

"The Price of the Battle": Thematic Change in the Public Speeches
of Mary Fisher, AIDS Activist

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On August 20, 1992, Mary Fisher addressed the Republican National Convention in Houston. She spoke for ten minutes in the middle of the day, long before the more famous speakers of the evening, a time when most audience members milled around and talked rather than listening to the speakers. Fisher, daughter of the wealthy and powerful Republican fund raiser Max Fisher, having recently been diagnosed as HIV-positive, stood in front of the crowd with a red AIDS ribbon on her dress to tell the audience: "If you believe you are safe, you are in danger."

Fisher's speech was one of many short speeches positioned during the middle of the day during the convention, a time when neither the audience nor the press tend to pay much attention to the speakers. However, Fisher's speech was spotlighted in almost every major American newspaper the next day, and continued to be referenced throughout the convention. In part, this was because of the effect her speech had on the crowd. Nearly every story made note of the fact that, as her speech progressed, the noisy, distracted audience grew still and listened. Often this reaction was the headline itself: "AIDS Speech Brings Hush to Crowd" (Kelly, 1992); "Hushed Delegates Hear from Woman with HIV" (Gunnison, 1992); "AIDS Speech sends Hush Over Astrodome" (Cox, 1992). The Baltimore Sun reported that "for ten minutes, the cheering, shouting, and placard-waving was stilled," the Boston Globe noted that "the noisy Astrodome grew still and hundreds of delegates. . . froze in the aisles," and even conservative syndicated columnist Cal Thomas admitted that Fisher's speech "silenced the delegates even more completely than the invocations and benedictions."

Because of this attention from her audience and the coverage by the press, many people were exposed to Mary Fisher as a memorable rhetor in a memorable context. Fisher's address is often cited in the field of rhetoric as an excellent example of speaking to a hostile crowd (cf. Brydon and Scott, 1997, p. 121, Zarefsky, 1996, p. 428),

but there is currently no academic analysis of the speech or of Fisher as a rhetor. This is especially a loss because this means that most peoples' conception of Fisher as a rhetor is taken solely from her Houston speech and the popular press's reaction to it, rather than to her overall career. This paper argues that as Fisher evolved as a public speaker, her choice of *topoi* became more complex and politicized, as she experienced more and more of the reality of life as a person with HIV. Fisher's rhetoric reveals an increasing politicization of her stance, into areas far more complicated than the powerfully simple message of tolerance in her Houston address.

The samples for this paper are taken from Fisher's two books of collected speeches, *Sleep With the Angels* and *I'll Not Go Quietly*. These two books cover in detail the first three years of Fisher's career as an activist: from early 1992 to late 1994. Her later rhetoric is taken from three sources: *Angels Among Us*, which is not a collection of speeches but a collection of photos of AIDS caregivers, accompanied by commentary by Fisher and excerpts from some of her later speeches; quotations in news stories about Fisher; and six speeches from early 1999 posted on Fisher's web page, www.familyaidsnet.org.

Houston: "Teaching Mercy to the Republicans"

The first reason that Fisher's Houston speech garnered so much attention was in Fisher herself. Delicate, blond, feminine, and sporting impeccable conservative credentials, Mary Fisher was a novelty: a spokesperson who fit none of the popular images of an HIV-positive person. Just as the tone of her speech was dramatically different from the surrounding context, so her appearance and demeanor were strikingly different from the mental image many had of a "person with AIDS."

The title of this section, taken from a newspaper headline about Fisher's Houston Address, summarizes another part of the appeal her speech had for the popular imagination. Her address gently chastised Republicans for their moral failings, bringing the most outspokenly intolerant segments of society to task for their attitudes. Fisher's main purpose in this speech was in part simply to break the Republican silence on the

issue of AIDS (thus her title, "A Whisper of AIDS"). This and her explicit message that "people with HIV have not entered some alien state of being. They are human. They have not earned cruelty and they do not deserve meanness" (Fisher, 1994, pp. 39-40) were noteworthy in and of themselves at the 1992 Republican National Convention, which had been marked by a strong rhetorical swing to the religious right. Just two days before, Patrick Buchanan had opened the convention with a "venomous and divisive" speech that openly attacked homosexuals, single mothers, and the "urban poor" as the destroyers of American culture ("Any Room for Blacks?" 1992). Speeches by Dan and Marilyn Quayle and other prominent Republican leaders continued the trend of "smugness and sermonizing" ("Grace," 1992), with a heavy focus on "virulent antigay rhetoric" (Black, 1992). Thus, Fisher's speech "burst on the Republican National Convention. . . like a sudden flare of light and warmth" ("Grace," 1992). The tone of her speech was so different from the overall tone of the convention that it immediately caught attention. The message was simple, unexceptionable, and easily understood: "set aside prejudice and politics to make room for compassion and sound policy" (Fisher, 1994, 42). Some columnists faulted the implications of Fisher's speech—for example, Cal Thomas said that by arguing that it doesn't matter how you got AIDS, Fisher was glossing over the fact that promiscuity and immoral behavior spread the disease more quickly but few were willing to argue that people with AIDS deserved compassion. The message was also gently put: a whisper of AIDS, not a shout or a scream. Fisher's speaking style reinforced this; she spoke steadily but with slight diffidence, quietly and calmly. She did not lose her temper or show a stronger emotion than sorrow.

Fisher's rhetorical career began with this approach: a simple message of acceptance targeted at the most intransigent audience members, those who openly argued that some people with AIDS "deserved what they got." Her Houston address was relatively early in her rhetorical career,¹ delivered six months after she went public with her diagnosis, and exemplified the style of her early speeches. During her first

¹Fisher was diagnosed positive in July 1991. She went public with the information in a Detroit Free Press interview in February 1992. The Houston address was August 19, 1992.

year as an activist, her speeches mainly focused on bringing the stark reality of AIDS to her audiences' attention and pleading for compassion for all HIV-positive people, not just "innocent victims." For example, just before her Houston address she spoke to the Republican Platform Committee in Salt Lake City, pointing out that "If you believe, as I did, that you and your children are not at risk, then take home this lesson from me: you are" (Fisher, 1994, p. 28). In September 1992, she spoke to a group in her home town of Detroit about compassion: "I have come home bringing with me these brothers and sisters. If you would let me in, I am bringing company. If you would accept me, accept them" (Fisher, 1994, 49). In November, speaking to a Palm Beach branch of Planned Parenthood, she urged her audience to "oppose injustice and encourage compassion. . . embrace those who suffer and defend their cause" (Fisher, 1994, p. 86). And in June of 1993, she spoke at a high school graduation, asking students to "move toward compassion. To seek justice. . . . And if you have a moment of time, and a heart touched by grace, then go to work in the community" (Fisher, 1994, pp. 186-187).

Compassion and knowledge were the key *topoi* of her early speeches, but over time her major subjects began to change. Her focus on drawing attention to the audience's risk of getting AIDS by being a living example especially began to wear on her:

I said, "Look at me," and they nodded wisely; I said, "Look at your children," and they hugged them closely. They took refuge in a blindness I cannot cure, a denial I cannot break. . . . I see an audience of women and don't know how to move them, how to convince them--convince you--that the threat is tangible and real. Do I tell my story of being a married woman again? Do I show charts? Cite statistics? Is there something here that I am missing? (Fisher, 1996, p. 102)

Meanwhile, her calls for generalized compassion began to be shaped by her experiences with AIDS. Specifically, her speeches began to reflect her experiences in two concrete areas: being a woman with AIDS and dealing with the medical establishment. Although these will be discussed in two separate sections, the two

subjects are intimately related and interconnected.

Vulnerability: Gender and Race Issues

In her early speeches, Fisher made little to no mention of her gender, beyond stressing her position as a mother of two children. However, as she lived with being HIV-positive, she began to feel that being female and HIV-positive was a very different experience from being male and HIV-positive. One of the earliest indications of this was in a speech given over two years after she became an activist, in May 1994. In it she mentioned that she had been reading the book Women Who Run With Wolves, “and it occurred to me that perhaps one thing I could do is be more bold about speaking as a woman to other women” (Fisher, 1995, p. 107). She briefly mentioned then that “the issue faced by women uniquely involves our own sense of power, or lack of it; our willingness to reach out in boldness, or our inability to do it” (Fisher, 1995, p. 107). But it is in a speech a month later to a group of doctors called “Women and Wounded Healers” that she more fully expressed her growing rage at the special difficulties HIV-positive women face:

I was raised to think of the ideal woman as someone of great virtue. To be feminine is to be pure. And society tells me that to have AIDS is to be dirty.

I was trained to think of the ideal woman as someone of great beauty. To be feminine is to be desirable. And society tells me that AIDS is ugly.

When I was a child, nothing could comfort me so completely as a mother’s hug. When I was an adolescent, nothing seemed as important to me as a man’s embrace. Now I am a mother, divorced, widowed, and embarrassed to say in public that I long to be held by someone who wants to hold a woman. I wonder how many times I’ve wondered if it is really true that AIDS has made me, literally, untouchable. (Fisher, 1995, p. 136)

In this speech, Fisher first seriously addressed the issue of femininity and sexuality as it relates to AIDS. She told her medical audience that too many women, when they ask to be tested for AIDS, are told “You don’t need that—you’re not that kind of woman”

(Fisher, 1995, p. 135), and exhorted compassion, this time both general, to all patients, and specific, to woman patients.

In her later activism, Fisher focused more and more on both women and people of color with AIDS, two groups that she considered uniquely vulnerable to the epidemic, and largely ignored in the popular imagination. In her book of photos, Angels in our Midst, she offered a theoretical discussion for her concern with “vulnerability”:

Epidemics tend to spread downward in society, away from power and toward those who are most vulnerable.

Power, wealth, and health tend to travel together. Power often yields to, or rises from, wealth; with wealth one usually finds better diet, safer neighborhoods, more education, and substantially improved healthcare. If we can afford it, we generally live longer.

But America’s most vulnerable populations are those without the protection of the power or the wealth that equip us for good health. They need to find security elsewhere: in relationships that can turn abusive, in alcohol and other drugs that offer a moment of respite, in low-paying jobs reserved for those on a fast track to nowhere. (Fisher, 1997, p. 64)

Fisher put her words into action by helping to found the group Gospel Against AIDS, which focuses on AIDS in the African-American community and especially on women within that community (Berman). She also became more outspoken in her focus on women’s AIDS issues, speaking often about the fact that “women with AIDS are terrified to seek testing, treatment or support. Their sense of dignity, of value, of mattering, is decimated by brutal messages that they have gotten what they deserve” (Fisher, Jan. 28, 1999). In late 1999, she was part of a “panel of AIDS experts and advocates” that gave the Clinton administration high grades in AIDS research. Fisher, however, provided “the only dissent within the group. . . .because of what she considers the government’s failure to adequately address women’s health” (“Activists,” 1999).

Fisher also expanded her topoi to include the recent impeachment proceedings against President Clinton because of the links between sexual activity, power, and

gender in the controversy:

From my perspective, it will not yet be dawn if young women draw from recent history the lesson that it is all right for men in power to take advantage of us, to use us for their pleasure and discard us when they are done. It is not all right in the White House, or in the apartment, or in the locker room. It is not all right. (Fisher, Jan. 27, 1999, emphasis in original)

Speaking to a group of high school students in Florida about sex and self-respect, Fisher echoed the passage above and then added:

Would you, my sisters, like me to make the point more clearly for you? Here it is: If my husband had fully respected me, and if I had protected myself, I would not be dying of AIDS today. Does that make sense to you? (Fisher, Jan. 6, 1999)

In passages like this, Fisher's rhetoric reveals a more complicated and problematic political stance than a simple message of compassion for everyone with AIDS. Her experience with AIDS has moved her beyond platitudes (however useful and powerful) to a complex set of connections between gender, power, sex, shame, and self-worth.

“A Dirty Woman with a Dirty Disease”: Disillusionment with Medicine and Media

Fisher's dawning awareness of gender issues in the AIDS community parallels a similar shift: her growing disillusionment and even rage against the medical establishment. In her early speeches, Fisher's rhetoric about doctors and medicine was full of hope, optimism, and respect for those working with HIV-positive people, as illustrated in the following speech from October 1992 in which she described an AIDS researcher:

What sustains his research is hope; what sustains my hope is his research. . . . My gratitude to you--and the gratitude of the entire HIV/AIDS community--is driven by the certainty that many of you are pushing back those limits. You are the ones who will one day crack open the door behind which lurks the discovery that would justify my family's hope. (Fisher, 1994, p. 69)

By April 1993, Fisher's aspirations for the medical community seemed to have dwindled a bit: in a speech to a group of doctors, she said that "in the absence of a cure, I would hope for compassion" (Fisher, 1994, p. 169). Yet even this hope seems to have remained unfulfilled. Her concern for women and her disappointment with medicine go hand in hand; one of the key speeches in her development of both themes is "Women and Wounded Healers," given June 25, 1994, to another group of physicians. The tone at this point seems almost baffled and pleading:

Can you understand why, as a woman, when I watch the extra gowning and rubber-gloving and whispering behind the screen, I wonder if I am not your partner in the task of healing, but a leper who has wandered in? Can you imagine that some women feel more degraded than helped by their visits to a clinic? Can you see why the power of fear and shame may have a greater impact on our well-being than the drug protocol devised by a stranger at CDC? (Fisher, 1995, p. 137)

Fisher's latest book, Angels in Our Midst, is a collection of photos of AIDS caregivers; notably, only one doctor appears in its pages, the rest are volunteers. As Fisher was collecting the photos for this book, her health was deteriorating dramatically: she had not yet contracted AIDS, but the drug regimen she was under to prevent AIDS from setting in seemed to be wrecking her health as dramatically as the disease would have. As Fisher struggled to deal with the depressing side effects of the "miracle drugs" the media kept reporting on, she learned through hard example that all research on AIDS drugs was conducted on men only (Trafford, 1999). Side effects in women were common and still unexplained. Fisher was nearing 50 and knew that she was reaching the age of menopause, but none of her doctors could tell her which of the symptoms she was experiencing were due to HIV, which were due to the drugs, and which were due to menopause. Research on menopause is sketchy to begin with; research on HIV-positive women at menopause is non-existent. "Nobody could tell me, and that was making me more and more infuriated. You feel like a guinea pig anyway when

you're taking those medications," Fisher told a newspaper reporter in October, 1997. "It feels like there's no future. Nothing to look forward to. You start to wonder, 'Do I want to live this way?' Without any spunk, without any energy at all. This wasn't just for a day or a week. It was months" (Berman, 1997).

Fisher's speeches in 1997 reflected her depression and anger and make a stark contrast to her earlier rhetoric about the wonders of science. "The AIDS community does not place its hope in the hands of those who create drugs; we place it in the hands of those who create community," she stated in January of 1997 (Fisher, 1997, p. 60). In a June speech, she claimed that

the nation's most substantial hope in our fight against AIDS rests within our religious, not our scientific, communities. If we must wait for science, I and millions of others, are doomed.

Scientific research is subject to policy and funding priorities, neither of which currently favors a search for either cures or preventatives for AIDS. In the face of budget cuts and tax revolts, there will not be enough political resolve to fuel the research needed to, among other things; save my life. I do not like this, but when I review national priorities, I know it. . . . When I look back into American history and see the crisis of slavery, I notice that slavery was not revoked by scientists who studied genes and chromosomes and finally concluded that all human being were alike. The force by which the institution of slavery was ended was religious conversion, not laboratory discovery. (Fisher, 1997, p. 90).

Fisher's disillusionment with the medical establishment reached its climax in an address to the Wayne State School of Medicine's graduates in June of 1997. Too sick to deliver the speech herself, Fisher had a stand-in read a blistering attack on the medical institution: the doctors who treat a woman with AIDS as "a dirty woman with a dirty disease," doctors "whose primary purpose in life is to perfect . . . long putts and slippery chip shots." (Quoted in Tobin and Berman, 1997). Fisher stated that "what such physicians cured was not my disease, but my confidence in doctors," and told the

graduates that “I and millions like me are giving up hope as you give out diplomas” (Quoted in Tobin and Berman, 1997).

After this speech, Fisher focused her energy largely on finishing Angels in Our Midst, helping to organize the Gospel Against AIDS, and trying to stay healthy, leaving little opportunity for public address. A year and a half later, however, in the face of continued debilitating side effects, she made the decision to stop her drug regimen: “I feel great,” she told a reporter shortly after. “I’m feeling healthy. The medications made me feel sick and unhealthy” (Trafford, 1999). The change in her health resulted in a renewed public speaking schedule in the beginning of 1999, in which she spent only a little time talking about doctors. Her new *topoi* in these speeches seems to be a different establishment: the media. In the six speeches on her web page, half of them addressed the issue of media coverage of AIDS, and the fact that most of the focus seems to be on “miracle drugs,” not on the grim reality of AIDS for most people: “The headlines along the road to AIDS are all about hope, but the story is all about dying” (Fisher, March 6, 1999). “We no longer mention AIDS among the crises and priorities,” she remarked at the 1999 Elizabeth Glaser Scientist Awards, “So those walking behind Elizabeth will die along the road to AIDS of nothing more dramatic than last year’s fad” (Fisher, Jan. 28 1999).

Conclusion

Media coverage of Fisher has been scant since her 1992 address in Houston. Most of the later stories on Fisher cited in this paper come from Detroit newspapers, where Fisher and her father are major figures in local philanthropy. In part this lack of coverage is due to the very apathy that Fisher rails against: AIDS is not big news, and Fisher’s novelty value as a straight woman with AIDS is lower now that this is the fastest-growing AIDS population. In part, however, Fisher became increasingly difficult to cover because her message became more complex and difficult to summarize easily. Instead of calling for a vague, suffused compassion, Fisher became angry and political, exploring the connections between race, gender, power, and sexual stigma in

complicated and sometimes contradictory ways. Early in her career, Fisher was easy to describe: the “Republican AIDS activist,” who gently chastised the Republican administration for its lack of attention to AIDS. It is harder to categorize a woman who refuses to give the Clinton administration high marks because it has not paid enough attention to women’s issues, attacks doctors for their dehumanizing approach to women, and founds a religious organization to help African-Americans with AIDS. She falls neatly into no pigeonhole: not a Democrat, not exactly a Republican; not a self-labeled feminist but using rhetoric that could be considered such while attacking the Clinton administration; the Jewish co-founder of the Gospel Against AIDS.

Finally, Fisher’s rhetoric is harder to cover because it is harder to listen to. That is, in her early speeches, she was optimistic, hopeful, stressing the goodness in human nature. Fisher’s later speeches seem to be mostly about disillusionment, anger, and despair—not exactly the kind of thing you can quote in a story about a new AIDS drug. Although Fisher continues to express her faith in community and in peoples’ basic goodness, the tone of her rhetoric is overall darker. In her last book, she closed her photo essays of people who care for people with AIDS with an excerpt from her Wayne State address. Many women, the quotation reads, remain untreated for AIDS because they cannot bring themselves to admit they have the virus, to confess to being a “dirty woman with a dirty disease.” (Fisher, 1997, p. 142). “Women are dying fastest, I think,” Fisher muses, “because, given time to think it over, more women than men have decided that life itself is not worth the price of the battle.”

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