

**TOWSON UNIVERSITY  
COLLEGE OF GRADUATE STUDIES AND RESEARCH**

**BORDER CROSSINGS AND *MESTIZA* CONSCIOUSNESS IN  
AIDS ART IN THE US:  
A CONTENT ANALYSIS**

by

**Elizabeth Barr**

A thesis

Presented to the faculty of

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Towson, Maryland 21252

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THESIS APPROVAL PAGE**

This is to certify that the thesis prepared by Elizabeth Barr entitled Border Crossings and Mestiza Consciousness in AIDS Art in the US: A Content Analysis has been approved by the thesis committee as satisfactorily completing the thesis requirements for the degree Master of Science.



\_\_\_\_\_  
Dr. Celia Bardwell Jones  
Chair, Thesis Committee

4-25-2011

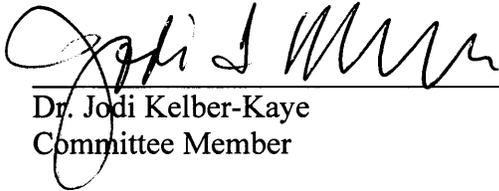
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\_\_\_\_\_  
Dr. Susan Isaacs  
Committee Member

4/25/11

\_\_\_\_\_  
Date



\_\_\_\_\_  
Dr. Jodi Kelber-Kaye  
Committee Member

4/25/11

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Dean, College of Graduate Studies and Research

\_\_\_\_\_  
Date

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## ABSTRACT

Border Crossings and *Mestiza* Consciousness in AIDS Art in the US: A Content Analysis

Elizabeth Barr

In this thesis, I argue that “the AIDS body” faces a crisis of representation. Mainstream representations of the AIDS body work through discourses of sexism, homophobia, and racism to “other” the AIDS body and create arbitrary “borders.” I discuss the inadequacies of many US feminist responses to AIDS: namely, their insistence on an oppositional framework that ultimately limited these responses. I suggest that Chicana feminisms offer a framework for action that might broaden the possibilities of feminist response to the AIDS crisis. This framework includes *mestiza* consciousness and “border”-crossing. AIDS art is one place where the crisis of representation can be addressed and resolved. I undertake an analysis of AIDS art in the US to show that AIDS art can cross “borders” and cultivate *mestiza* consciousness in such a way as to resolve the crisis of representation faced by the AIDS body.

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## **Introduction and Methods**

One of the posters produced by the World AIDS Campaign for 2010's World AIDS Day is a black and white photograph that shows two shirtless white men holding hands while they march down the street. At the top of the frame are the words "I am well." At first glance, this image appears to be a statement of empowerment about gay men taking care of their health in the context of the global AIDS pandemic. Upon closer examination, though, this image reveals itself to be much more complex. Most clearly, it fails to address the diversity of the pandemic and reinforces the false belief that HIV/AIDS only affects gay white men in the West. There are more subtle problems with this poster as well, including the sexualization of HIV/AIDS (the men are shirtless), troubling notions of health/sickness (the text "I am well"), and other questions regarding the meanings associated with HIV/AIDS and the AIDS body.

The AIDS pandemic is quite clearly a public health crisis, as millions of people globally are diagnosed with AIDS and millions more are HIV-positive.<sup>1</sup> Numerous institutions including public health, foreign policy, biomedical research, social service institutions, and community-based organizations shape the pandemic by affecting research priorities, the allocation of funding, and the provision of treatment for people living with HIV/AIDS. In addition to these structures and institutions, the AIDS crisis is influenced by cultural understandings of the body, gender, sexuality, health, and others. These factors work with (and at times against) one another to affect the ways that HIV/AIDS occurs globally. For example, institutional sexism in a national health care

system might affect the provision of services for HIV+ women and their families.

Epidemiological data reveal that HIV/AIDS have a disproportionate affect on groups who are already marginalized, including women, children, and people of color.

The AIDS crisis, however, is also one of representation. What we know about HIV/AIDS--and how we respond--is shaped by what we see of HIV/AIDS. Mainstream images and narratives of HIV/AIDS often tell stories of “AIDS victims” whose lives are devastated by their diagnoses (for example, coverage of AIDS in Africa). An alternative to this victimization exists in hero narratives that tell stories of people living with HIV/AIDS (PLWHAs) who have triumphed over their diagnoses (for example, the story of basketball player Magic Johnson). Both victim and hero ideologies erase the complexities of HIV/AIDS and oversimplify the AIDS body. Importantly, victim and hero narratives both act as a contrast to other stories that assign blame to certain people (IV drug users, gay men) for becoming HIV+.

Mainstream images of HIV/AIDS also shape what we believe about who is at risk for HIV/AIDS, what it means to be HIV+, and how we understand health and disease in the context of the AIDS crisis. When, over and over again, we see pictures of sick or dying white men who have AIDS, AIDS becomes associated with death and disease. This story of AIDS as a death sentence has been told since the beginning of the pandemic. The World AIDS Day poster mentioned above responds to this linkage of AIDS and death/disease by proclaiming that these (gay white) men have AIDS *and* are “well.” This type of response—direct disagreement—can be valuable in creating a counterdiscourse, or alternative story of HIV/AIDS. However, basing one’s response in such an opposition limits the effectiveness of that response. The story itself does not become any more

complex and instead a black and white dichotomy develops: “AIDS is a death sentence.” “No it’s not.”

It is my contention that AIDS art creates spaces for more complex narratives of the AIDS body to develop. I use this thesis to explore these narratives and the ways that AIDS art creates an aesthetic that allows the AIDS body to break free from existing representations. Overly simplistic images of the AIDS body dominate visual culture and limit our understandings of AIDS. AIDS art can show us complicated, confusing, and/or contradictory images that more accurately reflect the AIDS crisis. AIDS art challenges the viewer to question, challenge, and ultimately redefine the “AIDS body.”<sup>2</sup> By doing so, AIDS art offers solutions to the crisis of representation faced by the AIDS body.

A long history of queer and feminist responses to HIV/AIDS exists, and this history has contributed to greater insights into the role of culture, language, and image in shaping the pandemic, both as it is represented and as it is lived. As I discuss in the first chapter, feminists challenged the “othering” and marginalization of the AIDS body by calling attention to the processes through which the AIDS body becomes marginalized or “othered.” In the early days of the AIDS crisis (the 1980s – early 1990s) AIDS was a hot topic for feminist academics and activists. Feminists highlighted the role of language, image, and culture in marginalizing the AIDS body. They demanded action and accountability from political decision-makers and power players.

I worry, though, that these feminist responses may have been constrained by the very discourses that they wished to challenge. In *Borderlands/La Frontera*, Chicana feminist and activist Gloria Anzaldúa writes,

[I]t is not enough to stand on the opposite river bank, shouting questions, challenging patriarchal, white conventions. A counterstance locks one into

a duel of oppressor and oppressed; locked in a mortal combat, like the cop and the criminal, both are reduced to a common denominator of violence. The counterstance refutes the dominant culture's views and beliefs, and for this, it is proudly defiant. All reaction is limited by, and dependent on, what it is reacting against (2007, 100).

This passage explains that “proud defiance” and oppositional challenges are an insufficient response to oppression. These types of responses are defined by—and limited by—that which they deem problematic. However, as Anzaldúa continues, “the possibilities are numerous once we decide to act and not react” (101). In the first chapter, I discuss US feminist responses to AIDS as a “counterstance,” a “reaction” that was ultimately incomplete. Using Anzaldúa's theory as a foundation, I see AIDS art as an instance of “action” rather than “reaction,” one that opens space for the AIDS body to be defined outside of “hero” or “victim” narratives and health/disease dichotomies. AIDS art is a chance for the AIDS body to explore the myriad possibilities for sexuality and gender in the context of the AIDS crisis. This thesis argues that AIDS art is not a “counterstance” and is therefore free from the “duel of oppressor and oppressed” (100).

Gloria Anzaldúa's concepts of borderlands identity and *mestiza* consciousness arose out of Anzaldúa's identity as a queer Chicana feminist from the border culture of South Texas. As a term, *mestiza* can reference one's racial or cultural heritage, signifying a person with a multiple or “mixed” background. Anzaldúa situates her work in the physical borderlands of the Southwestern United States and draws from her own experience “between two cultures, the Mexican (with a heavy Indian influence) and the Anglo (as a member of a colonized people in our own territory)” (19). However, as she explains, the borderlands are more than a politically demarcated border between nations

or cultures. The borderlands are any place where cultures or traditions run into one another, overlap, or contradict.

Anzaldúa explores the psychic, psychological, and spiritual borderlands that arise from the overlaps and contradictions within identity. For example, Anzaldúa struggled with the question of what it means to be a feminist who maintains loyalties to some aspects of patriarchal Chicano culture, of how to claim her queerness without completely rejecting the homophobic culture within which she was raised. *Mestiza* consciousness, as laid out by Anzaldúa, enables one to bridge theory and action. It suggests new ways of being in (and with) the world. The *mestiza*, “copes by developing a tolerance for contradiction, a tolerance for ambiguity” (101). *Mestiza* consciousness involves an abandonment of either/or frameworks and dyadic thinking. Rather than accepting some things (e.g. feminism) and dismissing others (e.g. Chicano culture), the new *mestiza* must “operat[e] in a pluralistic mode—nothing is thrust out, the good the bad and the ugly, nothing rejected, nothing abandoned” (Ibid.). A *mestiza* framework provides one with the skills to survive at the intersections of seemingly disparate modes of existence. Anzaldúa uses *Borderlands* to outline these necessary skills.

Chicana feminist María Lugones also focuses on cultural intersections, overlaps, and tensions. While Anzaldúa’s *Borderlands* outlines the personal, internal journey one must take to freedom, Lugones focuses on the tensions that arise when we attempt to understand others across difference. In “Playfulness, ‘World’ Traveling, and Loving Perception” (1987), she highlights the ways that women of color must--out of necessity--interact with dominant culture; they must be familiar with navigating that dominant “world.” Privileged women, on the other hand, do not necessarily develop the skills of

navigating outsider or marginalized “worlds.” For women of privilege to begin to understand, work with, and communicate with dominated women, privileged women must engage in “world” traveling, willfully crossing into “worlds,” cultures, psychic spaces, where they feel uncomfortable or uneasy in order to understand the women who inhabit these different “worlds.” Lugones further argues that this travel must be undertaken from a place of playfulness, fluidity, flexibility, and “loving perception” in order to avoid reproducing oppressive power relationships. Playfulness, Lugones claims, will allow the “world”-traveler to avoid imposing her expectations on the world, to explore the border between self and not-self.

This concept of “world”-traveling has generally been used to understand literal communication between cultures, such as between white US feminists and Chicana feminists. However, it can also be used as a model for contemporary US feminist theorizing about the AIDS body. The narratives of the AIDS body that I outline in the first chapter—the AIDS body as not-fully-male/not-fully-female, as (homo)sexualized—can be understood as “worlds.” Lugones says about “worlds” that, “In a ‘world’ some of the inhabitants may not understand or hold the particular construction of them that constructs them in that ‘world.’...Or it may be that I understand the construction but do not hold it of myself. I may not accept it as an account of myself...And yet I may be *animating* such a construction” (Lugones 1987, 10, emphasis in original). To bring Lugones’ definition to this thesis, the AIDS body may be constructed as not-fully-male or not-fully-female, yet someone who inhabits/animates an AIDS body may view him or herself as fully and completely male or female, or as neither. Someone with an AIDS body may not view themselves as particularly sexual, or they may see nothing wrong

with being wildly sexual, even in the face of the epidemic. These self-perceptions, while accurate, are not part of the dominant “world” view held in the US today. I have found Lugones’ ideas regarding “world”-travel extremely valuable for my analysis of border-crossings in AIDS art. By showing us the marginalized “worlds” of the AIDS body, AIDS art opens up space for travel between “worlds.”

Using Chicana feminist theories as the foundation for this thesis caused me a bit of discomfort. I have felt compelled to ask what it means to adopt a framework of *mestiza* consciousness as a white feminist theorizing about AIDS. I am unsure of the ethics of this situation, and do not wish to engage in a process of “loving, knowing ignorance” (Ortega 2006) or discursive recolonization.<sup>3</sup> While Anzaldúa has written that *mestiza* consciousness does not necessarily have to arise from a *mestiza* identity, I do not wish to undertake my analysis in such a way as to appropriate Chicana feminists’ work without acknowledging its complexity, specificity, and context. Ultimately however, I believe that *mestiza* consciousness—when understood as a comprehensive, complex, and confrontational framework—is a good way to re-center AIDS as a feminist issue. One space where *mestiza* consciousness is easily identifiable is in art, hence, my analysis of AIDS art as a project of reclaiming AIDS.

### **Methodology**

I chose to draw my sample from the archives of Visual AIDS, a New York-based non-profit that “utilizes art to fight AIDS by provoking dialogue, supporting HIV+ artists, and preserving a legacy, because AIDS is not over” ([www.thebody.com/visualaids/index.html](http://www.thebody.com/visualaids/index.html)). Visual AIDS maintains a slide archive of over 13,000 images by 426 HIV+ artists, and each month their website features a web

gallery curated by an AIDS activist or artist. Additionally, they create broadsides,<sup>4</sup> organize auctions, and engage in other activist and awareness projects. Finally, Visual AIDS was founded by the same group of curators who developed the idea for Day With(Out) Art, which falls on December 1 every year and is meant to commemorate the toll HIV/AIDS has taken on the art world. Because Visual AIDS is one of the most established US AIDS art resources with such an extensive collection, it is an ideal research site for this project.

Rather than use a random sample from Visual AIDS' archives, I developed a set of criteria with which to select the art for this thesis. AIDS art's privileging of the AIDS body is an act of resistance that requires *mestiza* consciousness, however, I believed that this borderlands consciousness might manifest itself in many different ways. All of the images selected deal with borders and border crossings. Some images challenge gender binaries and others challenge constructions of acceptability/permissibility in the context of sexuality. Other images address the health/disease and life/death during the AIDS crisis.

In order to foreground the feminist nature of this project, I initially made the commitment for one half of my total sample to be female artists. However, of the 426 artists in Visual AIDS's archives, only 28 are either female or transgender identified. My sample is therefore mostly male artists, and reflects the demographics of the archive. However, I did take care to select female artists as much as possible. While I looked at over 13,000 slides, I paid special attention to the works by female and transgender artists. In cases where two pieces—one by a female artist and one by a male artist—addressed border-crossings in the same way, I chose the piece by the female artist. I am aware that

other sampling methods—such as only examining work by female artists—could have been used, but this thesis is an exploration of border-crossings and *mestiza* consciousness in AIDS art, not an exploration of AIDS art made by women. As such, I felt it more important to sample according to content with an emphasis on gender, rather than sampling by gender and then examining content.

I found the vast underrepresentation of female artists disheartening and discouraging. Feminist critiques of institutionalized sexism in the fine art world are unfortunately still very relevant. Women attend art school and become artists, and women are certainly affected by HIV/AIDS, however, Visual AIDS's archive lacks HIV+ women artists. As the executive director notes in the catalogue for their 2008 exhibition, "Side by Side"

The [archive project] is a free and unjuried registry. The only membership parameters are that the artist be/was professional and HIV-positive. Are there different consequences for women to be identified as HIV-positive in a public resource? Are there fewer professional artists who are women and trans than men? Further, regardless of serostatus, are there ramifications for living as an activist artist or a care giving artist, and if so, are these gendered?

Amy Sadao 2008

Sadao raises important questions about the invisibility of women in the Visual AIDS archives, however, she fails to answer these questions. Because of the invisibility of women in the archive, I was quite conscientious in selecting my artists, making sure to include female artists. Although my sample is overwhelmingly male, all of the works discussed in this thesis address issues of border-crossings and, I argue, reflect *mestiza* consciousness. In that way, they can be seen as feminist projects.

Seeing as the theoretical foundation of this work—*mestiza* consciousness—is also informed by race, I feel it would be irresponsible to select all white artists. At the same

time, I was uncomfortable reducing artists to their gender, or race, or sexuality, and worried that this reductionism would impose arbitrary boundaries on the project. I worried that my commitment to selecting female-identified artists would reinforce problematic gender binaries. However, I chose to make that commitment based on a desire to challenge the phallocentrism of the art world;<sup>5</sup> *mestiza* consciousness in AIDS art allows space not only for the AIDS body to speak, but for the female body to speak as well. The continuous grounding that this project required allowed me to remain fully engaged with the political and feminist aspects of this project; rather than simply selecting images that I deemed “powerful” or “moving,” I remained committed to this project as a feminist endeavor.

I struggled with ways to keep this project first and foremost a feminist undertaking. I wanted to select images by women or that feature women’s experiences, however I am aware that art by women is not necessarily feminist and does not necessarily depict women’s experiences or privilege women’s lives. I did my best to include images that I *do* consider feminist and that explicitly reference gender. However, the selection of artists raised the question of the role of gender and sexuality in AIDS discourse. Would I be privileging (heterosexual) female experiences at the expense of gay men? I believe that feminism can (and should) concern itself with gay male culture and experience. We cannot examine femininity without also questioning masculinity. Misogyny and homophobia—though distinct—are related processes and it is appropriate to challenge both.<sup>6</sup> *Mestiza* consciousness and borderlands identity understands that discrete categorizations are impossible, and therefore it is not only appropriate, but essential, to explore sexuality as well as gender.

## Structure

The first chapter of my thesis explores the theoretical foundations of my work. In this chapter, I discuss the ways that cultural, representational, linguistic, and biomedical institutions can work in concert to shape the AIDS epidemic; these institutions and discourses work together to define the AIDS crisis. AIDS art has responded to each of these discourses and offered challenges, questions, and refusals. Often, these cultural narratives depend on dualistic thinking. Feminists have offered cogent critiques of dualistic narratives such as us/them, health/disease, self/“other.” Feminist critiques have been taken up in the context of AIDS crisis in such a way as to radically alter narratives of illness, death, and disease. However, feminist responses of the 1980s and 1990s proved unable to resolve the crisis of representation faced by the AIDS body. In this first chapter, I frame my argument that a reinterpretation of AIDS art through a framework of *mestiza* consciousness and borderlands consciousness can move us closer to resolving this crisis.

The second chapter of this thesis begins my content analysis of AIDS art, looking at initial US artistic responses to the pandemic. I interpret images from this era and discuss how they employ border crossings and *mestiza* consciousness. The artists interpreted are: Barbara Kruger, Mark Morrisroe, Mark Lida, Jerry Hooten, David Wojnarowicz, Afrekka Jefferson, Valerie Caris, Brian Buczak, Paul Sapp, and J. Robert Reed. As part of my content analysis, I situate the images in relation to the constructs discussed in the first chapter. How do these images—through their use of the borderlands—challenge the processes of pathologization, sexualization, and gendering of the AIDS body? These processes, as I argue in Chapter 1, perpetuate the epidemic.

Hence, if these images challenge those processes, they offer a solution to the crisis of representation faced by the AIDS body.

The third chapter of this thesis explores contemporary US AIDS art. Here, I examine the ways that biomedical interventions have changed the meanings of illness, disease, and death in the context of the AIDS crisis. I then situate the work of contemporary US AIDS artists in relation to these redefined aspects of AIDS identities. While I argue in the first chapter that feminists' critical output relating to AIDS has waned, in Chapter Three I explore the contemporary US feminist scholarship on AIDS that does exist. I do this in the hopes of understanding how both AIDS art and AIDS theory have shifted with the pandemic. I discuss the work of Hermes Payrhuber, Preston McGovern, Tara Popick, Amber McCarthy, Max Greenberg, Jose Luis Cortes, Greg Cassin, Peter Madero III, William Donovan, Fran Lewis, Luna Luis Ortiz, Rebecca Guberman, and Eric Rhein. It is my contention that contemporary US AIDS art uses borderlands aesthetics to challenge discursive oppressions of the AIDS body—discursive oppressions that have real, lived manifestations. Only through an understanding of the spiritual, psychic, metaphysical, and literal borderlands that the AIDS body inhabits can we fully address the complexities and contradictions of an AIDS identity. Contemporary US AIDS art provides space for this exploration and thereby allows the possibility to challenge the oppression of the AIDS body.

## Chapter Notes

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<sup>1</sup> The most recent data from the Centers for Disease Control (CDC) comes from 2008. According to this data, there are between 31.1 and 35.8 million people living with HIV. In 2008, 2 million people died from AIDS-related complications. See UNAIDS. *AIDS Epidemic Update*. Geneva, Switzerland: UNAIDS, 2009.

<sup>2</sup> I use the term “AIDS body” to signify the discursive construct of the collective bodies of people with HIV and AIDS. HIV is a virus that can sometimes cause AIDS. AIDS is a syndrome that is currently defined by the presence of HIV and a T-Cell (or CD4) level of under 200 (CDC, 2006). One cannot die from AIDS, as it is a syndrome; one dies from AIDS-related complications including opportunistic infections, cancers, or other diseases. While HIV and AIDS are certainly *not* one and the same, for the purposes of this paper I use the term “AIDS body” to signify the bodies of people with both HIV and AIDS. My main reason for this linguistic decision is that AIDS, as a term, is more fluid than HIV. This is to say, the definition of AIDS more malleable than that of HIV, since HIV references a specific, clearly identifiable virus, while AIDS is defined through the presence and absence of specific symptomology. The definition of “AIDS” has changed over time, and I believe it will change further as AIDS activists, advocates and allies continue to work on behalf of people living with AIDS and HIV. Hence, AIDS is more flexible—practically, linguistically and theoretically. This flexibility makes it appealing for the purposes of this project, as I argue that the AIDS body is necessarily a site of shifting consciousness and identity.

<sup>3</sup> Anzaldúa has responded to white feminists’ appropriation of her work, stating, “I am cited by whites...but often it’s a mere referencing and not a deep exploration” (Keating 2009, 289). Anzaldúa has also said, “White critics and teachers often pick just some parts of *Borderlands*. For example, they take the passages in which I talk about *mestizaje* and borderlands because they can more easily apply them to their own experiences. The angrier parts of *Borderlands*, however, are often ignored as they seem too threatening and too confrontational. In some way, I think you could call this selective critical interpretation a kind of racism.” (Anzaldúa 2007, 252).

<sup>4</sup> A broadside draws from graphic design and advertising aesthetics, and the Visual AIDS broadsides are “produced for free distribution...[as] a creative response to the lack of provocative and frank HIV-prevention messages” (<http://www.thebody.com/visualaids/current/broadsides2010.html>).

<sup>5</sup> Feminist art movements have historically challenged the ways that women are represented in art. In *Women, Art, and Power*, Linda Nochlin (1988) argues that “representations of women in art are founded upon and serve to reproduce indisputably accepted assumptions held by society in general...about men’s power over, superiority to, difference from, and necessary control of women” (1-2). Feminist art rejects these assumptions and works to undo women’s subjugation. This happens through the privileging of women’s voices, experiences, bodies, and identities. For a foundational work of feminist art theory, see Mulvey, Laura. 1975. “Visual Pleasure and Narrative Cinema

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In the US, a feminist art movement emerged in response to the patriarchal nature of the “fine art” establishment. The US feminist art movements of the 1970s and 1980s challenged traditional constructions of “art,” and argued for women’s inclusion in existing art institutions as well as the recognition of women’s “folk” art. For example, Judy Chicago worked to re-define “craft” as “art” in pieces such as “The Dinner Party” (1974-79) and “Womanhouse” (1971-72). “The Dinner Party” is an iconic example of this redefinition. In “The Dinner Party,” Chicago built a triangular table upon which she laid thirty-nine place settings that represented important women ([http://www.brooklynmuseum.org/eascfa/dinner\\_party/reclamation.php](http://www.brooklynmuseum.org/eascfa/dinner_party/reclamation.php)). This piece reclaimed women’s histories while redefining craft as art. “Womanhouse” was a cooperative art project in which “21 women artists were granted space and a voice to present and perform work about stereotypically ‘feminine’ tasks, including scrubbing floors, ironing sheets, cooking, sewing, crocheting, and knitting; cycles, such as menstruation; and forms, such as eggs, breasts, lipstick, and so forth” ([http://www.brooklynmuseum.org/eascfa/dinner\\_party/womens\\_work.php](http://www.brooklynmuseum.org/eascfa/dinner_party/womens_work.php)).

In the context of the AIDS epidemic, women were active in curatorial and other artistic projects, such as Nan Goldin’s 1989 exhibition, “Witnesses: Against Our Vanishing.” This critically acclaimed exhibition worked in the confines of the male space of the gallery to provide space for the AIDS body to speak for itself. However, although a woman curated “Witnesses”, men created the overwhelming majority of pieces in the exhibit. If nothing else, this highlights the importance for feminist artistic responses to the pandemic; it shows the necessity of a feminist art movement to HIV/AIDS.

<sup>6</sup> Queer feminists, including Eve Kosofsky Sedgwick (1985), argue that feminisms that do not consider men (particularly gay men) are incomplete. Sedgwick’s *Between Men: English Literature and Male Homosocial Desire* (1985) explores the “relation of meaning between male homosexual relationships and the male patriarchal relations by which women are oppressed” in order to illuminate potential alliances between feminist and “antihomophobia” struggles (20).

## Chapter One: Feminism, AIDS, and the Borderlands

*The work of mestiza consciousness is to break down the subject-object duality that keeps her a prisoner and to show in the flesh and through the images in her work how duality is transcended.*

*Gloria Anzaldúa "La Consciencia de la Mestiza/Towards a New Consciousness," p. 259*

As first mentioned in the introduction, feminist critiques have been extraordinarily valuable in changing the ways that we talk about, think about, and know about the AIDS crisis. For thirty years, feminists have contributed critical voices to HIV and AIDS discourse and demanded action and accountability from decision-makers. Feminist analyses of power, gender, and sexuality have illuminated some of the mechanisms through which the AIDS body becomes marginalized. Feminists have never been silent regarding the pandemic, and have long been critical of the narratives that shape the AIDS body. An overarching theme of US feminism in the 1980s and 1990s was a questioning of existing power relationships as experienced in gender identities, sexual identities, and sexual practices.<sup>7</sup> Additionally, the US government's non-response to the epidemic provoked feminist critiques of institutionalized power. The AIDS body, then, provides a valuable site for feminist challenges to homophobia, gender, sexuality, disease and power.

This chapter is devoted to some of the feminist critiques that have emerged throughout the AIDS crisis. I wish to explore initial feminist responses to the pandemic, highlighting the important insights they provided into the role of discourse, language, and images in shaping our cultural understandings of AIDS. Although I find these responses

unquestionably valuable to deepening discussions of the AIDS body, I find them unable to fully address the crisis of representation faced by the AIDS body. I interpret these responses as counterstances to dominant representations of the AIDS body and therefore they are limited by that against which they are reacting. I see borderlands theory and *mestiza* consciousness as a solution to this dualism. Bringing a borderlands analysis to AIDS theory and feminist theory opens up space for deeper, continued dialogue about the meanings associated with the AIDS body. I believe that feminist AIDS theory and borderlands theory can engage in a cross-pollination, whereby each informs the other, resulting in a new and changing understanding of feminism, AIDS, and the AIDS body. In this interaction of *mestiza* consciousness and AIDS theory, a borderlands aesthetic develops that can be used to understand AIDS art as a solution to the crisis of representation faced by the AIDS body.

## **Feminist Responses to AIDS**

### **Homophobia and Sexism**

In the summer of 1981, a handful of out gay men in the US died from rare cancers; their deaths were marked in a short paragraph in the Centers for Disease Control's *Morbidity and Mortality Weekly Report* that warned medical providers to be on the lookout for these unusual cancers in "otherwise healthy gay men" (CDC 1981, 1-3). At that time, there was no inkling that what are now known as HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) would become anything beyond a medical anomaly. Yet in the intervening decades, HIV and AIDS grew into a global pandemic. Despite the reality that HIV and AIDS did not first appear in gay communities, and have *never* been isolated in gay communities (Crimp

1996a), the pandemic in the US has been persistently and problematically associated with gay (white) men. Because of this association, HIV/AIDS is influenced by homophobia, and the AIDS body is challenged by the same erasures and condemnations faced by the “gay body.”

In the early 1980s, when the medical and social literature insisted that AIDS was a “gay disease” or “gay cancer,” scientists showed little interest in finding a cause or a cure for HIV or AIDS, as indicated by the amount of federal research monies set aside for research on HIV/AIDS (Holtgrave 2007). The US government showed a similar lack of concern for HIV/AIDS, as indicated by president Ronald Reagan’s failure to even say the word “AIDS” in public until 1987, when millions of people had already died from AIDS-related complications. In *How to Have Theory in an Epidemic* (2006a), Paula Treichler cites the fusion of AIDS and homosexuality as a major contributing factor to both the spread of the epidemic and governments’ delayed and insufficient responses to it. She examines the ways that language—the way we talk about HIV/AIDS as well as the way we represent it—maintains an artificial border between “us” and “them” through a condemnation of both gay men and people with HIV/AIDS. This association of homosexuality and AIDS conflates the epidemic itself with the identities of people living with HIV/AIDS. In other words, blaming gay men for AIDS suggests that gay men—rather than HIV—are responsible for AIDS. This results in a dangerous slippage between a virus and an identity—a slippage that equates homosexuality with a virus. This equation is particularly salient considering that US medical and psychiatric institutions classified homosexuality as a mental illness until the 1970s.

When AIDS becomes identified as a “gay disease,” the epidemic becomes gendered as not-fully-male and not-fully-female. Based on her analysis of media coverage of HIV/AIDS from the 1980s and 1990s, Treichler argues that the signifiers used in AIDS discourse create a border between HIV+ people and HIV- people. This border is gendered and (homo)sexualized. Treichler explains:

The homophobic meanings associated with AIDS continue to be layered into existing discourse: analysis demonstrates ways in which the AIDS virus [sic] is linguistically identified with those it strikes... The virus “penetrates” its victims; a carrier of death, it wears an “innocent” disguise. AIDS is “caused” by homosexuals; AIDS is “caused” by a virus. Homosexuality exists on a border between male and female, the virus between life and nonlife. (2006a, 37)

As the above passage shows, language (as a form of representation) maintains the binary construction of HIV/AIDS as something that happens to the “other,” the deviant, the guilty. It is not just that media and public discourses explicitly blame homosexuals for AIDS, which they often do. But language itself—the words we choose to describe HIV/AIDS and the pictures we use to represent it—is encoded with homophobic and sexist language.

This homophobic language is persistent and pervasive. It can be seen blatantly, for example, the Westboro Baptist church’s contention that “AIDS cures fags.” However, it is also subtly coded into the ways that we understand HIV transmission. The CDC’s most current epidemiological data for the US reports HIV diagnoses by the following categories: male-to-male sexual contact, injection drug use, male-to-male sexual contact *and* injection drug use, “high risk” heterosexual contact, and “other.” The “other” category includes blood transfusions, perinatal (at the time of birth) exposure, and “risk not reported or identified.” These categories ignore structural homophobia that may make

a male reluctant to disclose homosexual contact. Further, testing counselors ask the man being tested whether he has *ever* had sexual contact with another man, or in the last one, three, or five years, even though male-to-male sexual contact does not mean that is how HIV was transmitted. For example, a man may have had sexual contact with an HIV negative man and then contracted HIV through heterosexual contact or sharing a needle. However, due to reporting categories, this man would be classified as having been infected through male-to-male sexual contact. These risk categories, authorized by biomedical discourse and legitimated through institutions such as the CDC, deny agency to people with HIV by reducing them to an arbitrary categorization of behavior, identity, and risk.

Problematic as they may be, the above categories of “risk behaviors” do reflect a victory on the part of AIDS activists and feminists who worked to challenge the CDC’s initial reporting categories that were based in identity, not behavior: HIV was a “gay cancer,” homosexuals were a “risk group,” and the “homosexual lifestyle” was a cause of AIDS. Suggesting that all homosexuals were potentially HIV-positive implied that homosexuality (and whatever sexual practices are presumed to accompany it) was the risk factor, *not* any acts (sexual or otherwise) that result in the transmission of certain bodily fluids. Further, these discourses of risk “other” the gay AIDS body because they imply that anyone who is not gay does not engage in unsafe sex and is therefore not at risk for HIV. This dangerous implication has had real, lived effects on the lives of millions of people, regardless of their sexual practices.

One feminist challenge to the linkage of HIV/AIDS and homosexuality resulted in the CDC’s 1993 redefinition of AIDS.<sup>8</sup> The old definition required the presence of one or

more opportunistic infections and illnesses—known as AIDS defining conditions—for an AIDS diagnosis. These illnesses include cancers, viruses, and fungal infections. Because this definition is a clinical one, an AIDS diagnosis required access to a medical provider/health care system, as well as that provider/system's knowledge about AIDS defining conditions. After the definition change in 1993, the AIDS prevalence rate in women increased dramatically, as cervical cancers, vaginal candidiasis, and other illnesses that affect women were now included as diagnostic criteria.<sup>9</sup> The CDC's redefinition of AIDS occurred as a direct result of consistent and concerted activism on the part of AIDS activists. HIV+ women demanded the access to services and clinical treatment trials made possible by an AIDS diagnosis. The redefinition was therefore an act of empowerment for HIV+ women as well as a victory for AIDS activists.

Despite this redefinition, however, the AIDS body remains decidedly *not* a female body except when that body already occupies a marginalized existence (such as sex workers or IV drug users). For example, in the US, medical institutions and the mainstream media rarely focus on women living with HIV unless they are looking at women with HIV/AIDS as purveyors of disease (e.g. studies on maternal/child transmission or sex workers). Even when focus is placed on the female AIDS body, though, this feminine AIDS body is presented in opposition to both the normative AIDS body (the white gay male) and the normative female body (*not* a sex worker or IV drug user). Hence, feminists must be concerned not only with the erasure of women from AIDS discourses but also with the linkage of homosexuality and HIV/AIDS.

### **Sexuality**

In the early days of the epidemic, it was thought that HIV was only spread through anal intercourse between men. Sexual acts were conflated with sexual identity and a sex-phobic, homophobic AIDS narrative emerged that assumed all gay men have anal sex and only gay men have anal sex. Therefore, the AIDS body itself became a locus of homosexual desire. This desire is repressed through the normalization of heterosexual, procreative sex and the “othering” of any sex acts that do not fall into that category. Further, homosexuality is fundamentally sexualized, meaning that AIDS itself becomes sexualized through its association with gayness. HIV’s sexualization (such as the “penetrative” virus Treichler mentions above) imbues the AIDS body with outsider status. If sex/AIDS is rendered illicit and taboo, then the AIDS body becomes illicit and taboo as well. This sexualization “others” the AIDS body and creates a marginalized identity, a spectacle, a pariah.

The spectacle of AIDS can be seen in cultural representations that dramatize the experiences of “tragic” AIDS “victims.” The ideal “victims” are represented on the covers of *Time* magazine that show children dying in Africa and in stories of children like Ryan White who are infected accidentally through a blood transfusion. These “innocent” victims—who are by virtue of their age assumed to be sexually pure—act as a counter to “guilty” people with AIDS: the promiscuous gay man or the desperate sex worker. This juxtaposition occurs simply by presenting some people as “innocent” victims. In a dualistic worldview, if one group is innocent then another group must be guilty. Further, the sexualization of the AIDS body (through the linkage of anal sex and HIV) in a sex-phobic society assigns innocence and guilt to those living with HIV/AIDS. If sex is bad

and HIV is spread through sex, then if you get HIV you are bad. However, it proves impossible to create distinct or discrete categories of “innocence” or “guilt” in the AIDS crisis. “Innocent” victims—hemophiliacs and HIV+ children—are “tainted” by their infection with a sexualized virus; even their “innocent” bodies become sexualized through the association of AIDS and sex. Those who are deemed “at fault” for the epidemic—gay men, IV drug users, sex workers, “irresponsible” mothers who transmit the virus during childbirth—were once clearly separated from “us.” As the epidemic spreads and shifts, it becomes increasingly difficult to condemn the AIDS body as the border between “us” and “them” becomes blurred.

Feminists have argued that the AIDS body’s outsider status can be used as a starting point for resistance; the AIDS body creates fault lines in the seemingly impenetrable boundaries between “us” and “them.” Alison Fraiberg (1991) writes that the AIDS body ruptures these boundaries and destabilizes the concept of the discrete individual. The AIDS body transgresses the boundaries between us/them, healthy/sick, straight/gay, male/female, and life/death. These dichotomies privilege the first term of the dyad over the second, thereby marginalizing the second term. The marginalized identities (“them”: sick, gay, immoral, HIV+) are repressed, condemned, or erased. Fraiberg claims:

Conservative discourse engages in a repressive hypothesis that promotes an economy of desire: the more you say yes, the higher your chances of "infection," the more leaky the moral boundaries that surround you. The hierarchy of morality--abstinence, monogamy, condoms, etc.--has eroded, however, under the scrutiny of critics, many of whom recognize the flimsiness of the boundaries constructed. (16)

The critics that Fraiberg references above include feminists and cultural theorists who have resisted both the condemnation of the AIDS body and the repression of sexuality in general. The “flimsy boundaries” include us/them, pure/impure, and abstinence/promiscuity. Rather than attempt to reinforce these boundaries, we can embrace their fluidity. Instead of attempting to repress sexuality, we must acknowledge and embrace it; the sexualized AIDS body is a site for the development of an outsider consciousness that can undermine the repression of sexuality, and therefore undermine the repression of the AIDS body.

Early safer sex campaigns did just that; many pamphlets and brochures produced by and for the gay community had frank and honest visual and narrative depictions of sexuality and sexual practices. These education and outreach efforts were successful in initially reducing incidence rates among men who self-report having sex with men (Kippax 2003, 2), however conservative backlash from the government and the religious right curtailed these campaigns.<sup>10</sup> Ultraconservative senators and religious “family values” groups like the Christian Coalition and the American Family Association declared safer sex pamphlets that were produced by the Gay Men’s Health Crisis (GMHC) and other AIDS service organizations to be vulgar and offensive. They deemed the work of several gay artists—some of whom had AIDS and some of whom did not—to be obscene and an outrage. In an attempt to feed a moral panic, some of these images were decontextualized and used in propaganda campaigns in an attempt to reinforce the boundaries between “us”—the general population, who were *not* at risk for HIV—and “them”—the “othered” AIDS body. Taking images from GMHC’s pamphlets and details from some of the artwork, then Senator Jesse Helms (R-NC) introduced an amendment to

limit the use of government AIDS funding to programs such that no government funds could be used “to provide AIDS education, information, or prevention materials that promote or encourage, directly or indirectly, homosexual sexual activities” (Crimp 1996, 264). What this conservative campaign did, then, was solidify the conflation of AIDS with sexuality, further gender the AIDS body as not-fully-male/not-fully-female through a linkage to homosexuality, and most frighteningly, cut off funding from an approach that had been working.

In the introduction to *Outlaw Representation* (2003), art historian Richard Meyer discusses the ways that the condemnation and repression of art depicting (homo)sexuality exoticizes and eroticizes the very thing it claims to condemn. Repression itself, rather than erasing (homo)sexuality, focuses our attention on that which it attempts to erase. Meyer’s work focuses on censorship in art and he claims that “like the regulation of pornography, the censorship of visual art functions by making its constitutive dependence on—and pleasure in—the images it seeks to suppress...the censorship of visual art helps to create and sustain a symbolic space (or screen) of obscenity onto which any number of different pictures may be projected” (8). In other words, rendering something “obscene” (and therefore censor-able) permanently links it with that which one is attempting to erase. Censoring art creates an absence, a vacuum, a void, that is forever tainted by the “obscene.” The erasure creates space for the development of “any number of different pictures” (8).

Biomedical discourses further shape and sexualize the AIDS body through language, medical research, HIV and AIDS treatments, and epidemiology. The editor’s note in the June 1981 *Morbidity and Mortality Weekly Report*—the vehicle for

information dissemination from the CDC—reported: “The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and *Pneumocystis* pneumonia in this population” (3). This editor’s note sexualizes the AIDS body by referring vaguely to the “homosexual lifestyle,” which we are left to imagine for ourselves. Equally revealing, though, is the information withheld from this editor’s note, as well as the report itself. We are not told about the men’s class background, although we can assume they were financially secure enough to receive regular routine medical care.<sup>11</sup> Similarly, we are not told their race, although the lack of a racial signifier implies whiteness. Although the report attempts to create a link between the “homosexual lifestyle” and *Pneumocystis* pneumonia, it does not clarify what a “homosexual lifestyle” entails. Instead, the vague suggestiveness of the article allows us to imagine any number of wildly deviant and deprived acts as constitutive of such a lifestyle.

### **Chicana Feminism and Feminist AIDS Theory**

The above feminist critiques of sexuality, gender, and homophobia in the AIDS crisis were able to begin a shift in our cultural consciousness surrounding the meanings associated with the AIDS body. Organizing, theorizing, and other activisms worked to challenge homophobic meanings associated with the AIDS body, to make visible the AIDS crisis’s effects on women, and to destabilize the construction of the AIDS body as an asexual body. These critiques were often rooted in direct challenges to problematic language, media, and other forms of representation. The CDC’s linguistic shift from “risk categories” to “risk behaviors” can be seen as one of these successes. Similarly, safer sex campaigns (such as those produced by GMHC) that embraced sexuality acknowledged

the necessity for the AIDS body to be seen as a sexual body. Also, the 1993 redefinition of AIDS reflects the hard work of activists to show that HIV/AIDS was not only an issue for gay (white) men. As valuable as these critiques were, they can be seen as “limited by, and dependent on, what [they were] reacting against” (Anzaldúa 2007, 100). For example, a reaction to the erasure of women from mainstream AIDS discourse is to demand recognition of women’s experiences with HIV/AIDS. This demand enables a direct, immediate response to the problem at hand. Reactions such as this were necessary first steps towards resolving the crisis of representation faced by the AIDS body. The danger, though, would be in perceiving this kind of reaction, or counterstance, as a sufficient response to problematic representations of the AIDS body.

Borderlands are physically located in places where nations collide and they are psychically located where identities and cultures collide. Anzaldúa defines borderlands as “vague and undetermined place[s] created by the emotional residue of an unnatural boundary” (2007, 25). These boundaries can be physical or psychological, geographical and cultural. The arbitrarily imposed geopolitical border between the US and Mexico creates one kind of borderlands. Homophobia creates a different kind of borderlands between straight and LGBTQ communities. The discourses discussed in the previous section that label the AIDS body as “other,” outsider, and deviant create yet another borderlands between AIDS and not-AIDS. While these borders are different, they each impose a separation or a divide between the sides of the border. Chicana feminists have struggled with ways to understand borders, borderlands, and communication across borders. Anzaldúa uses *Borderlands* to explore the personal, internal journey that one must undertake to reconcile life in the borderlands. Lugones focuses on ways to promote

productive, loving communication between women in different “worlds.” The insights of Lugones and Anzaldúa can both be used to broaden feminist analyses of the AIDS body.

### ***Mestiza* Consciousness and the Borderlands**

*Mestiza* consciousness can grow out of “racial, ideological, cultural, and biological cross-pollinization;” it “is a consciousness of the Borderlands” (Anzaldúa 2007, 99). Cross-pollinization is an essential component of *mestiza* consciousness. The borderlands are not simply barriers or boundaries between “worlds” but can also be fertile ground for the creation of something new, something hybrid, something “alien” (Ibid.). Cross-pollinization allows seemingly different (and at times contradictory or confrontational) sides of the border to inform and influence one another, and from this interaction develop something new. In the introduction to this thesis, I cited the example of Anzaldúa attempting to reconcile her identity as a feminist who retains loyalties to some aspects of a patriarchal Chicano culture. This attempt at reconciliation can be (and usually is) a source of tremendous distress and internal conflict. Taking a *mestiza* consciousness approach to this problem, however, means that Anzaldúa’s identity as a feminist can inform her identity as a Chicana and vice versa. This is an example of cross-pollinization. Rather than choose one side of the border, Anzaldúa chooses to inhabit the borderlands and draw from both sides. It is “in attempting to work out a synthesis [between these sides that] the self has added a third element which is greater than the sum of its severed parts” (101-102).

Several actions are necessary for this cross-pollinization to occur; these are the tools of *mestiza* consciousness that Anzaldúa lays out in *Borderlands*. First, the new

*mestiza* must take stock of what she is dealing with; she must take an inventory of the influences on her life:

*Pero es difícil* differentiating between *lo heredado, lo adquirido, lo impuesto*.<sup>12</sup> She puts history through a sieve, winnows out the lies... This step is a conscious rupture with all oppressive traditions of all cultures and religions. She communicates that rupture, documents the struggle. She reinterprets history and, using new symbols, she shapes new myths. She adopts new perspectives toward the darkskinned, women and queers. She strengthens her tolerance (and intolerance) for ambiguity. She is willing to share, to make herself vulnerable to foreign ways of seeing and thinking. She surrenders all notions of safety, of the familiar. Deconstruct, construct. (Anzaldúa 2007, 104)

The path laid out above is one way to resolve the tensions of borderlands existence. With it, Anzaldúa offers a proactive solution to the difficulties of borderlands residence.

Fluidity and flexibility are key, as are honesty and openness. Commitment to the cultivation of *mestiza* consciousness will allow one to undertake the difficult journey of deconstruction and construction outlined above. Through painstaking and meticulous communication and reinterpretation, the new *mestiza* can abandon a reactionary or dualistic framework. As Anzaldúa explains, “the possibilities are numerous once we decide to act and not react” (101).

*Mestiza* consciousness offers numerous possibilities for exploration, existence and identity within complex, contradictory, overlapping and oppositional cultures. Through the development of *mestiza* consciousness, one can acknowledge the oppressions one faces as well as the opportunities for action. In other words, Anzaldúa’s “new *mestiza*” appraises her situation and the forces that shape her life and then, after this honest examination, creates her own mythology, her own ways of being in the world. This has tremendous liberatory potential. The abandonment of an either-or reactionary framework

opens up space for the new *mestiza* to forge any number of paths, to reclaim agency in the context of oppression, and to forge a hybrid culture that is greater than any of its parts.

*Mestiza* consciousness shapes one's interactions with culture and tradition, at a macro level. The "tools" listed above are an important part of cultivating that *mestiza* consciousness. However, *mestiza* consciousness goes beyond simply interacting with the world in a different way. It also involves interacting with the self in a different way. Or more accurately, the self and the world cannot be separated. *Mestiza* consciousness requires an acknowledgement of one's connection to the Earth, the impossibility of a separation between one and the other.

Hence, an essential component of *mestiza* consciousness is the *Coatlicue* state. As Anzaldúa explains, the goddess "*Coatlicue*, or 'serpent skirt'...had a human skull or serpent for a head, a necklace of human hearts, a skirt of twisted serpents and taloned feet. As creator goddess she was mother of the celestial deities" (2007, 49). *Coatlicue* is an important part of *mestiza* consciousness because as the Earth-mother, she symbolizes the connections between the physical world and the metaphysical world. She represents completeness, wholeness. "*Coatlicue* is a rupture in our everyday world. As the Earth, she opens and swallows us, plunging us into the underworld where the soul resides, allowing us to dwell in darkness" (2007, 68). The *Coatlicue* state represents cycles, completions, and rebirths. Rebirth is not painless, however, nor is it easy. Rather,

It is a dry birth, a breech birth, a screaming birth, one that fights her every inch of the way. It is only when she is on the other side and the shell cracks open and the lid from her eyes lifts that she sees things in a different perspective. It is only then that she makes the connections, formulates the insights. It is only then that her consciousness expands a

tiny notch... Suddenly the repressed energy rises, makes decisions, connects with the conscious energy and a new life begins. It is her reluctance to cross over, to make a hole in the fence and walk across, to cross the river, to take that flying leap into the dark, that drives her to escape... (71).

The *Coatlicue* state is an integral part of developing *mestiza* consciousness.

Through this journey into oneself, one is able to expand consciousness and create a new life. This passage ends in a more enlightened life, and although the journey is necessarily painful, it is also a part of the evolution of consciousness. Seeking out the *Coatlicue* state allows one to continue to grow, to continuously enter into oneself and experience spiritual or metaphysical death and rebirth.

### **“World”-Traveling**

Anzaldúa focuses on the internal, personal journey that one must undertake, entering into oneself, to develop an identity based in *mestiza* consciousness. Chicana philosopher María Lugones approaches the same topic—the tensions and conflicts that arise around borders and boundaries—and focuses on ways that feminists can communicate with one another across different “worlds.” Lugones seeks to resolve the tensions that arise when women (and men) attempt to understand others across difference. In “Playfulness, ‘World’-Travelling [sic] and Loving Perception” (1987), she suggests that the way to know someone else is by traveling to their “world,” by seeing through their eyes, by developing empathy and understanding for someone else’s worldview and experiences. This travel must be undertaken intentionally and with an attitude of playfulness. Playfulness allows one to avoid imposing one’s own preconceptions on the transaction. So then, for me to understand you (and fully

communicate with you), I must really see the world as you do. I must travel to your “world.” Something is gained through this transaction, this traveling.

Lugones’s concept of playful, intentional world traveling offers an exciting way to envision communication across difference that is particularly useful for an analysis of art. AIDS art, by representing the many and varied “worlds” inhabited by people living with HIV and AIDS, allows an entry point for the viewer to travel into those “worlds.” Rather than undertaking that travel based on preconceptions or assumptions, the viewer (whether s/he is HIV+ or HIV-) can see a “world” as it is experienced by the artist. Should the viewer begin from a point of openness, playfulness, and loving perception, s/he can begin to truly understand and identify with the artist. This “world” travel allows for communication between the viewer and the artist in a deeper and more meaningful way. This communication is especially salient when the “world” shown in the art piece depicts the AIDS body as existing outside of dominant constructions of AIDS. In other words, if an art piece shows the AIDS body as sexual when dominant discourses construct the AIDS body as asexual or as possessing a deviant sexuality, then that piece allows the viewer to challenge her or his notions of sexuality in the epidemic, and therefore to reconstruct the AIDS body.

Chicana feminist theories such as those outlined above can inform AIDS theory by offering new modes of representation, dialogue, and understanding. If, as I have argued above, initial feminist responses to AIDS in the US were limited by a reactionary framework, then Chicana feminisms provide a different and non-reactionary way to theorize about the AIDS body and its representations. If our understandings of the AIDS body are limited by dominant discourses that represent that body as deviant and “other,”

then AIDS art creates an opportunity for us to experience the “worlds” of AIDS bodies in such a way as to begin a meaningful challenge to those problematic discourses.

### **Borderlands Aesthetics**

At the intersections of Chicana feminisms--such as those offered by Anzaldúa and Lugones--and feminist AIDS theory, a borderlands aesthetic develops. It facilitates a playful and loving “world” travel by presenting opportunities to experience other “worlds.” This aesthetic can also be seen as one that employs the tools of new *mestiza* consciousness: taking inventory, a tolerance for ambiguity, reinterpreting history and developing new myths, abandoning the familiar, and making oneself vulnerable (Anzaldúa 2007, 104). By beginning from a point of *mestiza* consciousness and “world” travel, this borderlands aesthetic creates new possibilities for representing the AIDS body.

The AIDS body exists in the borderlands between two poles of a dualistic system: sickness/health, male/female, self/not-self, life/death. Borderlands consciousness develops in the slippage between these poles. In the epigraph that opens this chapter, Gloria Anzaldúa speaks about *mestiza* consciousness’s potential to disrupt existing ways of being. Elsewhere, Anzaldúa has written that “A massive uprooting of dualistic thinking in the individual and collective consciousness is the beginning of a long struggle, but one that could, in our best hopes, bring us to the end of rape, of violence, of war” (Anzaldúa 2007, 102). Borderlands aesthetics, developed through *mestiza* consciousness, can be used to re-vision AIDS art in such a way as to bring us to the end of the crisis of representation of the AIDS body as well.

In *Chicana Art: The Politics of Spiritual and Aesthetic Altarities* (2007), Laura Pérez explores Chicana art as a way to connect with subjugated and undervalued spiritualities. She focuses on different forms of visual arts that take varied approaches to spirituality, feminism, and politics. It is her contention that this art's embrace of the spiritual is a source of political power for Chicana feminists. Pérez develops a framework of borderlands aesthetics that is particularly valuable for my own work on border crossings and *mestiza* consciousness in AIDS art.

In order to examine AIDS art with an attention to borderlands consciousness, I must situate this art in relation to Chicana feminist art, or borderlands art. Chicana feminist art uses visual and fine art media as tools of consciousness raising and collective action. Art historian Judith Huacuja explains that "Borderlands artists work to re-member their bodies and to embody an activist presence that claims political spaces" (2003, 109). Using their experiences in border regions as a starting point, contemporary Chicana artists challenge the structures that marginalize and oppress their cultures, bodies, and other lived experiences. Borderlands art foregrounds the body, the physical. This description of borderlands art can, I claim, be applied to AIDS art as well. AIDS art and borderlands art both use tactics like foregrounding the body, inciting action, and claiming political space(s).

As argued earlier, the AIDS body is marginalized, subjugated, and repressed through the same processes that maintain sexism, homophobia, racism and imperialism. While I do not mean to imply that, for example, the experiences of a heterosexual, HIV-, Chicana woman in a border region of the United States are the same as those of a gay, urban, HIV+ white man, I have suggested that similar structural oppressions are at work

in both instances, therefore, borderlands art theory can be informative for AIDS art. An intersectional analysis of identity that accounts for age, race, sex, class, sexual orientation, ability, and HIV status understands that each of these aspects of identity works through similar mechanisms to privilege one over an “other.” A borderlands analysis allows us to examine the slippages and passages between identities.

AIDS art has been thoroughly examined from a critical postmodern perspective,<sup>13</sup> and art historians have explored the ways that AIDS art works as an activist technique.<sup>14</sup> Recent work on borderlands aesthetics and subjectivities has resulted in an increased understanding of borderlands art as a means to cultivate an activist aesthetic through the embrace of lived experience.<sup>15</sup> I draw from insights gained from studies of borderlands aesthetics and border art to re-envision AIDS art as an activist project, both historically and contemporarily. It is my hope to undertake this re-envisioning without appropriating an arrogant eye or suggesting that Chicana feminist art and borderlands subjectivities can be understood without an understanding of the very real, lived experiences that create these subjectivities.

## Chapter Notes

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<sup>7</sup> For example, works by Judith Butler (including *Gender Trouble*, 1990) and Michel Foucault (*History of Sexuality*, 1978) deconstructed sex/gender/power systems, and sought to undermine constructions of masculinity, femininity, sexuality and identity. Marilyn Frye critiqued gender and sexuality in *The Politics of Reality* (1983). Gayle Rubin, Monique Wittig, Teresa de Lauretis, Adrienne Rich, Andrea Dworkin and others took up sexuality as part of the feminist porn debates of the 1980s. For more discussion of the feminist porn debates, see for example, Ferguson, Ann. "Forum: The Feminist Sexuality Debates." *Signs: Journal of Women in Culture and Society* 10, no 1 (1984): 106-125. Also, see Vance, Carole. 1992. *Pleasure and Danger: Exploring Female Sexuality*, London: Pandora.

<sup>8</sup> The CDC issued a bulletin at the end of 1992 that updated its definition of AIDS: Centers for Disease Control and Prevention. 1992. "1993 Revised Classification System for HIV Infection and Expanded Surveillance Definition for AIDS among Adolescents and Adults." *Morbidity and Mortality Weekly Report* 41 (December 18): 1-19. The CDC's definition of AIDS has not been updated since, which means that the working definition of AIDS is now 18 years old.

<sup>9</sup> While I take issue with epidemiological data (as far as problems of collection and classification) and see it as a contributing factor to the problematic dichotomizations that plague AIDS discourse, I concede that these data have utility as one representation of the scope of HIV/AIDS. Also, I find this data potentially helpful for understanding the disproportionate toll HIV/AIDS takes on certain communities in order to reveal spaces for more activism to occur. However, as the dramatic and sudden change in prevalence rates in 1993 indicates, epidemiological data is far from absolute "Truth" and is clearly shaped by social, political, and cultural discourses.

<sup>10</sup> For a public health perspective on safer sex practices and an epidemiological history of the epidemic in gay men in the West, see Kippax, Susan. 2003. "Sustaining Safe Practice: Twenty Years On." *Social Science and Medicine* 57: 1-12. This article examines safer sex practices in the historical context of the development of highly active antiviral therapy (HAART) in 1996, a development that dramatically decreased deaths from AIDS-related complications. Kippax concedes that the most effective HIV prevention efforts do not come from government interventions but rather from social groups, "gay organisations [sic], community and network structures" (2). For a social and cultural historical discussion of safer sex practices, government interventions, and prevention efforts, see Crimp, Douglas. 1996. "How to Have Promiscuity in an Epidemic." *AIDS: Cultural Analysis, Cultural Activism*. Ed. Douglas Crimp. Cambridge, Massachusetts: The MIT Press. Crimp argues that government inaction in response to the epidemic and repression of community-based education and prevention efforts is largely responsible for the epidemic's growth.

<sup>11</sup> The report talks about previous diagnoses the men had had, indicating that they had sought out care prior to the present infection with *Pneumocystis Pneumonia*.

<sup>12</sup> *But it is hard differentiating between what is inherited, what is acquired, and what is imposed.*

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<sup>13</sup> See, for example, Crimp, Douglas, Ed. 1996b. *AIDS: Cultural Analysis, Cultural Activism*. Cambridge: Massachusetts: The MIT Press; Deitcher, David. 1999. "What Does Silence Equal Now?" *Art Matters: How the Culture Wars Changed America*. Ed. Brian Wallis, Marianne Waters, and Philip Yenawine. New York, New York University Press; Meyer, Richard. 2003a. *Outlaw Representation: Homosexuality in Twentieth-Century American*. New York: Routledge; Patton, Cindy. 1992. "Designing Safer Sex: Pornography as Vernacular." *A Leap in the Dark: AIDS, Art and Contemporary Culture*. Montreal, Vehicule Press.

<sup>14</sup> See the following for more on the way art was used as an activist strategy: Avgikos, Jan. 1995. "Group Material Timeline: Activism as a Work of Art." *But Is It Art? The Spirit of Art as Activism*. Ed. Nina Felshin. Seattle, Bay Press; Baker, Rob. 1994. *The Art of AIDS: From Stigma to Conscience*. New York, Continuum; Gilman, Sander. 1988. *Disease and Representation: Images of Illness from Madness to AIDS*. Ithica, NY: Cornell University Press; Reed, T.V. 2005. "ACTing UP against AIDS: The (Very) Graphic Arts in a Moment of Crisis." *The Art of Protest: Culture and Activism from the Civil Rights Movement to the Streets of Seattle*. Minneapolis, University of Minnesota Press; Wojnarowicz, David. 1994. *Brush Fires in the Social Landscape*. New York, Aperture.

<sup>15</sup> Huacuja, Judith. 2003. "Borderlands Critical Subjectivity in Recent Chicana Art." *Frontiers: A Journal of Women's Studies* 24, 2/3: 104-121; Perez, Laura. 2007. *Chicana Art: The Politics of Spiritual and Aesthetic Altarities*. Durham, NC: Duke University Press.

## Chapter Two: Initial Artistic Responses to AIDS in the US

### Art as Activism

Artists have been responding to the AIDS pandemic since the crisis first began. Artists took up issues of death, illness, loss, anger, memory, love, sex, and intimacy in the context of the emerging pandemic. At this time, HIV/AIDS was still considered a gay disease and the mainstream media was disseminating wildly contradictory misinformation about transmission, risk, and treatment (Treichler, 1988, 2006a, 2006b). Fine artists used art as a way to counter paranoia, to humanize the epidemic, and to reflect and give voice to the devastation HIV/AIDS was taking on their communities (Deichter, 1999).

The line between art and activism was blurred—often intentionally—as people living with HIV and AIDS and their allies fought against governmental inaction in the face of the AIDS crisis. Groups such as ACT UP (The AIDS Coalition to Unleash Power) and GMHC (Gay Men’s Health Crisis) initiated aggressive visual propaganda campaigns to raise public awareness and demand a governmental response to the pandemic. These groups used billboards, posters, subway advertisements, and mass-produced fliers as a vehicle for their activist agenda. Members of ACT UP took advantage of their connections within the fine art world to curate exhibits such as *Witness: Against Our Vanishing* (1989) and *Let the Record Show* (1987), two exhibits that lambasted the Reagan administration and the Catholic Church for failing to address HIV/AIDS and vilifying the gay community.

Groups like ACT UP and GMHC employed art that had a clear and explicit political agenda, however this activist art was not the only response to the AIDS crisis. Artists working within the fine art establishment used their art as a vehicle for expressing outrage and grief at the devastation AIDS was causing. These artists rarely considered themselves as either artists or activists, and often simultaneously worked within the private space of the gallery and public activist campaigns. In a 2003 interview, Douglas Crimp explains, “Some of the most sophisticated people in the art world who were queer were also in ACT UP during that time. David Wojnarowicz and Zoe Leonard... Tom Kalin, Gregg Bordowitz, Catherine Gund, Ray Navarro” (82).

Activist groups like ACT UP brought art outside the private realm of the museum and gallery and used it in their direct action campaigns. ACT UP’s most well known campaign was *Silence = Death* (1986). This campaign featured a pink triangle over the words “Silence = Death.”<sup>16</sup> At the bottom of the image, in small type, were the words “Why is Reagan silent about AIDS? What is really going on at the Center for Disease Control, the Food and Drug Administration, and the Vatican? Gays and lesbians are not expendable... Use your power... Vote... Boycott... Defend yourselves... Turn anger, fear, grief into action” (Crimp 1990, p. 30). This graphic was put up all over New York and other cities: on billboards, bus stops, t-shirts, subway stations, and the sides of buildings. The *Silence = Death* campaign was one of the most successful AIDS activist campaigns, and that graphic is still used in AIDS activism 25 years later.

While art and activism have continued to inform one another in the context of the AIDS pandemic, that is not to imply that the relationship between the two was unproblematic. It was, at times, quite contentious, such as ACT UP’s *Art Is Not Enough*

campaign. In this campaign, ACT UP proclaimed that artistic responses were insufficient to address the full cultural spectrum in which AIDS operates. For these members of ACT UP, art does not have the power to save lives, and AIDS activists and allies must engage in direct action to end the pandemic. Douglas Crimp (1996) responded to this proclamation, arguing:

Art *does* have the power to save lives, and it is this very power that must be recognized, fostered, and supported in every way possible. But if we are to do this, we will have to abandon the idealist conception of art. We don't need a cultural renaissance; we need cultural practices actively participating in the struggle against AIDS. We don't need to transcend the epidemic; we need to end it. Crimp 1996, 7

In the above passage, Crimp highlights the importance of integrating art *and* activism into cultural practices that work to counter AIDS. Crimp implores us to harness the power that art has to save lives—to end the pandemic—through any and all means necessary. I will show that borderlands consciousness is one way that this cultural transformation might occur.

Despite occasional tensions between “artists” and “activists” as to the role of art in ending the AIDS crisis, visually driven activist campaigns and activist inspired art had an undeniable effect on the course of the AIDS crisis in the US. First, AIDS art claimed space for that which was previously invisible. This demand for recognition involved a rejection of the demonizing and vilification of the AIDS body that was rampant in mainstream US culture, thereby destabilizing the separation between “us” and “them.” Second, AIDS art challenged viewers to re-conceptualize the AIDS body and what it means to live with HIV/AIDS. This reconceptualization happened partially through a celebration of sexuality and physicality, which countered hegemonic practices that

oppress and deny the sexuality of the AIDS body. Third, early AIDS art demanded compassionate and effective governmental, medical, and religious responses to the AIDS crisis. Fourth, by drawing from the physical as well as metaphysical, initial artistic responses to the pandemic simultaneously humanized and sacralized the AIDS body.

Early AIDS art claimed space for that which mainstream culture attempted to erase. It did so by making visible the lives, loves, and losses of people living with HIV and AIDS. In 1999, art historian David Deichter reflected on the role of art in the AIDS crisis in “What Does Silence Equal Now?” Deichter offers a broad overview of AIDS art in the US, dividing AIDS art into several loose categories, or generations. First generation AIDS art (the early 1980s), he claims, “bore witness to loss in memorializing works that were fundamentally declarative and descriptive” (97). The second generation of AIDS art (mid-late 1980s – early 1990s) was more overtly activist. The third generation (mid – late 1990s) had a “tendency to work in the abstraction and allegory...strip[ping] such art of the kind of specificity that did so much to foreground the distinctly political dimensions of a death from AIDS” (117). Adding to Deichter’s generations, I would claim that a fourth generation of AIDS art has emerged in the 2000s; this fourth generation (un)settles the borderlands of the AIDS body and, by doing so, repoliticizes death from (and life with) AIDS. Each of these generations makes the AIDS body visible, which is an inherently political act.

This making visible challenged viewers to re-conceptualize the AIDS body and what it means to live with HIV/AIDS. Showing the AIDS body in its full complexity shattered the oppressive constructions of that body as a rejected body. If hegemonic culture attempted to vilify the AIDS body, to “other” it, to devalue it, then AIDS art

worked to counter those constructions. AIDS artists did not condemn the AIDS body. Even when showing people dying from AIDS-related complications, AIDS artists attempted to humanize that body, to treat its experiences with respect and compassion.<sup>17</sup> As I have argued in the preceding chapter, a part of the “othering” of the AIDS body occurs when that body is reduced to a diagnosis. Hence, by showing the complexity of AIDS experiences, AIDS art challenges that reductionism.

Another challenge undertaken by AIDS art is an overtly political challenge. AIDS art demanded that the US government, the Catholic church, and biomedical institutions respond quickly, compassionately, and effectively. This demand can be clearly seen in the crossover between art and activism, such as ACT UP’s campaigns that targeted the church, the FDA, and the Reagan administration. These campaigns skillfully employed visual components, such as billboards and posters that expressed outrage and disgust at these institutions’ failures in the AIDS crisis. One of these campaigns boldly proclaimed that “the government has blood on its hands” as a direct result of its inaction in response to AIDS. This campaign had a red handprint on a white background, meant to symbolize the government’s bloody hands. Not only were these posters and broadsides widely disseminated, but ACT UP members peppered Manhattan with single red handprints in order to drive the message home.

Finally, AIDS art opened up space for a discussion of the spiritual. AIDS art humanized the AIDS body, and a part of human experience is a connection to the spiritual, the divine. In a moment where so many artists—people—were being lost to the pandemic, metaphysical questions about death and dying appeared quite clearly in AIDS art. Artists used religious iconography not only in their criticism of institutionalized

religion, but also as a part of their own search for meaning in the pandemic. Further, death and the experience of dying are major themes in early AIDS art, and considerations of end-of-life experiences raise questions about the soul, the spiritual, and our divine connections. AIDS art provided a space for artists to explore the psychic and spiritual realms through their art. In a culture that privileges the rational over the sublime, this focus on the spiritual was a political act.



*Figure 1: ACT UP, “The Government Has Blood on Its Hands,” (n.d.)*

As I have shown, AIDS art must be seen as activist art. I have also claimed that these initial responses can be seen as border art. I have highlighted the activist tendencies of early AIDS art, including its focus on the physical as well as the metaphysical, and its use as a consciousness-raising tactic. In the discussion that follows, I examine pieces from Visual AIDS’s archives through an Anzaldúan theoretical framework to argue that part of these pieces’ political efficacy came through their cultivation of *mestiza* consciousness. Three of the ten pieces discussed in this chapter are by female artists, and

one piece is by a drag performer. I wish that I had been able to just examine female artists, however, Visual AIDS only has 28 female member artists, and not all of them were working during the pre-AZT days of the epidemic. Further, not all of their work reflected the border-crossings that are the focus of this paper. As such, my sample was disproportionately male. Most of the pieces I chose explicitly address gender and sexuality, and all address issues of border-crossings and borderlands as they relate to the AIDS crisis. Hence, it is appropriate to provide a feminist interpretation of these works with attention to *mestiza* consciousness, regardless of the gender of the artist.

### **Border-Crossings: Gender**

Barbara Kruger's<sup>18</sup> broadside "Girl, Don't Die for Love" is a black and white graphic that shows a skeleton shouting into a microphone. The text accompanying the image reads, "Girl, Don't be dumb. Don't be coy. Don't be intimidated. Don't think it can't happen to you. Do safer sex because AIDS kills. Don't die for love." Much of Kruger's work is overtly feminist, including "Your body is a battleground" (1989) and "You are not yourself" (1984). "Girl, Don't Die for Love" was commissioned by Visual AIDS and fits neatly into Kruger's artistic oeuvre by combining bold graphics, text, and other advertising aesthetics. In this piece, Kruger addresses the AIDS crisis' effect on women. Despite mainstream media's insistence that HIV/AIDS was a "gay problem," it has always been a "problem" for women as well. Kruger's broadside addresses the AIDS crisis' toll on women, and shatters the mythology that only certain bodies (namely gay, white, and male) are at risk for infection. In doing so, this piece challenges constructions of risk and safety in the AIDS crisis. As a response to the border-gendering of the AIDS body, Kruger clearly and explicitly names the AIDS body as a female body, thereby

disturbing the notion that the AIDS body is neither fully male nor fully female. However, even in naming the AIDS body as a female body, Kruger plays with ambiguity. The skeleton, lacking any clear gender markers, can be read as either female or male.



Figure 2: Barbara Kruger, “Girl, Don’t die for love” (1992)

A second response to the border-gendering of the AIDS body comes in conceptual drag artist Mark Morrisroe’s “She Thing From Hell,” (1986). In this image, we see the photographer’s silhouette in front of a white wall. There is a mannequin head in the right center of the frame as well as a small lamp. The image has the distressed look that is characteristic of a Polaroid transfer, and in the white border around the image are the roughly scrawled words: “the she thing from hell/purple love part II Taboo.” Much of Morrisroe’s work is self-portrait, and he often photographed himself in drag. In this image, he is wearing a large wig that, bent out of proportion by the lighting, lends a

grotesquely supernatural quality to the image. Morrisroe's forays into drag and his transgression of the boundary between male and female acceptability call to mind a passage in *Borderlands* in which Anzaldúa talks about a "half and half" that lived near her growing up. Anzaldúa writes that this person was "a strange doubling, a deviation of nature that horrified, a work of nature inverted. But there is a magic aspect in abnormality and so-called deformity" (41). Morrisroe's "She Thing From Hell" evokes the magic of this doubling. By doing so, it displays borderlands aesthetics.



Figure 3: Mark Morrisroe, "She Thing From Hell" (1986)

The AIDS body is culturally constructed as neither fully male nor fully female. The two images above respond to this construction in different ways. Kruger clearly stakes the AIDS body as female body, using her piece to urge women to protect

themselves in the AIDS crisis. In doing so, she claims space for the female body in the AIDS crisis and challenges the construction of the AIDS body as neither fully male nor fully female. In doing so, she creates space for women to identify with the AIDS crisis, to see “self” in this image. Morrisroe, on the other hand, embraces the AIDS body as neither fully male nor fully female. He plays with the idea of a border between masculinity and femininity, and deliberately transgresses it in both his art and his life. By photographing himself as a grotesque, monstrous, shadowy figure, Morrisroe speaks to the discomfort caused by the nebulosity of the AIDS body. By deliberately “othering” the AIDS body, Morrisroe creates “home” in the borderlands.

### **Border-Crossings: Sexuality**

The gendering of the AIDS body as neither fully male nor fully female occurs partially through the linkage of HIV/AIDS and homosexuality. As discussed earlier, the gay male body is decidedly not masculine and neither is it fully feminine. It is, however, sexualized. When HIV/AIDS becomes linked with homosexuality (through reporting categories, media coverage, and other processes) it becomes sexualized as well. The (homo)sexual AIDS body becomes particularly deviant given that “gay sex” itself is falsely constructed as a risk for contracting HIV. Because of this perceived risk, there is a cultural imperative for the AIDS body to become asexual, to deny desire, and to practice restraint. Many AIDS artists responded to this mandate by embracing (homo)sexual desire in the age of AIDS.

In Mark Lida’s watercolor “AIDS #5,” two men are shown having sex while a skeleton hovers over them. The ground beneath them evokes the sea, as do the choppy brush strokes and patches of color. Animals can be seen in the terrain beneath the men.

The night sky above them is dark and cloudless. The skeleton and its clear symbolism remind the viewer that anal (“gay”) sex has been constructed as incredibly risky, despite the availability of safer sex practices that make risk of HIV-transmission minimal. AIDS activists worked tirelessly to separate homosexual desire from a “death sentence” while using frank sexual language in safer sex campaigns (Patton 1992) and artists like (most notably) David Wojnarowicz and Robert Mapplethorpe refused to remove homosexual desire from their work, despite censorship attempts, funding withdrawal, and right-wing backlash. Similarly, Lida makes homosexual desire the centerpiece of “AIDS #5;” he refuses to allow homosexual desire to become subjugated. As such, he is reclaiming the language of that desire through the visual medium.



*Figure 4: Mark Lida, “AIDS #5” 1983*

Homosexual desire is also the subject of Jerry Hooten’s “Candle Dancers” (1995). In this German expressionism-inspired linotype print we see two naked men dancing in a candle-filled room. The simple lines of this image capture the motion of the men’s

dancing, and the contrast of white on black give the image a sharp brightness. Like “AIDS #5,” “Candle Dancers” reclaims a language of sexuality at a time when homosexual desire, particularly *male* homosexual desire, was being repressed and vilified as a literal source of disease. The men in this image are clearly, visibly aroused, and this arousal is being celebrated and embraced. The men’s dancing appears ritualistic and/or sexual, highlighting the relationships between the sexual and the spiritual. As such, this piece can be seen as an Anzaldúan project that recognizes the impossibility of a separation between physical and spiritual, between the body and the psyche.



Figure 5: Jerry Hooten, “Candle Dancers” (1995)

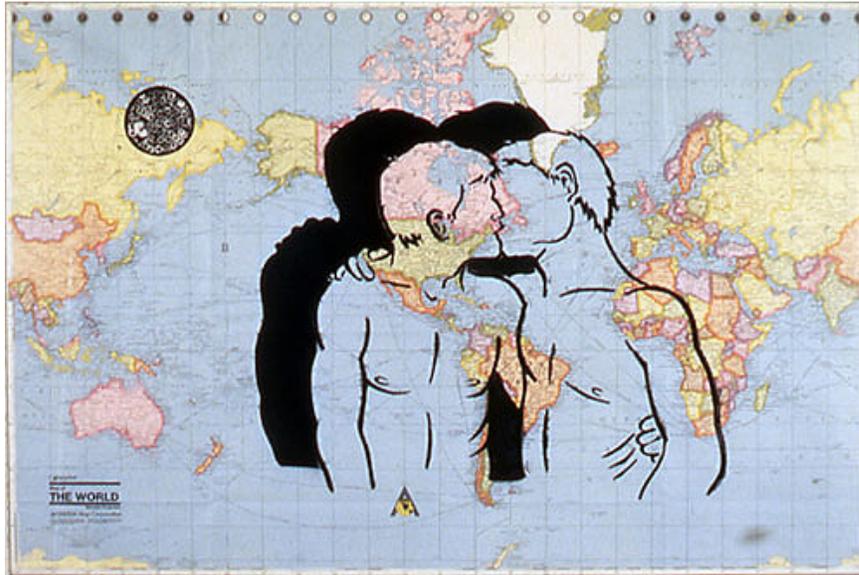
Although both Lida and Hooten focus on male desire, I find it appropriate to interpret these images through a feminist lens. We cannot examine femininity without also questioning masculinity. Queer feminists, including Eve Kosofsky Sedgwick (1985), argue that feminisms that do not consider men (particularly gay men) are incomplete. Sedgwick's *Between Men: English Literature and Male Homosocial Desire* (1985) explores the "relation of meaning between male homosexual relationships and the male patriarchal relations by which women are oppressed" in order to illuminate potential alliances between feminist and "antihomophobia" struggles (20). For Sedgwick and other queer theorists, misogyny and homophobia—though distinct—are related processes and it is appropriate to challenge both. Queer theory, like *mestiza* consciousness or borderlands identity, understands that discrete categorizations are impossible. The interrelations and flexibilities of a queer theoretical framework coalesce with this project's foundation of borderlands consciousness.

The two pieces discussed above demonstrate border crossings by showcasing male homosexual desire. This can be seen as a project of *mestiza* consciousness. What was said about AIDS, sex, and sexuality in the age of AIDS was dramatically shaped by discourses of censorship and repression—arbitrary boundaries, if you will. The language of homosexual desire was repressed and condemned through this censorship. Anzaldúa focuses on language in her chapter, "How to Tame a Wild Tongue," arguing that one must not abandon one's language, or allow it to be subjugated by dominant culture. While she is referring to the unique spoken language of her Tejana upbringing, I wish to reframe her work in the context of AIDS. Images using visual or textual language that allowed for sexuality, agency, and empowerment were quickly and harshly censored and

erased, and AIDS artists refused to abandon that language. Images that show how to be sexual in an epidemic reclaim a subjugated language for the AIDS body. Hence, they can be seen as feminist projects of *mestiza* consciousness.

### **Border-Crossings: Race**

The AIDS body is not only gendered and homosexualized, but it is also raced. Mainstream portrayals of the AIDS body as gay, white, and male have ignored the realities that HIV/AIDS has always taken a significant toll on the black and Latino communities in the US. In the first chapter of *Borderlands*, Anzaldúa speaks about some of the racial tensions she experienced as a literal resident of the Borderlands of the Southwestern US. Anzaldúa explains that this region has been invaded many times over, and the original residents, the *mestizos*, have been subjugated and rendered “other,” or “alien.” In the context of the AIDS crisis, the AIDS body becomes similarly “alien.” Artists have responded to the “racing” of the AIDS body in different ways. Some artists have claimed the AIDS body as, for example, a black body, thereby calling attention to the toll that HIV/AIDS takes in black communities. Other artists represent the AIDS body as racially ambiguous or unrecognizable. Both of these approaches can be seen to cultivate *mestiza* consciousness.



*Figure 6: David Wojnarowicz "Untitled (Map)" (1990)*

David Wojnarowicz's "Maps" (1990) is a large mixed media piece that shows two shirtless men kissing imposed over a world map. The men are outlined in black, but their bodies are unshaded, hollow. Their "skin" therefore becomes the oceans on the map and the pinks, yellows, and oranges of North and South America and Western Africa.

Afrekka Jefferson's "Two Sapphos" depicts two naked women embracing underneath of the text "Tales of Two Sapphos." Beneath the women are the words "For Adult Women Only." (1990). Like Wojnarowicz, Jefferson uses silhouette and shadow, however, the women in her woodcut are easily read as black (and lesbian). Here, Jefferson not only claims space for women in the pandemic, but black women and lesbians. Both Wojnarowicz and Jefferson's pieces call to mind a passage in *Borderlands* where Anzaldúa writes, "As a lesbian I have no race, my own people disclaim me; but I am all races because there is the queer of me in all races" (182).



Figure 7: Afrekka Jefferson, "Two Sapphos" (1990)

### **Border-Crossings: Health/Disease**

As discussed above, AIDS art shows the AIDS body transgressing borders of race, gender and sexuality in the AIDS epidemic. A fourth way that the AIDS body was regulated in the early days of the pandemic was through its construction as fundamentally unhealthy. Remember that in this time period, there were few—if any—effective treatments for HIV/AIDS. In the early 1980s, we had not yet identified HIV as a virus, and scientists and doctors were still struggling to come up with a name for the pandemic. In this context, AIDS artists questioned the equation of scientific and medical knowledges with absolute “Truth.” Despite the holes in scientific and medical knowledge, these institutions were still imbued with the power to determine the “facts” of the pandemic. In this context, a rigid border between health and disease emerged.

HIV/AIDS automatically placed one on the “disease” side of that dualism. Artists used their work to disturb the border between health and disease.

One example of this border crossing is Valerie Caris’s “Vestment” (1993). In the tradition of feminist garment art,<sup>19</sup> Caris created a vestment (ceremonial robe) out of her medical records. The robe references a hospital gown more than a priest’s robes, and is displayed on a wire hanger against a black background. Notably absent from this piece is a physical body. This may speak to the erasure of the lived experiences of HIV+ people in biomedical discourse. AIDS activists critiqued science and medicine for their perceived lack of concern with actual lives affected by HIV/AIDS. One of ACT UP’s campaigns demanded that the FDA get drugs out of the laboratory and into bodies, to place concern for HIV+ people’s lives over concern for profits and patents (Crimp 1990). “Vestment” can be seen as a border crossing as Caris directly addresses the borders between the AIDS body as lived, embodied experience and the AIDS body as constructed by scientific fact. Further, by creating a holy garment out of medical reports, Caris addresses the construction of biomedical discourse as absolute fact. The rational, the reasonable, and the objective are afforded godlike status. AIDS activists have challenged this presentation of science and medicine as “objective,” since it obfuscates the effects of culture on these institutions (Treichler 2006a).



*Figure 6: Valerie Caris "Vestment" 1993*

### **Border Crossings: Life/Death**

Closely related to the dualism of health/disease is that of life/death. This binary plays a large role in early (and contemporary) AIDS discourse and has been explored at length in AIDS art. The art that is the focus of this chapter was made before many (if any) effective treatments for HIV or AIDS existed, and the life expectancy for someone with AIDS was months rather than years. It was in this context that artists used their work to memorialize, grieve, and rage about the deaths of friends, lovers, family, and selves. AIDS artists approached death in a variety of ways, including: taking deathbed portraits of people dying from AIDS-related complications and placing symbols of death and the afterlife in their work. These approaches, along with others, addressed the realities of the pandemic while also acknowledging the spiritual realm; physical death is not necessarily

the end. In doing to, AIDS artists addressed the interconnections of the physical and metaphysical realms, thereby cultivating *mestiza* consciousness.

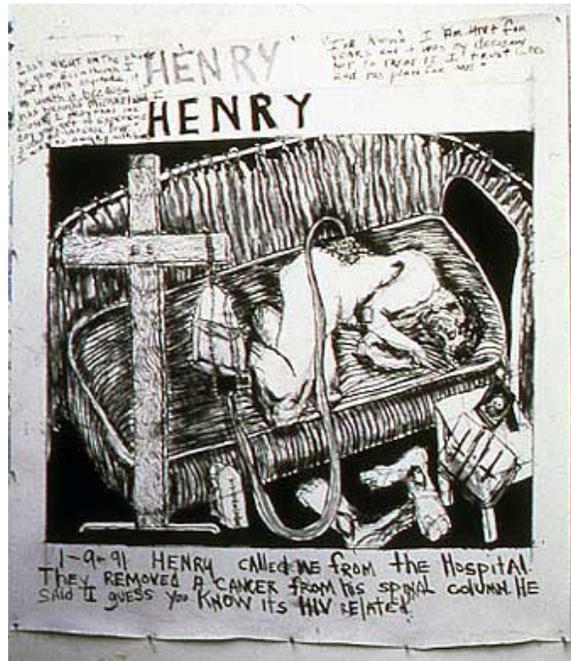


*Figure 7: Brian Buczak “Corpse (Panel 3)” 1982*

Brian Buczak’s “Corpse” series is a group of five panels that depict pieces of a skeleton on a swirling black and blue background. This series of acrylic paintings segments and disjoins the human figure. Perhaps this references the disconnection of body and spirit and a cultural disconnection from our bodies. “Panel 3” shows the legs of the skeleton with a snake coiled around them. Buczak’s juxtaposition of the dead skeleton with the live snake speaks to the interconnections of life and death and the impossibility of a separation between the two. In this acrylic painting, Buczak confronts viewers with the realities of the epidemic; he acknowledges the very real death toll of HIV/AIDS. Although this piece addresses death it also speaks to life; it shows that life can be found even in death.

### **Border Crossings: Spiritual**

Pieces such as Paul Sapp's "Henry" (1991) reflect the spiritual possibilities for the AIDS body. Sapp's large (70" x 84") charcoal drawing shows a man lying on a mattress on the floor with a hospital curtain drawn around it. He has a wound in his back from which his intestines are uncoiling. The man's legs are amputated and lay on the floor next to his bed, and religious paraphernalia and iconography including a cross and a Bible are scattered throughout the image. The caption at the bottom of the image reads, "1-9-91 Henry called me from the hospital. They removed a cancer from his spinal column. He said I guess you know it's HIV related." The piece speaks of suffering, pathos, and mourning. While the image is full of religious iconography, these icons do not read as comforting or a site of solace. Anzaldúa calls institutionalized religion to task, claiming that "The Catholic and Protestant religions encourage fear and distrust of life and body; they encourage a split between the body and the spirit and totally ignore the soul; they encourage us to kill off parts of ourselves" (59). This self-sacrifice is visible in "Henry." As a political piece, "Henry" is in line with other early AIDS art that challenged religious institutions to react compassionately to the AIDS crisis. *Mestiza* consciousness cultivates spirituality, but one that does not depend on institutionalized religion. This is also a part of the borderlands aesthetics that Pérez describes that draws from multiple religious and spiritual traditions.



*Figure 8: Paul Sapp, “Henry” (1991)*

J. Robert Reed’s mixed media painting “Beauty is Homely Skin Deep” (1996) is also full of traditional religious iconography drawing from Anglo, Mexican, and Indian cultures. He has various religious figures as paper dolls within the frame, and other religious figures are attached to the motorized frame itself. This work can be seen as a political project because it challenges us to address the role of the spiritual in the creation of self. The artist makes himself and his spiritual experience through the creative process. These are Anzaldúan politics of borderlands consciousness. By reintegrating the spiritual into the aesthetic, “Beauty is Homely Skin Deep” dismantles boundaries between “self” and “not-self.” The boundary between “us” and “them” is then challenged, as is the internal boundary between body and soul. In the context of the AIDS crisis, this dismantling is particularly political, since the AIDS body is discursively separated from the normative (healthy, white, straight) body. Not only does this piece challenge that

separation, but it also rejects the construction of the divine as something somehow external to the physical realm. This reintegration of the two is truly a project of *mestiza* consciousness.



*Figure 9: J. Robert Reed "Beauty is Homely Skin Deep" (1996)*

Sapp and Reed each transgress spiritual borders. By representing the human figure as both isolated and self-contained in a religious setting, Sapp questions organized religion and its inability to adequately feed the spirit. Although his figure is clearly tied to religious paraphernalia, he is wasting and alone. What is lacking in this piece is a spiritual connection. Sapp therefore makes a distinction between religion and spirituality. The suffering and sadness of this painting can be seen as a result of religion's failures—it's failure to adequately address the spiritual. With this work, Sapp addresses the border between self and spirit as well as that between health/illness, life/death, and self/other. By challenging these dualisms Sapp creates space for *mestiza* consciousness. Reed fills his painting with spiritual imagery from several religious traditions, a blending which

highlights the potential spiritual underpinnings of all of these traditions. He creates something hybrid that is somehow more than any one of the traditions could provide. The frame of this painting is motorized, which adds movement to the work. This movement speaks to the transience and fluidity of the spiritual.

Writing about the use of religious and spiritual iconography in art by LGBTQ artists, curator Jose Vidal explains:

These pieces seem like a conscious attempt to insert the GLBTQ experience into the existing traditions of religious iconography so that those traditions suddenly become a kind of new vocabulary, stripped of apology, the rhetoric of victimization, or gratuitous anger. Gay people's religious experiences, both positive and negative, have given them a critical eye and a certain distance from religious institutions. This has given them the freedom to interpret their religious experiences and memories in a new way, allowing them to define their faith and spirituality in their own way.

[http://www.thebody.com/visualaids/web\\_gallery/2011/vidal/statement.htm](http://www.thebody.com/visualaids/web_gallery/2011/vidal/statement.htm)

1

What Vidal describes above is truly a *mestiza* consciousness. Sapp and Reed each enact a reclamation of spirituality through many of the same processes that mark a borderlands experience. Rather than simply accept the repression of LGBTQ experience in religious traditions, these artists take what works for them and create something new.

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The art discussed in this chapter shows what may exist when AIDS art abandons a framework of oppressor/oppressed. As Anzaldúa writes in the final chapter of *Borderlands/La Frontera*,

It is not enough to stand on the opposite river bank, shouting questions, challenging patriarchal, white conventions. A counterstance locks one into a duel of oppressor and oppressed; locked in a mortal combat, like the cop and the criminal, both are reduced to a common denominator of violence.

The counterstance refutes the dominant culture's views and beliefs, and for this, it is proudly defiant. All reaction is limited by, and dependent on, what it is reacting against. (Anzaldúa, 2007, p.100)

Rather than responding with a counterstance—directly addressing the homophobia and sexual subjugation faced by PLWHAs—these artists abandon that reactionary framework. Real liberation, as Anzaldúa sees it, comes from this abandonment. As she says, “the possibilities are numerous once we decide to act and not react” (101). I claim that these images act, creating numerous possibilities for the AIDS body in the epidemic. They show what *mestiza* consciousness may look like, embodied. I believe it this work provides excellent examples of the new *mestiza*, of how to have feminist resistance in the epidemic.

The pieces in this chapter follow an Anzaldúan path to a new *mestiza* consciousness. Like *Borderlands/La Frontera*, this art begins by naming oppressions and then turns to an inward journey to reclaim the spiritual. Each of these pieces addresses—in a unique way—how the AIDS body might be understood as a spiritual and physical being in the context of the early days of the AIDS crisis. The time period of this art (early 1980s through mid 1990s) was a time when people with HIV were rapidly developing AIDS, and people with AIDS were rapidly dying. In response to this reality, artists grappled with questions of life, illness, and death. Interpreting this work through an Anzaldúan framework reveals that these pieces can be seen as political projects, that they can be seen to have changed the cultural course of the pandemic. This happened, I have argued, through a return to the spiritual and an integration of the psychic and the physical.

The artists I have discussed attempted to connect with the psychic and spiritual realities of the epidemic. As I argued in the first chapter, feminist AIDS theory of the 80s and 90s was perpetuating the oppressive binaries by which AIDS was constrained. Feminist AIDS theorists' attempts to subvert or destabilize the oppressor/oppressed dynamics ultimately reinforced these constructions' discursive power. These images, conversely, reflect what can happen when we "leave the opposite bank, the split between the two mortal combatants somehow healed so that we are on both shores at once and, at once, see through serpent and eagle eyes" (100-101). When understood in such a way, these images can be seen to have played a role in changing problematic discourses of AIDS: all people with AIDS are guilty, AIDS is not "our" problem, only "certain people" (read: gay, white, male) get AIDS, AIDS is a death sentence. The above images foreground the role of spiritual experience for the AIDS body and addressed the border crossings undertaken by this body.

*Mestiza* consciousness and border-crossings bring the psychic, the spiritual, to feminist theory. Feminist theory often—too often—lacks a consideration of the spiritual, which, I believe, limits the effectiveness of those theories. This can be seen in the inadequacy of feminist postmodern or poststructural responses to AIDS. Rather than simply abandon AIDS as a feminist issue because we don't know how to theorize about it, we can incorporate a more comprehensive and inclusive kind of theory. Too often feminists lament the gulf between the academy and activism. The images I have discussed show one way to seek to resolve this tension. The following chapter deals with this tension in the context of the contemporary AIDS crisis in the US and seeks to answer the question of how contemporary US AIDS art crosses borders in such a way as to

provide the AIDS body with agency, thereby potentially ending the crisis of representation.

## Chapter Notes

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<sup>16</sup> The pink triangle was used in Nazi Germany to mark homosexuals, however the gay liberation movement of the 1960s reclaimed that symbol and used it as a symbol for the movement.

<sup>17</sup> While AIDS artists attempted to treat AIDS-related deaths with compassion, other artists made a spectacle of these deaths. For a discussion of the difference between these two approaches, see Crimp, Douglas. 2002a. "Portraits of People with AIDS." In D. Crimp, *Melancholia and Moralism* (83-109) Cambridge, MA: The MIT Press. In this piece, Crimp explains how some art that objectifies the AIDS body and consequently "others" it further. This type of art can be seen to have arrogant perception, as defined by Frye and elaborated on by Lugones.

<sup>18</sup> It should be noted that Barbara Kruger is not one of the member artists of Visual AIDS, and she has not disclosed her HIV-status. She is a noted AIDS activist and feminist artist, but I am unsure of whether she fits my criteria of HIV+ artists. However, since this work was commissioned *for* Visual AIDS, I include it in this discussion.

## Chapter Three: Contemporary AIDS Art in the US

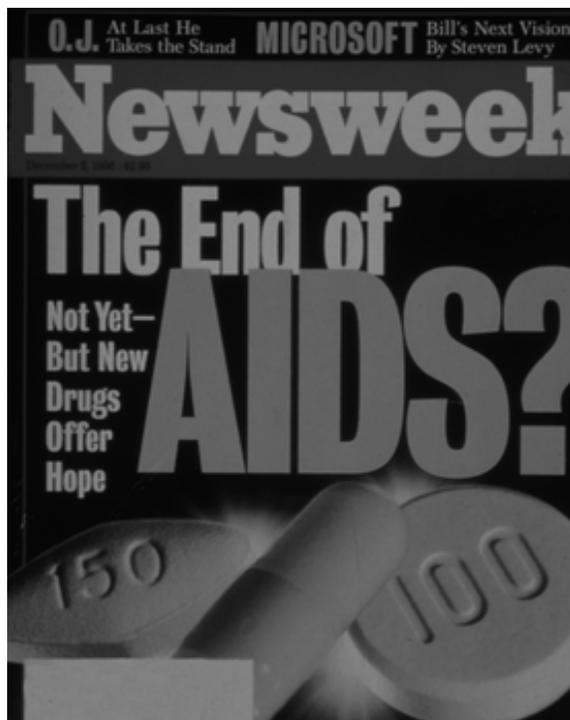
### The HAART Era

On December 2, 1996, the cover of *Newsweek* magazine asked whether we had arrived at the end of AIDS. This question came on the heels of the development of protease inhibitors, a new and highly effective treatment for AIDS. Azidothymidine (AZT) is an antiretroviral (ARV) drug that was approved by the Food and Drug Administration (FDA) for treatment of HIV/AIDS in 1987. It was the first effective treatment for AIDS, and for many years it was the only treatment available. The development of a different class of drugs--known as protease inhibitors (PIs)--in the mid-1990s created opportunities for different combinations of treatments. These combinations often had brutal side effects and required round-the-clock dosages of medications, however, people taking PIs and AZT were having success fighting AIDS, and the life expectancy (and quality of life) for people with AIDS began to increase. Other treatment regimens soon emerged, and the mid-1990s can be considered the beginning of the HAART (Highly Active Anti-Retroviral) era. There are presently five classes of HIV/AIDS drugs: Nucleoside Reverse Transcriptase Inhibitors (NRTIs), Non-nucleoside Reverse Transcriptase Inhibitors (NNRTIs), Protease Inhibitors (PIs), Entry/Fusion Inhibitors, and Integrase Strand Transfer Inhibitors. The efficacy of these medications led *Newsweek* and other mainstream media outlets to declare that we were reaching the end of the AIDS pandemic.

However, these treatments have never been universally available. Even in the “developed” world, racial and class barriers have prevented everyone who needed treatment from receiving it. For over 150,000 people in the United States, AIDS Drug Assistance Programs (ADAP) provide necessary AIDS treatment medications to people who cannot afford them and serve as a supplement or replacement for Medicare, Medicaid, and private insurances (National ADAP Monitoring Report 2010, 2). However, ADAPs are inadequately funded and supported by the federal and state governments, and presently (as of March 3, 2011) 6,972 people in 11 states are on ADAP waiting lists (National Alliance of State and Territorial AIDS Directors 2011). One year previously, in April 2010, only 929 people were on ADAP waiting lists. That reflects a nearly 700% increase in HIV+ people who were being denied AIDS treatments. The government’s social priorities are reflected in its financial priorities, and the US budget reveals that people living with HIV/AIDS are terribly devalued. So, fifteen years after *Newsweek* asked if we had reached the end of AIDS, we have not even begun to provide HIV/AIDS treatments to everyone in the United States.<sup>20</sup>

Despite the fact that we are certainly *not* at the end of AIDS, the development of PIs and other AIDS medicines has created a pervasive “end-of-AIDS” rhetoric that constructs HIV/AIDS as no longer a crisis, no longer urgent, and more of a manageable medical condition. Certainly, HIV/AIDS are potentially manageable, however, as David Román explains in “Not-About-AIDS” (2000), on the heels of the new AIDS drugs, “an understanding of AIDS as a manageable condition rather than a terminal one has taken shape. In late 1996 AIDS returned to the forefront of U.S. culture only to announce its departure. Not surprisingly, the end-of-AIDS discourse soon led to a general lack of

media interest in AIDS and to calls from gay figures for ‘post-AIDS’ identities and cultures” (1). This disinterest in AIDS is reflected in individual and corporate contributions to AIDS organizations as well as the relegation of AIDS (and, for example, ADAPs) to the bottom of the government’s priority list.



*Figure 10: “The End of AIDS?” cover of Newsweek, December 2, 1996*

In 2011, another biomedical breakthrough has potentially changed the shape of the AIDS pandemic. Two different AIDS medications have been found to have protective effects against HIV;<sup>21</sup> in other words, research has shown that taking HIV treatment medicines can decrease one’s chances of contracting HIV (CDC 2011a, Beasley 2011). These scientific developments have changed definitions of health and risk in the context of the pandemic. True: for many people, AIDS is no longer a death sentence. Equally true: for many people, AIDS is still very much a death sentence. However, in the

ambiguous terrain of the HAART era, we must find new ways of representing the AIDS body as one that is not necessarily ill or dying.

A major concern of many AIDS activists and others working in HIV-prevention has to do with the effect of HAART on safer sex practices. Many seasoned AIDS activists have expressed concern that a younger generation of gay men might be having unsafe sex because of treatment advances that allow one to live a long, healthy, HIV+ life. These concerns persist, as the exciting new data from the CDC about Pre-Exposure Prophylaxis (PrEP)--which involves using PIs as a prevention effort--come with a strong caution from the research community. These concerns are:

- 1) use of other antiretrovirals (ARVs) than those so far proven safe for uninfected persons (e.g., more than two drugs or protease inhibitors);
- 2) use of dosing schedules of unproven efficacy (e.g., "intermittent" dosing just before and/or after sex);
- 3) not screening for acute infection before beginning PrEP or long intervals without retesting for HIV infection; and
- 4) providing prescriptions without other HIV prevention support.

CDC 2011

These concerns highlight the difficulty of generalizing scientific developments. What might be a wonderfully effective prevention tool in the laboratory may prove difficult, or even impossible, for widespread implementation outside of a clinical trial setting. Results may be misinterpreted or misunderstood. Further, if PrEP becomes widely accepted as a safer sex practice, what will the implications be for people who choose not to take it? Is sexuality—especially homosexuality—at risk of regulation by pharmaceutical companies and the medical establishment?

Below, I examine contemporary AIDS art in the US to see how the crisis of representation has changed post-HAART. Have radical shifts in our cultural

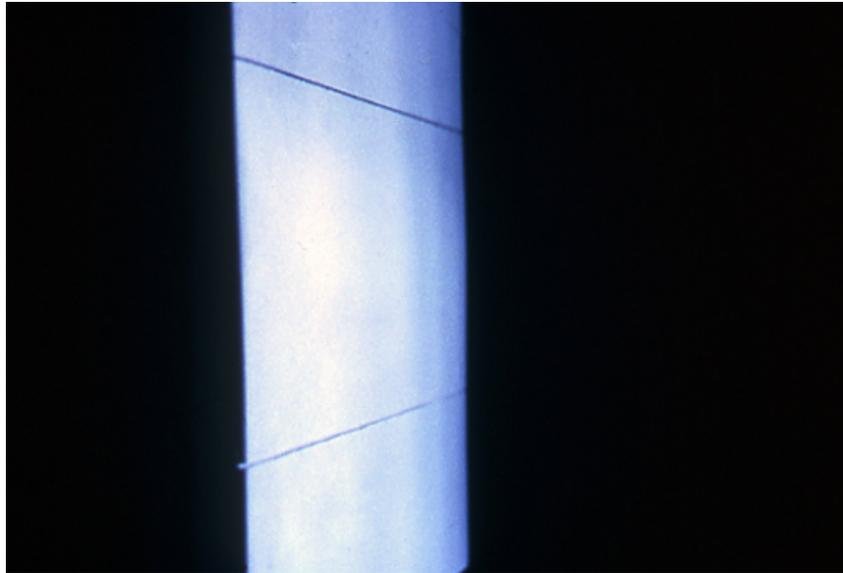
understandings of sickness, disease, and death resolved the crisis of representation? I trace *mestiza* consciousness as it emerges in contemporary US AIDS art in order to show that border crossings and borderlands aesthetics can provide us with deeper and more complex ways of representing the AIDS body, and move towards a resolution. A major part of the crisis of representation faced by the AIDS body is the simplistic and arbitrary reductionism used in mainstream visual representations of the AIDS body. The art that is the focus of this chapter broadens that discussion to account for the complexities and contradictions of the AIDS body. It was very difficult to separate the art in this section neatly into categories of gender, sexuality, health, and so forth. Many of the pieces address gender, sexuality, and spirituality all in the context of illness and death, health and life. The borders of the AIDS body--representationally and discursively--have become more permeable and less absolute. This slipperiness was obvious as I attempted to group this work. The subheadings below are necessarily loose, and many of the pieces could have fit into other “categories” just as easily.

### **Border Crossings: Mapping the Border**

The AIDS crisis has historically depended on clear demarcations between self and “other,” between AIDS and not-AIDS, between health and disease, and between life and death. What were previously discrete categories based on identity have become more slippery as language has shifted to reference risk behaviors—behaviors that anyone can participate in, regardless of identity. New developments in health and science related to HIV/AIDS have blurred the boundary between life and death, health and disease.

Borderlands aesthetics utilize the tools of *mestiza* consciousness to represent marginalized and subjugated “worlds.” The pieces discussed below map the borders that

render the AIDS body “other.” Created in the context of the AIDS crisis, these pieces show literal borders, boundaries, and breaches. This calls attention to the barriers that have been erected between “worlds.” It is by understanding these pieces as entry-points into other “worlds” that they can be seen to have transformative potential.



*Figure 11: Hermes Payrhuber “Void” (2001)*

Hermes Payrhuber’s “Void” (2001) is a small rectangle of plaster that has grooves etched into it. The piece is, at first glance, overwhelmingly simple—just a flat piece of plaster. However, by creating a groove—or void—in the white plaster, Payrhuber disrupts the surface plane and draws the viewer in to the piece. The recessed line in the plaster uses structure to transform “Void” into a three-dimensional piece, thereby creating a much different experience for the viewer. Payrhuber’s architecturally-inspired pieces have been described as rooted in minimalist aesthetics, yet “transcend[ing] this tradition because of its inherent depiction of art as a gateway; as a window into another reality” (Brems, n.d.). By functioning as a gateway, “Void” provides an opportunity for the

viewer to acknowledge the outer barriers and limitations of her/his own “world.” Further, not only can the groove in the plaster serve as an entry point into other “worlds,” it can be a gateway into the self. As such, this piece can be seen as speaking to the *Coatlicue* state Anzaldúa sees as necessary to the development of *mestiza* consciousness. So, Payrhuber’s work simultaneously references the ability of art to serve as a gateway, the boundaries of experience, and a journey into oneself.

Like Payrhuber, Preston McGovern addresses borders, gulfs, and barriers. In “Untitled,” (2000) he uses shapes, lines, and spaces to visually represent these chasms. “Untitled” is constructed from pencil shavings and string on delicate paper, lending it a transient and organic quality. Its shape and layout call Japanese hanging scrolls to mind. These scrolls often feature calligraphy, religious iconography, poetry, and landscapes. McGovern’s work transforms these abstract pieces of trash—pencil shavings, bits of string—into a beautiful landscape. The string and pencil shavings retain movement and life; they also fairly directly reference anatomy textbooks’ representations of sperm and eggs, of human reproduction. This visual reference—to science, medicine, sex, and reproduction—takes on added significance in the context of the AIDS crisis. There is a river of sperm-like bits cascading down from the top of the image and sweeping across to the bottom left corner. One large orb/egg reaches out with spidery tentacles to pluck bits of sperm from this river. Another egg/orb rests in the bottom right corner of the image, separated from the river of sperm by an actual ribbon of blue/water.

Borderlands aesthetics can be used to understand “Untitled” as relating to *mestiza* consciousness and border crossings. Writing about his art and his AIDS-diagnosis, McGovern explains, “Before the protease, when I was slowly recovering from

pneumonia, my constructions and paintings had a grimness that proved difficult to market...Now that my health has improved, my paintings are less about phantomesque anxieties and more about spiritual Zenlike realities. Painting is like meditation” (2000b). McGovern’s experiences growing sicker and then beginning to recover can be seen as a journey through the *Coatlilcue* state. It was after this breech birth, this painful reemergence, that McGovern saw his own consciousness expanded, and this translates into his art.



Figure 12: Preston McGovern "Untitled" (2000)

### **Border-Crossings: Gender**

Perhaps because the AIDS crisis in the US affects men (particularly black men) at higher rates than women,<sup>22</sup> the AIDS body continues to be gendered as not-female. However, the AIDS body *is* a female body, and according to the Centers for Disease Control, “if new HIV infections continue at their current rate worldwide, women with HIV may soon outnumber men with HIV” (CDC 2010). The three images below each name the AIDS body as a female body, thereby calling attention to the lived experiences of women with HIV/AIDS. Each of these pieces was made shortly after the widespread release of PIs and the new AIDS drug cocktails. A major criticism of this new class of AIDS medications had to do with the clinical trial process—namely, the majority of participants in these clinical trials were white men. How could researchers be sure, then, that the results would be generalizable to women?

Women’s invisibility in the AIDS crisis is shaped by visual “iconography [that] has articulated and reproduced cultural constructions of female sexuality as heterosexual and either passive, pleasure-denying, other-centered and ‘innocent’, or seductive, assertive, and dangerous to men” (Griffin 2000, 160). The images in this section follow a path that is at first neatly entrenched in those visual narratives but ends somewhere different, somewhere that displays women (and women’s sexuality) as neither passive nor pleasure-denying. These images move the female AIDS body from invisibility to prominence.

Tara Popick’s “Odyssey” (1997) is a black and white photograph that shows a naked woman seated cross-legged behind sparse foliage, perhaps a field, perhaps a backyard. She has her hands behind her back, and the photograph is cropped so that her

head is not a part of the picture. This image fits most neatly into dominant visual discourses of femininity, female sexuality, and the male gaze. This woman exists to be looked at; she is passive and exposed. Women have long been associated with nature, and the placement of the leaves and grasses in the foreground of this image solidifies that association in this image. This image does not initially seem to cross borders or promote *mestiza* consciousness. However, it can be read as a statement about women's erasure and subjugation. Perhaps Popick is attempting to reclaim and reappropriate the female body.



*Figure 13: Tara Popick "Odyssey" (1997)*

The female figure in Amber McCarthy's "Untitled" (1998), on the other hand, tells a very different story than Popick's "Odyssey." McCarthy's watercolor painting has

a female form emerging out of a swirling cloud of colors. The colors in the image—pinks, oranges, and yellows—give the painting a sense of warmth and joy. The abstract shapes that wrap around the woman's figure are organic and evocative of trees and fire. The woman is a part of her surroundings and also made up of them; she is simultaneously self-contained and connected to the larger world. The yellow swath on the center right image conjures up a lizard or insect, other shapes symbolize leaves and/or scales, thereby connecting the woman to the (super)natural. Layered into the image we can almost make out different animals—the shape of a bird in the dark magenta around the woman's head, other faces throughout.



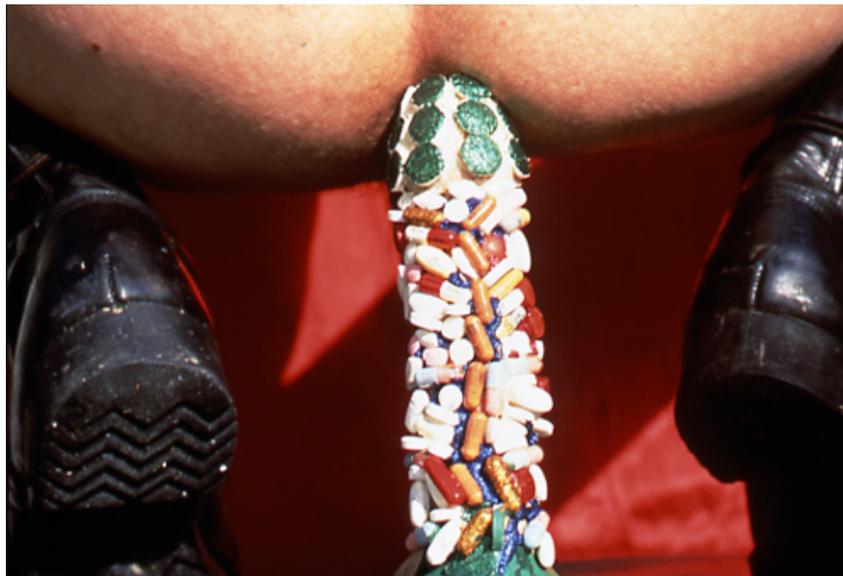
*Figure 14: Amber McCarthy "Untitled" (1998)*

When interpreted through borderlands aesthetics, “Untitled” can be seen to express one of the basic tenets of *mestiza* consciousness: an embrace of the spiritual. Further, “Untitled” challenges traditional representations of woman as to-be-looked-at, as passive object. Unlike the woman in “Odyssey,” McCarthy’s female figure does not seem to be performing for the male gaze. She exists in an other “world” that seems separate from dominant constructions of femininity. Dominant representations of women, especially in the AIDS crisis, represent women as either “innocent” victims or purveyors of disease. In “Untitled,” we see a woman existing separate from and outside of these constructions. She is not a passive, innocent victim and neither is she a deadly harbinger of HIV. Rather, she floats in an alternate “world” that allows a powerful *mestiza* femininity to develop.

### **Border-Crossings: Sexuality**

Over the course of the AIDS crisis, we have had to redefine and reconsider our understandings of sexuality, homosexuality, health, and risk. Max Greenberg’s “Cocktailed” (2001) explicitly addresses sexual desire and “risk” in the HAART era. The color photograph shows a dildo that has been coated in AIDS drugs. It is poised for entry into a white man’s anus. Greenberg’s clever use of “cocktailed” as a title for this piece can be read as a reference the cocktails of drugs that many people with HIV/AIDS take or as cock-tailed, referencing the phallus. Further, the image addresses the concerns of many AIDS activists that pharmaceutical companies place profits over people (or, to put it less delicately, that people with HIV/AIDS get fucked by pharmaceutical companies who are more concerned with the corporate bottom line than peoples’ health).

“Cocktailed” is explicit about its sexuality. The piece visually references work by Robert Mapplethorpe and others who have addressed homosexual desire. Although we know nothing of the figure’s sexual orientation, the visual nod to Mapplethorpe locates the image within a gay culture. It directly addresses the most feared aspects of homosexual desire: anal sex = disease. By covering the dildo with AIDS drugs, Greenberg speaks to that linkage of homosexual desire with illness and deviance. As mentioned in the above discussion of some potential problems with PrEP as an HIV-prevention method, such a strategy would risk medicalizing desire. Greenberg addresses that medicalization by showing the anus—a source of tremendous sexual pleasure—being hijacked by pharmaceuticals.



*Figure 17: Max Greenberg "Cocktailed" (2001)*

Like Greenberg, Jose Luis Cortes addresses homosexual desire and sex. Cortes is a visual artist and a tattoo artist who did a series of tattoos on a man’s back that depict homosexual desire and sex. “Frankie’s Tattoo Series #8” (2001) is a black and white photograph of a man’s back that has a line drawing tattoo of two men having sex. The

tattoo takes up nearly half of the man's back, unapologetically and explicitly claiming space for homosexual desire. In "Frankie's Tattoo Series #8" a muscular man with a mustache is shown standing behind another man, and the two of them are having sex. Behind these two men, another naked man is posing to show off his muscles. This tattoo series is particularly powerful as it makes permanent and visible homosexual desire.



*Figure 18: Jose Luis Cortes "Frankie's Tattoo Series #8" (2001)*

Both "Frankie's Tattoo Series #8" and "Cocktailed" display *mestiza* consciousness and a borderlands aesthetic. Like some of the images discussed in Chapter Two of this thesis, these two works refuse to allow the language of homosexual desire to be subjugated. In "Cocktailed," particularly, we see a the "world" of medicine and science interacting with the "world" of sexuality to inform one another, to create

something new and hybrid. Something hybrid is also created in “Frankie’s Tattoo Series #8” as the tattooed man’s body becomes the canvas, the screen onto which homosexual desire is projected. His body blurs the boundaries between self and other, between object and subject. This image reflects a tolerance for ambiguity, the creation of a new mythology, new heroes. Greenberg and Cortes employ many of the tools of *mestiza* consciousness to challenge the viewer to redefine her/his understandings of sexuality in the context of the AIDS crisis.

### **Border-Crossings: Race**

According to the Black AIDS Institute, “AIDS in America is a Black disease. Although Black people represent only about one in eight Americans, one in every two people living with HIV in the U.S. is Black. Despite extraordinary improvements in HIV treatment, AIDS remains the leading cause of death among Black women between 25-34 years and the second leading cause of death in Black men between 35-44 years of age” (Black AIDS Institute 2008, 16). According a recently released report from the CDC, HIV incidence among black women was almost fifteen times higher than among white women (CDC 2008). Black men are nearly six times more likely than white men to become HIV-positive (Ibid.) HIV/AIDS also takes a disproportionate toll on Latino communities, who accounted for 18% of new infections in 2008 although they were only 15% of the population (Ibid.). Despite these staggering statistics, dominant representations of AIDS in the US still show the AIDS body as a white (and gay, and male) body.

Joyce Washington McDonald describes herself as an AIDS activist and sees her art as a tool of witnessing—both a spiritual and testimonial “witness” as well as a literal

and recording “witness” (<http://www.thebody.com/content/art45829.html>). In “Divine Vine,” McDonald provides both types of witness. McDonald’s “Divine Vine” (1998) is a watercolor painting that shows a black woman standing on a bed of leaves, draped in gauze and leaves, reaching upwards towards branches and vines. McDonald explicitly names the AIDS body as a black, female body, thereby bearing witness to HIV/AIDS’ effects on black women. By doing so, McDonald transgresses borders. By showing the AIDS body as a black, female body, she challenges the construction of the AIDS body as white and male. This piece can also be seen as a project of “world” traveling. With this image, McDonald provides the viewer a point of entry into her world; we are able to see how McDonald constructs *herself* as a spiritual, HIV+, black woman in the US.



Figure 19: Joyce Washington Macdonald "Divine Vine" (1998)

### **Border-Crossings: Spiritual**

Recognizing and embracing the spiritual is an essential part of *mestiza* consciousness and borderlands aesthetics. As Pérez notes in *Chicana Art*, “the invocation of the spiritual in the work of Chicana artists...is politically significant, socially transformative, and psychically healing...the reality of a socially and materially embodied s/Spirit is consciously re-membered, which we are called to witness and act upon, alongside other historically specific and related issues of ‘race,’ gender, sexuality, and class” (2007, 25). Embracing the spiritual in AIDS art is equally politically powerful. Using spiritual (and religious) iconography is a “transformative and psychically healing” process for AIDS artists that offers redemption to the AIDS body rather than the condemnations that come from hegemonic AIDS discourses.

In “Remembrance” (1999), Greg Cassin has created a mixed media piece on birch wood. This piece plays very much with contradiction and cross-pollination. A male figure is on a cross, but he is wearing a hoopskirt. One of his arms is posed like a body builder’s, the other is a wing. His chest is open and we can see his red heart behind his ribcage. The piece is adorned with flowers and bows, and a *fleur de lis* occupies the upper right corner of the image. Cassin has said about his work that, “I work with images that illustrate the creative power of suffering (ie. oppression, loss and illness) and its ability to transform us...But my work is also a practice of spiritual reclaiming. Stealing back from this world and modern religion what is most dear to us...our sense of self. Creating art for me is about having a voice and talking/taking back” (Cassin n.d.). Cassin sees his art as a political tool that refuses to be subjugated. The “process of spiritual reclaiming” that he

speaks of can also be seen as a process of *mestiza* consciousness that allows transcendence through the creative process.



*Figure 19: Greg Cassin "Remembrance" (1999)*

Pete Madero III's "La Corona" takes a slightly more subtle approach to the reclamation of spirituality. His is a black and white photograph of a coil of barbed wire against a majestically cloudy sky. This photograph most obviously references the physical border fences that have been erected between the US and Mexico. Also, though, the coiled wire

evokes a crown (*corona*) of thorns, and the light behind the clouds conjures ideas of the Divine. If the sky can be seen as representative of the spiritual realm, then the barbed wire serves as a literal boundary between the viewer and that realm. To get to the spiritual, we must cross over rough terrain, we must undertake the journey through the *Coatlicue* state and cross cultural fences, divides. “La Corona” offers a quietly contemplative picture of what that might look like.



*Figure 20: Peter Madero III "La Corona" (1998)*

### **Border-Crossings: Death**

William Donovan’s “Shroud” (2000) is a mixed media sculpture that has dozens of small skulls knotted into the sheets of a hospital cot. The title of this work—shroud—references burial shrouds that are used to wrap the dead. The many skulls that have been crafted into this shroud speak to the devastation of the AIDS pandemic. The placement of the shroud on a hospital bed can be seen as a statement about people with HIV/AIDS dying alone in hospital beds. Yet, although the bed is isolated in the corner of a white room, the skulls keep company with one another. There is no singular figure wrapped in

this shroud, but rather a host of skulls delicately worked into the shroud. Perhaps this piece can be seen as a testimonial to the millions who have been lost in the AIDS pandemic.



*Figure 22: William Donovan "Shroud" (2000)*

Skulls also feature prominently in Fran Lewis's "C. Vladimer Head Hunter" (1998). This acrylic painting is darker and more chaotic than "Shroud." A figure's outline emerges in gray, gazing towards the upper right corner of the image. The shapes that fill the majority of the canvas could be either as eyes or skulls. The color palette of the painting—grays, browns, blacks—evokes a sense of mystery or darkness. Both Lewis and Donovan's works can be interpreted through borderlands aesthetics and be read as projects of *mestiza* consciousness.



*Figure 24: Fran Lewis "C. Vladimer Head Hunter" (1998)*

Photographer Luna Luis Ortiz's piece "The Light at the End" (2002) can be interpreted as a different take on death. While Lewis and Donovan's images focus on the process of dying, Ortiz's image concerns itself with what happens next. "The Light at the End" is a mostly black image with a round window of light shining on a man's profile. Ortiz's photograph of a Black man counters the construction of white gay males as the normative AIDS body. The light creates a halo around the figure, evoking the spiritual and the heavenly. It draws the viewer's gaze in to focus on the figure, creating a bond between the viewer and the subject. This image encourages dialogue between the viewer and the work, asking us to engage with the subject in the frame, which subsequently allows us to engage with ourselves. The haziness of the light and the auras it creates conjures up a dream world. This image creates a mirror within which we can see

ourselves and our not-selves, the darkness and light work together to create an eye into the soul. As such, it can be understood as part of the journey of *mestiza* consciousness.



*Figure 25: Luna Luis Ortiz "The Light at the End" (2002)*

In the context of the AIDS crisis, this image references hope or a literal light at the end of the tunnel such as that which may come from advances in treatment. In the context of this project, though, I would argue that this image works to subvert the subjugation of the AIDS body. The figure in this image is sainted, bathed in a halo of light. This is a direct counter to discourses that blame, shame, and condemn people living with HIV/AIDS.

### **Border-Crossings: The New *Mestiza***

Many of the images discussed in this chapter reflect tools of *mestiza* consciousness: a tolerance for ambiguity, creating new mythology, and taking inventory, among others. The following two images exemplify what *mestiza* consciousness might look like, and how visual arts can work towards resolving the crisis of representation faced by the AIDS body. These two images show the body transcendent, rebirthed. A hybrid body has been created that acknowledges the interconnections of human and nature, of the supernatural with the natural. As such, these images are truly emblematic of what *mestiza* consciousness can look like, visually.

In Rebecca Guberman's "To Spare the Sparrow" (1997), a woman's body floats in an aura of blue. The rest of the photograph is clear black, which makes the blue stand out. In this color photograph, the woman's arms are spread as though she is on a cross. A bird's head can be made out on her torso. The blue light that surrounds the woman's figure makes her seem like an angel; it is as though the photograph has captured her soul. Anzaldúa laments that "We've been taught that the spirit is outside our bodies or above our heads somewhere up in the sky with God. We're supposed to forget that every cell in our bodies, every bone and bird and worm has spirit in it" (2007, 58). The dreamy quality of this image reminds the viewer that spirit resides within us, that we are a part of all things.



Figure 26: Rebecca Guberman "To Spare the Sparrow" (1997)

Eric Rhein's "Pregnancy Incompatibility" (1997) is a mixed media piece composed of wire and a page from an old medical textbook. Rhein has sculpted a bird over top of a line drawing of a pregnant woman's torso. This piece is delicate and, like Guberman, Rhein gives the woman a supernatural quality. By integrating the "natural" world of animals into the human form, this piece speaks to the interconnections between all life. This is an important aspect of a *mestiza* consciousness that synthesizes duality. Rather than separating "man" from "animal," Rhein creates a new being that is *both* woman and animal. The title of this piece—pregnancy incompatibility—refers to the fact that some AIDS drugs cannot be taken during pregnancy. Rhein has said, "What matters to me is the interconnectedness, sympathetic relationships, and sensual commonalities of all things in the natural world. Images of nature are used as a metaphor for the cycles of

human experience: birth, life, death, and regeneration” (Rhein n.d.). His meditation on interconnection and sensuality speaks of a *mestiza* framework.

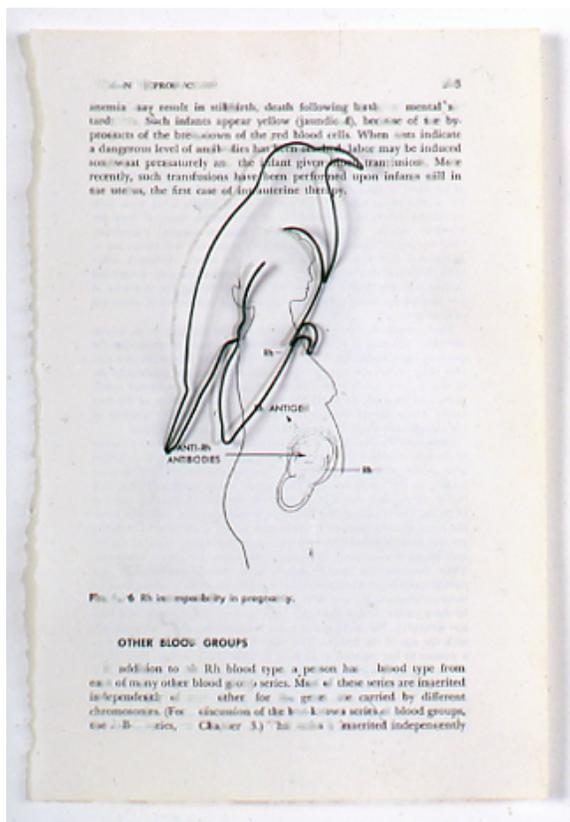


Figure 16: Eric Rhein "Pregnancy Incompatibility" (1997)

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The images in this chapter reflect the many and varied ways of representing the AIDS body in the age of HAART and other biomedical treatments for HIV/AIDS. In these images, the body has been seen dying and reborn into something supernatural. The implications of sexuality in the age of AIDS have been addressed. Women's bodies—too often erased from AIDS discourse—have been foregrounded as sites of power, energy, and agency. Spirituality has been addressed throughout this chapter as the images chosen show hybrid spiritualities that are so important to borderlands aesthetics. As the AIDS

body continues to be shaped by dominant visual representations (or, as Román argues, shaped by dominant culture's silence on AIDS), these art pieces show possibilities of representing the AIDS body informed by AIDS experiences. They abandon the reactionary framework that was so important and necessary to early AIDS activism.

Anzaldúa writes of *mestiza* consciousness that “though it is a source of intense pain, its energy comes from continual creative motion that keeps breaking down the unitary aspect of each new paradigm” (2007, 102). These images address and abandon unitary, and even binary, ways of knowing and being.

## Chapter Notes

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<sup>20</sup> The lack of access to treatment (and testing, and prevention) in the rest of the world is even more appalling. It is discussed at length in the following chapter.

<sup>21</sup> Medical developments such as this must be read with extreme caution. The data released in February 2011 show that Truvada tablets (made by Gilead) have “a significant added benefit” in reducing HIV incidence among men who have sex with men (CDC 2011a). The study itself highlights its many limitations (and the implications of its findings) in the Editor’s Notes. Mainly, researchers are concerned that releasing this data will lead to an increase in risk behaviors if people are misinformed as to the specifics of this study. For instance, people may think that any ARV would have the same protective effect, which has not been proven.

Gel containing Tenofovir (the generic form of Truvada) has been shown to have a preventive effect when applied inside the vagina before intercourse (Beasley 2011). This data comes with its own set of limitations, as many trial participants reported that they did not like the feel of the gel and/or that their partners made it difficult for them to use the gel. This, as well as the limitations of the Truvada study, highlight the importance of multi-faceted approaches to HIV-prevention that address the social and cultural drivers of the pandemic as well as simply changing behavior.

<sup>22</sup> The most recent data from the CDC indicate that, in the US, men accounted for 73% of new HIV infections, meaning that women accounted for 27%. For a more thorough breakdown of current epidemiological data, see UNAIDS. 2009. *AIDS Epidemic Update*. Geneva, Switzerland: UNAIDS.

## Conclusions

With this thesis, I have argued that dominant images and narratives that label the AIDS body as “other” have historically shaped our understanding of the AIDS body and of what it means to have AIDS. This labeling occurs through a linkage of homosexuality and disease, through a culture of blame and shame that surrounds HIV/AIDS, and through mainstream images that represent the AIDS body as either “victim” or “hero.” This, I have argued, creates a crisis of representation that is comprised of oversimplification, vilification, and misinformation. One way to resolve this crisis of representation is through visual arts that offer space to show a fuller, more accurate picture of the AIDS body.

Over the course of the AIDS crisis, feminists and AIDS activists have responded to the problematic meanings that have been associated with the AIDS body. These responses have included activism and theory. I have shown that early feminist AIDS theory was extraordinarily valuable to begin addressing some of the problems associated with representation of the AIDS body. However, these critiques were limited in that they took a reactionary framework. I have then suggested that Chicana feminisms, particularly Gloria Anzaldúa’s framework of *mestiza* consciousness, might be a helpful approach to addressing the crisis of representation. By re-examining AIDS art with an attention to border crossings and *mestiza* consciousness, I have shown how these images can subvert overly simplistic or reductive representations of the AIDS body. I have shown that the

AIDS body itself crosses borders, and that these border crossings can be captured through visual arts.

As discussed in Chapter One, feminist responses to HIV/AIDS have decreased in the last several years. Theoretical and conceptual tenets of Chicana feminism can inform AIDS theory in such a way as to reinvigorate feminist responses to AIDS. Lugones's framework of "world" travel is particularly salient when considering communication across difference, whether that difference is based in race, class, gender, sexuality, or HIV/AIDS status. In the introduction to this paper, I cited a passage by Anzaldúa to which I would like to return now. She writes that a reactionary counterstance is:

[A] step towards liberation from cultural domination. But it is not a way of life. At some point, on our way to a new consciousness, we will have to leave the opposite bank, the split between the two mortal combatants somehow healed so that we can be on both shores at once and, at once, see through serpent and eagle eyes. Or perhaps we will decide to disengage from the dominant culture, write it off altogether as a lost cause, and cross the border into a wholly new and separate territory. Or we might go another route. The possibilities are numerous once we decide to act and not react. (100-101)

The above passage provides an excellent summary of how I understand AIDS art in the context of the AIDS crisis. AIDS art may not provide a cure for AIDS, but it can provide a metaphorical cure for the problematic ways that we think about AIDS. There are many, many possibilities for how the AIDS body can be represented.

This work has answered many questions for me. Primarily, it has addressed the question of how to more fully represent the AIDS body and the question of the role of art in resolving the crisis of representation. However, this thesis is only a beginning. Any one of these chapters could have taken up the entire thesis. I intend to continue examining the power of artistic responses to AIDS. I first began this thesis with the intention of

including a chapter on international AIDS art. However, I felt that it would be irresponsible to attempt to condense all international AIDS art into one chapter. I also felt that I would be unable to fully address the crisis of representation faced by the AIDS body in different regions and nations in just one chapter. Therefore, a future direction for research is a more detailed exploration of the gendered, raced, and sexualized politics of AIDS in other nations. With luck, I will be able to take up these questions in a doctoral dissertation.

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## CURRICULUM VITA

Elizabeth Barr  
319 Westshire Rd.  
Baltimore, Maryland 21229

PROGRAM OF STUDY: Women's and Gender Studies

DEGREE AND DATE TO BE CONFERRED:      Master of Science, 2011

Secondary education: The Bryn Mawr School, Baltimore, Maryland, 1999

<u>Collegiate institutions attended</u>	<u>Dates</u>	<u>Degree</u>	<u>Date of Degree</u>
Towson University Major: Women's and Gender Studies	2009-2011	MS	2011
University of Maryland, Balt. County Major: Gender and Women's Studies Minor: Psychology	2002-2009	BA	2009
University of Maryland, Balt. County Major: Interdisciplinary Studies (Art as Activism)	2002-2009	BS	2009

Professional positions held:

Institute for Teaching and Research on Women, graduate assistant, 2009-2011

AIDS Clinical Trials Group, member, 2009-2011

Southeastern Women's Studies Association, member, 2010-2011

Mid-Atlantic Popular and American Culture Association, member, 2010-2011

AIDS Clinical Trials Group, Community Scientific Subcommittee, member, 2011

