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AIDS and Artistic Politics

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In what follows, I consider the response of artists since the AIDS epidemic began to emerge into public view in the early 1980s, and the changes in art's perceived and real political efficacy in the course of our collective living with AIDS for already a quarter century. In light of the enormous, complex, globally diverse production of artistic works and discourse dedicated to AIDS—visual artworks, documentaries, videos, films, photo studies, memoirs, exhibitions, and critical studies—I can provide at best a rough outline rather than a genuine survey. In particular, most of the examples that I will discuss are from U.S. American and British artists. Yet there is an extensive body of AIDS-related work coming from such centers as South Africa, Mozambique, Uganda, Zambia, Thailand, China, and Brazil, just to mention a few global locations in which documentary, community-based art projects, theatre and performance, narrative cinema, and many other artistic genres have increasingly been used to shape public consciousness of the AIDS epidemic.

I begin with the issue of what sort of politics underlies the “artistic politics” of AIDS art. This “politics” dimension of artistic politics requires special treatment, since the political significance of AIDS and hence of artistic politics relating to AIDS cannot be understood without coming to terms with fundamental changes in our conception of the political as such since the 1980s. Indeed, I wish to argue, the very existence of AIDS as a complex phenomenon cannot be thought outside of two paradigmatically post-modern frameworks in which the political has been rethought in recent years: the biopolitical dimension of technoscientific and medical power woven into the fabric of contemporary Western societies; and the dynamics of globalization, especially the spatialized, uneven allocation of resources and risk among populations and territories worldwide. Moreover, the AIDS crisis has come into existence in parallel with important changes in the conception of publics and the public sphere for a wide range of issues. AIDS activism generally, and activist AIDS art more specifically, has taken as a key focus of critique the role of information and mass media in the unfolding of the epidemic. Through critical uses of performance, publications, visual and electronic media, and the internet, the various components of the AIDS activist community has offered a concerted counter-discourse to mainstream representation of AIDS in the media and in culture industry books, films, and TV shows. Less consistently, but increasingly, AIDS artists have also come to understand the globally diverse ways in which the AIDS epidemic is understood and represented; they have attempted to relate their artistic and critical practices to the interests of publics that may hold little in common other than their convergence in their concern with AIDS. Hence, my discussion of AIDS art has a dual focus, on the artistic strategies of individual

works and on this larger context extending in the general fabric of contemporary social existence. If one can in some measure take hold of the artistic politics of AIDS, one might also gain important insights into the biopolitical, globalized, and mediatized conditions of any conceivable politics of art today.

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Although somewhat exceeding of the theme of “artistic politics,” it seems to me not amiss to begin with a preliminary observation about the role of aesthetics in the constitution of the very object “AIDS,” an acronym standing for Acquired Immune Deficiency Syndrome. If one delves even superficially into its history over the last twenty-five years, this object has been shifting shape, accreting and dropping meanings, and accumulating around it a host of related fantasies, fears, images, and culture-specific representations. Already back in 1987, in an essay included in the volume *AIDS: Cultural Analysis, Cultural Activism*, edited by the art critic and activist Douglas Crimp, Paula Treichler suggested that:

the AIDS epidemic is simultaneously an epidemic of a transmissible lethal disease and an epidemic of meanings or signification. Both epidemics are equally crucial for us to understand, for, try as we may to treat AIDS as ‘an infectious disease’ and nothing more, meanings continue to multiply wildly and at an extraordinary rate.¶

Treichler goes on to map out some of the parameters of this “epidemic of signification” in detail. I would just like to mention one part of her discussion here, which poignantly reveals the degree to which discursive acts have shaped the definition of the object itself, helping to bring scientific and popular representations into a tenuous, but relatively stable equilibrium around something called HIV/AIDS, which connects the notion of a viral causative agent (Human Immunodeficiency Virus) with the “syndrome” AIDS, which is a complex of symptoms and susceptibilities to opportunistic infections that may have no fundamental, definitive relation to the underlying viral infection itself. Moreover, HIV positive status may be asymptomatic; whereas AIDS is, in a sense, hypersymptomatic—it is characterized by a plethora of symptoms, no single one of which may be present in every case, and which may be distributed unequally across populations, territories, genders, and classes of society. Biomedical power, government and international agencies, activist communities and publics, and mass media have all played a role in the ontological and epistemological stabilization of this “object,” and the forms of prejudice, imagination, and fantasy—those of scientists and doctors as well of popular elements—have contributed decisively to the outcome.

Treichler documents the changes of name that the syndrome underwent as the public and scientific community passed through different phases of awareness and knowledge about its manifestations. In the very early period, when an unexplained incidence of deaths among gay men in New York and San Francisco began to be noticed, it had a slang moniker in the New York hospitals: WOGS, or Wrath of God Syndrome. It received its first notice in the *Morbidity and Mortality Weekly Report* of the Center for Disease Control in 1981. In keeping with the initial description of the syndrome as a “gay disease,” it gained the informal label of GRID, or Gay-Related Immunodeficiency. AIDS emerged as a term in a 1982 conference, once the “Four-H” description—homosexuals, hemophiliacs, heroin addicts, and Haitians—began to qualify the picture of the disease as intrinsically related to homosexuality. Treichler reports several other acronyms proposed over the next few years, each involving somewhat different views of the nature of

infection and causation and each carrying distinct cultural, institutional, and proprietary connotations: in 1983, LAV or lymphadenopathy-associated virus; in 1984, HTLV-III or human T-cell lymphotropic virus type III; IDAV or immunodeficiency-associated virus; in 1984, ARV or AIDS-associated retrovirus; HTLV-III/LAV, which compounded two of these earlier terms; and simply, the AIDS virus. We can add to these terms ARC, or AIDS-related complex, which Susan Sontag described as “a kind of junior AIDS,”² and which has dropped out of current usage; and the term of the present medical and scientific consensus, HIV/AIDS. The programs for the prevention of AIDS have also had their own alphabetic generativity. One major distinction is between the approach advocated by the U.S. government, the moralistic ABC approach (Abstinence, Being Faithful, Condom use for those who engage in risky behavior), and the alternative CNN approach, which stresses Condom Use, Needle exchange for intravenous drug users, and Negotiation skills for empowering sex partners to negotiate safe practices.³ What is poignant about both these sets of acronyms is how the successive attempts to represent a disturbing, complex, and evolving event—the burgeoning AIDS epidemic—provoked a semiotic storm, providing quite literally a graphic image of the shifting ontological boundaries of the phenomenon. Although historians of science still have major work to do before we have a perspicacious account of the emergence of the present degree of medico-scientific consensus about HIV/AIDS, it is easy enough to discern how thickly aesthetic, affective, and moral considerations are interwoven in the scientific hypotheses and theories accumulated in this process. And this goes all the more for public health thinking about prevention.

I also want to mention an additional sense in which the AIDS syndrome is connected with “aesthetics,” again taken in a broad sense: here, in terms of the phenomenology and sensory aspects of the human body. In at least three domains, AIDS has *altered the perception of the boundaries and nature of the human body*.

The first is the changed sense of the boundaries of the body, and the extremely intimate sense in which AIDS works not just as a foreign invader inside the body, but as an infection that dwells in the body in ways that confound a self-other, diseased-healthy, body-virus distinction. This is true down to the very mechanism of the HIV retrovirus, which generates viral DNA through a reverse transcription from RNA, and imbeds this DNA into the cells of the body; precisely those cells that should be the defense against these “foreign” bits of genetic material become the host and vehicle of their replication and spread, as they respond to the various harmful organisms native to our lived environments.

Second, AIDS has a very particular temporality, which subjects the body to a new, lived, suffered “dromological” curve. I am here observing the etymology of the word “syndrome,” which derives its sense of “combination” from the roots meaning “running” (*dromas*—running; *dramein*—to run; *dromos*—a racecourse) and “together, with” (*syn-*). Paul Virilio has used this term in *Speed and Politics*, to characterize the mutual implications of war, territory, and technological accelerated movement in a new politics of time.⁴ Yet it may apply even more aptly to bio-medical, epidemic phenomena such as AIDS: the long interval between infection and symptomatic onset, the intermittency of development, the slowness with which government recognition and treatments were offered, and the sense that HIV-infected people may have that their time is limited and too swiftly running out. The AIDS-infected body is not just a spatial field of simultaneous symptoms, but rather a complex temporary “concurrence” of slowly

developing factors, latencies, manifestations, and sudden accelerations. And as the numerous memoirs testify—memoirs being a genre that would seem to have an elective affinity with this dromological aspect of the disease—this time of AIDS is lived from within the body, *as* the body, in ways that are simultaneously intimate and estranging. Felix Gonzalez-Torres, who died of AIDS in 1996, captured this dromological dimension of the disease movingly in his work entitled *Perfect Lovers*. Originally conceived shortly after the diagnosis of his partner Ross Laycock, *Perfect Lovers* consists of two battery-operated clocks side-by-side and set to the same time. Over time, however, they fall out of synch and eventually one will stop before the other, while the other continues on a little while longer before its battery is also exhausted. With this simple, lyrical readymade, Gonzalez-Torres conjures a range of temporal meanings: from the 17th-century metaphor of “pre-established harmony” of individual fates as clocks set from eternity by God, to the figurations of love and death that unfold in the finitude of human time. Yet the bare clock faces also figure bodies, even whole lives, reduced to the entropic ticking down of time, and even the literal look of clocks in clinics and hospitals, slow days spent together receiving treatment, and the long hours of vigil with a dying lover.

Third and finally, a person living with AIDS may come to another understanding of both disease and health that are less extrinsic to the norms of his or her individual body. This understanding was given theoretical formulation—earlier in the century and of course independent of AIDS specifically--by the physiologist Kurt Goldstein in the following terms:

Disease is a disordered functioning, that is, defective responsiveness, of the individual organism as compared with the norm of this individual as a whole. This disorder is disease insofar as it endangers self-actualization.

The change in content does not constitute the disease but is an indicator of the existing functional derangement of the whole.

Recovery is a newly achieved state of ordered functioning, that is, reponsiveness, hinging on a specifically formed relation between preserved and impaired performances. This new relation operates in the direction of a new individual norm, of new constancy and adequacy (contents).

Every recovery with residual defect entails some loss in ‘essential nature.’ There is no real substitution.⁵

One implication of Goldstein’s theory is that disease and health can be defined in relation to individual, lived norms that have to do with responsiveness and performance rather than deviation from an abstract measure of normality or health. From the perspective of this theory, it is neither paradoxical nor perverse to say that a PWA (Person With Aids—another acronym) may be either healthy or ill, and these terms have to do with individual norms established from within the new relations initiated by infection with HIV and symptomatic manifestation of the AIDS syndrome. There is a strong kinship between this conception of the AIDS body and conceptions of “disability” as “other-abledness”: the emergence of new norms and relations of a body congenitally different or that has undergone functional change through illness or catastrophe. The AIDS body, like the body of a non-seeing or only partially ambulatory person, is not, in this conception, simply a defective version of a normal body; it is a *different organism*, with standards of health and sickness relative to individual norms of its holistic functioning. A brilliant exploration of this conceptual territory in the arts is the choreographic work with HIV-positive men of Ann Halprin, who in her early career was a generative force in the 1960s

artistic avant-garde. As she explains in a documentary film about her AIDS-related choreography, *Positive Motion*, because of their condition and treatments, her dancers often had difficulty with certain athletic movements. Therefore, she began choreographing with the dancers laid out on the ground, utilizing stretching movements and tensions that they could perform. The dance piece was generated out of modulations of these basic elements, which were gradually raised off the ground into vertically performed movements as well. The point is that Halprin took what might extrinsically be conceived as a “defect” or “disability” of her dancers’ bodies and affirmed it as new, *collective* functional capacities rooted in the individual norms of their holistic organism, HIV-positive bodies. I want to suggest that can we see this performance work as critical of abstract notions of normativity that can justify social stigmatization, indifference, and exclusion. Moreover, however, it also serves to adumbrate in artistic form a new politics of difference, in which individual norms are incorporated into singular, collective, situational forms of creativity.

3

I’ve already suggested how the politics of the AIDS epidemic must be situated at the crossroads of three forces that are, arguably, definitive of the changed nature of the political in the contemporary period: biopolitical power / knowledge, globality, and mass mediality. I’d like now to take up this framework to discuss, in a somewhat summary way, a typology of works. I will discuss five ways in which artists have confronted the AIDS epidemic and explicate ways in which these might be seen as explicitly, or at least implicitly, political interventions into this triad of forces. The five artistic types or strategies I will discuss are: 1) transcoding strategies; 2) media critique and / or critique of culture industry representations of AIDS; 3) alternative publicity; 4) AIDS exemplars; and 5) strategies of mourning and memorialization.

The first strategy, which I’ve called transcoding, takes its point of departure in the heavy accretion of meanings that have come to be associated with the AIDS epidemic. Especially because in the United States, where activist art around AIDS had its first flourishing, the politics of AIDS was heavily laden with the moralism of the Christian Right that had a strong political voice during Ronald Reagan’s eight years in the White House. AIDS was cast as God’s revenge against homosexuals (it wasn’t clear why God also wanted to punish hemophiliacs and Haitians); and sinister calls for obligatory testing, quarantine, and even castration of gays were not unheard of in those days. Hence, for oppositional artists, a ready stock of transcodable imagery could be found in biblical images of the plague, the biblical condemnation of sodomy, and Old Testament imagery of abomination and apocalypse. Perhaps the most striking work in this mode was in *The Plague Mass* or *Masque of the Red Death* by the performance artist and singer Diamanda Galas, who had lost her brother Philip Dimitris Galas to AIDS. Utilizing her extraordinary voice, which ranges from gospel and operatic expressivity to shrieks and banshee cries, and her vampiric-Gothic appearance, to shock and lament, Galas aggressively reclaimed for herself the role of demonic transgression and pollution that the moralistic had hung on AIDS victim, turning it with unrelenting force back on her enemies. This strategy could also be used in a comic-parodic way, as for example, in Rosa Von Praunheim’s carnivalesque film *A Virus Has No Morals*, where everyone from doctors to psychoanalysts to activists come in for outrageous parody. In one sequence, for example, Von Praunheim parodies the conventions of natural history and exploration documentaries to send up the racist and primitivist fantasies connected to early stories of

ape to human transmission in Africa as the source of the global epidemic: his AIDS researcher, "Frau Doktor Blut," is infected in an ambiguous scene in the jungle in which she is either bitten by a monkey, sodomized by it, or both. Other objects of von Praunheim's ridicule are drag queen review numbers for condom education, an anti-AIDS terrorist gang which kidnaps in Baader-Meinhof style the heedless owner of a gay bath, an HIV-infected theology student who interprets it as a sign from God he should give up sex and become holy, and a psychoanalyst who treats AIDS by getting homosexual men to enact their "hostility to their mothers" on the therapeutic couch.

The second strategy, an activist, neo-situationist media critique and critique of culture industry representations of AIDS, was an important element of the work of activist groups such as ACT UP (AIDS Coalition to Unleash Power) and Gran Fury. An important example of this was, for instance, an action by ACT UP to infiltrate the news networks and disrupt the nightly news broadcast with anti-AIDS slogans. Out of a projected four networks, the group managed to disrupt two broadcasts, CBS and the public television news show, *The MacNeil-Lehrer News Hour*. In turn, of course, the incident was widely reported on other news programs nationwide. ACT UP was also involved in protests outside the Hearst Corporation offices of the women's glamour magazine *Cosmopolitan*, which in 1988 had published an article by a psychiatrist entitled "Reassuring News About Aids: A Doctor Tells Why You May Not Be At Risk," effectively dismissing the dangers of AIDS transmission to women. Women associated with ACT UP questioned the conclusions and demanded a retraction, and when Dr. Gould refused, they planned the action. The action was orchestrated with filming for a planned video called "Doctors, Liars, and Women," in which the protesters chant "Say No to Cosmo!" and held signs that read "The Cosmo Girl Can Get AIDS."

The third strategy is closely related to the previous, but moves from critique of the mainstream media to the development of alternative forms of representation, documentation, and public messaging through text, image, performance, and electronic means. Typical of this strategy are such community documentary projects like *Diva TV*, in which gays and lesbians had access to equipment for making relevant programming for community television stations. Similarly, the poster campaigns that ACT UP, Gran Fury, and other groups launched—perhaps most famously, the poster that asserted "ALL PEOPLE WITH AIDS ARE INNOCENT."—utilized interventions in public space to challenge attitudes and bring new ideas and messages before the public eye.⁶

The fourth strategy, which I have called AIDS exemplars, involves focusing on individuals who represent different modes of living with AIDS, fighting AIDS, and dying from AIDS. One would be tempted to call them "heroes," and in some cases that is what we are indeed talking about. But in many other cases, the emphasis falls on their ordinariness, and the daily ways in which different types of people protect themselves from infection, cope with existing HIV infection, mourn the death of friends or family members, take action to fight for their dignity and rights, and educate others about AIDS. This is clearly the focus of Brian Weil's grainy black-and-white photographs from the series *Every 17 Second*, which traverses the world of AIDS from children to activists to sex workers and drug addicts.⁷ What is notable about these images is the absence of overt signs of disease, and if there is pathos in the images, it is the pathos of ordinariness and the realities of class and race and not the pietà-like agony of some famous photographs of dying patients, such as David Kirby in Oliviero Toscani's notorious Benetton advertisement of 1992. A provocative and interestingly reflective example in this mode is

the documentary film by video artist Greg Bordowitz, entitled *Habit*. It parallels his own daily routine managing his illness with retrovirus drugs, with other people of different classes, genders, races, and social positions in South Africa: Judge Edwin Cameron, speaking before the AIDS World Congress about the inequalities in the distribution of retroviral drugs; the activist Zackie Achmat, who refuses retroviral drugs as an act of solidarity with those for whom he is fighting to gain access to treatment; and a young HIV-positive woman named Promise Mthembu working to promote AIDS prevention and treatment.⁸

The fifth and final strategy is the complex politics of mourning. As activist critic Douglas Crimp noted in his essay “Mourning and Militancy,” the activist community was suspicious of attempts to ritualize mourning, most famously in the AIDS Quilt project, which included thousands of individual panels ranging from stars such as Liberace, Rock Hudson, and Michel Foucault to a myriad of loved partners, sons and daughters, and friends. Activism, Crimp suggested, put the emphasis on “living with AIDS” and desired, at times with almost blinding voluntarism, to disavowal the continuing virulence and fatality of the disease. Crimp himself has come to a position that sees the future of AIDS politics and the arts as an important element of that politics as intertwining mourning with militancy:

The fact that our militancy may be a means of dangerous denial in no way suggests that activism is unwarranted. There is no question but that we must fight the unspeakable violence we incur from the society in which we find ourselves. But if we understand that violence is able to reap its horrible rewards through the very psychological mechanisms that make us part of this society, then we may also be able to recognize—along with our rage—our terror, our guilt, and our profound sadness. Militancy, of course, then, but mourning too: mourning *and* militancy.⁹

I would, however, like to end with a gesture towards recognition of the global dimensions of the AIDS epidemic and raise the question of whether, and in what form, it may be possible to mournfully acknowledge the deaths not of tens of thousands, but of millions worldwide. When Maya Lin established her very moving and successful Vietnam War Memorial in Washington, D.C., a long black marble slab with the names of the individual soldiers killed during the war, the artist Chris Burden responded with an acerbic reminder that not only Americans were killed by the U.S. invasion and bombardment of Vietnam. Burden’s model for the “Other Vietnam Memorial” is structured like a rolodex of black slabs, in which the names of three million Vietnamese victims of the war are to be inscribed. The vastly different scale, yet far less individualized and sentimentally affecting quality of this “other memorial” says a great deal about the valuation of lives in the imperialist scale of value. While one would not want to denigrate the importance of mourning the lives of the American war dead, and certainly not the American dead from the epidemic of AIDS, we might legitimately ask: Where is the “Other AIDS Quilt” that keeps us mindful of the global scale of the epidemic? If the AIDS Quilt rightly grants individual dignity to the lives and deaths of Americans with AIDS, it is nonetheless crucial that memorialization not become the means by which this larger, on-going, and profoundly unequal struggle is consigned to oblivion.¹⁰

¹ Paula Treichler, “AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification,” in Douglas Crip (ed.), *AIDS: Cultural Analysis, Cultural Activism* (Cambridge, Mass: The MIT Press, 1988), 32. Reprinted in Treichler, *How to Have Theory in An Epidemic: Cultural Chronicles of AIDS* (Durham, NC: Duke University Press, 2006), 11-41. For further discussion of this issue, see also: Simon Watney,

Policing Desire: Pornography, AIDS and the Media, 3rd Edition (Minneapolis: University of Minnesota Press, 1996). Simon Watney, *Practices of Freedom: Selected Writings on HIV/AIDS* (Durham, NC: Duke University Press, 1994). *Taking Liberties: AIDS and Cultural Politics*, Erica Carter and Simon Watney (eds.) (London: Serpent's Tail, 1989). Susan Sontag, *Aids and Its Metaphors* (with *Illness as Metaphor*) (New York: Anchor Books, 1988, 1989).

² Sontag, *Aids and Its Metaphors*, 109.

³ "Too much morality, too little sense." *The Economist*, 28 July 2005, accessed online 1 July 2007; <http://en.wikipedia.org/wiki/AIDS>, accessed 1 July 2007.

⁴ Paul Virilio, *Speed and Politics* (New York: Semiotext(e), 1986).

⁵ Kurt Goldstein, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* (New York: Zone Books, 1995), 334.

⁶ For examples and documentation concerning these alternative publicity campaigns, see Douglas Crimp (with Rolston, Adam), *AIDS(Demo)Graphics* (Seattle: Bay Press, 1990).

⁷ Brian Weil, *Every 17 Seconds: A Global Perspective on the AIDS Crisis* (New York: Aperture, 1992).

⁸ See Greg Bordowitz, "What the World Needs Now: South African HIVers Counter Doomsday Images with Profiles in Radical Courage," in Bordowitz, *The AIDS Crisis is Ridiculous and Other Writing, 1986-2003* (Cambridge, Mass.: The MIT Press, 2004), 201-211.

⁹ Douglas Crimp, "Mourning and Militancy," in *Melancholia and Moralism: Essays on AIDS and Queer Politics* (Cambridge, Mass.: The MIT Press, 2002), 149.

¹⁰ This parallel between Vietnam War and AIDS memorialization is explored in detail by Marita Sturken, *Tangled Memories: The Vietnam War, the AIDS Epidemic, and the Politics of Remembering* (Berkeley and Los Angeles: University of California Press, 1997). A recent survey of theories of mourning suggested the ethical questions raised here in conclusion: William Watkin, *On Mourning: Theories of Loss in Modern Literature* (Edinburgh: University of Edinburgh Press, 2004).

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