO!!! Manage it well, and together we will make a better life, a freer life, and a more meaningful life for us all”.

The Growth of the Movement in Response to AIDS/HIV and Stonewall

As we’ve discussed throughout the packet, and as I’ve mentioned above, the late 1970s brought along the epidemic of HIV/AIDS in various communities across the United States. The gay rights movement was on the rise, following the events at Stonewall. On June 28th, 1969, police armed with a permit raided the Stonewall Inn, a gay bar and club in Greenwich Village, New York City. Although raids often happened during the early gay rights movement, there was often a



tip-off that kept those in the club—and their illegal alcohol—safe. This time, however, there was no tip-off. Police officers barged in, harassing and arresting patrons and employees of the club. Officers checked cross-dressing and transgender people’s genitalia in back rooms, and then arrested them for not conforming to societal gender dress codes of the time. At one point, an officer was seen hitting a lesbian woman on the back of the head while trying to get her into a police car, thus enticing those refusing to leave the club to fight back stronger, eventually boarding themselves inside the club and attempting to set it ablaze. Soon the fire department of New York was able to put the flames out, ending the night by arresting 13 citizens. This uproar led to six days of “riots” in the streets of New York, where members of the community and allies fought diligently to end the mistreatment of the gay community. History.com writes about the significance of the Stonewall riots:

“Though the Stonewall uprising didn’t start the gay rights movement, it was a galvanizing force for LGBT political activism, leading to numerous gay rights organizations, including the Gay Liberation Front, Human Rights Campaign, GLAAD (formerly Gay and Lesbian Alliance Against Defamation), and PFLAG(formerly Parents, Families and Friends of Lesbians and Gays).”

Shortly after the Stonewall riots, the power of sexual freedom and confidence in the gay community was threatened by the invasion of HIV/AIDS. The Globe and Mail author Andre Picard writes beautifully:

“When AIDS struck, priorities changed, and quickly, from hedonism to survival. And, ironically, the advent of AIDS probably advanced gay rights more than anything else in history.”



It is a sad fact that is presented here: the death of gay people made people finally notice that they existed. When the disease first began to spread, the community had to become more self-aware instead of a group collective awareness that had been previously established. The battles that had to be fought were seemingly minuscule, such as being permitted to visit one's partner in the hospital, despite not being "family", even if they are in a long-term relationship. Sexual awareness

was advocated for but shot down by many court cases, including that of Sue Denis, a health teacher who was reprimanded after teaching a health lesson about HIV to her sixth-grade class. The disease spread—by 1990 there were 18,447 known deaths from HIV/AIDS in the United States. In fact, it was not until this death toll was counted that president-of-the-time Ronald Reagan apologized for his neglect towards the AIDS crisis; not once during his presidency up to this point did he say the word "AIDS". Now voices were heard louder than ever, with protests and marches across the country, the majority seen in San Francisco and New York. Tony Kushner's *Angels in America* is published, and performed on Broadway in 1991. This two-day long extensive tale of the impact of closeted society and the AIDS epidemic brought attention to something our country was trying to phase out as the 80s ended. In 1994, *Rent* went up on Broadway as well, being one of the first musicals to bring light to the impact of the AIDS epidemic on young artists in the East Village. The movement would not be silenced by disease. In fact, it gave it more drive than ever.

Today, the fight for LGBTQ+ equality is still standing strong. Of course, with every step forward, society seems to push the community two steps back, but the fight persists. Founded in 1980, at the beginning of the AIDS epidemic, the Human Rights Campaign still stands strong today and advocates daily for HIV/AIDS awareness and checkups for all. Following its founding in the mid-1920s, The American Civil Liberties Union (ACLU) has made it their priority since the beginning of the epidemic to bring awareness to HIV/AIDS. They also provide an extensive history on their website about the AIDS years, and again provide outlets for awareness about the disease.

There is much more to LGBTQ+ than these some letters. There are countless battles, years of suppression, a need for "normality" by our society that, as Harvey Milk preached, "shut the closet doors" on the gay community. Nevertheless, we have persisted.

In our world of Steve Yockey's *Octopus*, our characters have experienced most of what I have presented you with here. The protests, the stigma, the secrecy. It is all hidden beneath their

skin, as it had to be in those times. They are forced to deal with a stigmatization of gay people right after a time of immense pride; in fact, they are living in this constant fear. This history allows us as creators of this world to understand how this disease was much more than a sickness. It was the floodgates of a movement.

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