

Témoigner pour agir- Professor Richard Sawdon Smith

Immersion into the HIV Body: Politics of Representation, A Personal Perspective

Thank you/ introductions

[slide 1 – title/name/book background?]

...as it says on screen - I'm Richard Sawdon Smith, Dean of Arts & Media and Professor of Photography at Norwich University of the Arts in the UK. That's one of the personas I inhabit, my professional, academic persona. But today I'm simply here as Richard, an artist, and I'd like to take this opportunity to talk to you in a bit more detail and expand upon the works on display in the exhibition, then move on to current work that has developed from these series, in particular *The Anatomical Man* triptych. [slide 2 – anatomical man] The photographs on display fall fairly neatly in to two bodies of work, two personas, one pre-and one post tattoos, *The Damaged Narcissist* and *The Anatomical Man*, although all post HIV diagnose and to some extent deal with pre-and post-medication.

I pause, - as it's worth taking a moment to just reflect on coming out like that, announcing to everyone here that I'm HIV positive. It may seem obvious, as it's why I've been invited to talk here today about my work, - work that in itself throws up questions about how my life and art are combined, how, in some ways I'm living through my artistic practice, more of which I think I'll come on to later – but all the same it is another coming out.

[slide 3 – AIDS Posters?]

Oddly though, perhaps perversely, made easier in these circumstances of such a public forum talking about the work rather than in one's personal life, when having to negotiate disclosure every time you meet someone new or chat to them online still remains a challenge because you don't know how people are going to respond. Today is a safe space, to an invited audience, who might currently be strangers, hopefully nice

strangers, here to not just listen but hopefully share your experiences as well. [slide 4 – poster detail] However, this continual disclosure, coming out, for me, still makes it a political act, particularly because not everyone around the world can do it safely, without fear of reprisals, which could be verbal or physical abuse, even to the extent of torture and death, or which could be the devastation of being ignored, shunned and isolated from family, friends and their community. This isolation can be as, if not more, prevalent in the gay scene as it is in society generally. Unfortunately, stigma around HIV hasn't disappeared and is one if not the biggest barrier to not just the health of individuals but for a potential end to the epidemic – as ignorance and fear stop people from seeking out medical help or at least making informed decisions. But before this introduction starts to sound like a rant let's turn back to the work... [slide 5 – another poster]

My artist practice can often be read as autobiographical; I reflect on and respond to my experiences of living in the world. This could perhaps be put succinctly as - *drawing on the experience of living as a HIV+ gay man since 1994, with an undetectable viral load since 2005*. I'm sure like many other HIV + people, life can often be divided into pre- and post-diagnosis so fundamental is the shift in perception of ourselves. For me this isn't a negative but a new perspective on our identity and to a certain extent our subjectivity – how we know, see, feel our body, but now I also look at my life pre- and post-tattoo as it has created another fundamental shift not only in my perception of self, almost as much as the HIV diagnosis but how others perceive me as well. [slide 6 – MCHOBI] But it's perhaps worth reiterating that my talk is a personal perspective, it is my own testimony based on my being-in-the-world, so I speak for no one other than myself. I wrote in a previous paper about how the cultural critic and writer Simon Watney had stated in the introduction to his anthology of essays about the AIDS crisis, *Imagine Hope: AIDS and Gay Identity* that even when he was seen as an authoritative figure in the field, he proposed it should be read only as his personal response. He wrote

to me to say¹ “it’s of the greatest importance that we speak on our own behalf, as best we can, not least because we are all surrounded by institutions which claim to represent us, but which are often merely recruiting the fictive idea of a constituency behind them to their own self-interest (including academic ‘theory’)”.

[slide 7 – taking pulse as doctor]

Marita Struken also pointed out in her book *Tangled Memories: The Vietnam war, the AIDS Epidemic, and the Politics of Remembering* that, “the politics of AIDS representation has centered on the issue of who speaks for people with AIDS and activists have consistently wrestled for control of the debate (1997: 159)

Although one may read Struken’s statement explicitly as a conflict between certain groups and particular institutions, be they medical, scientific, or drug companies, the government, culturally such as museums and galleries, as well as more generally the media, the statement also implies that, within what we might loosely call an AIDS community, there is sensitivity to the rights, feelings and representations of others. The AIDS movement, a community of those affected by AIDS (although this should imply all of us not just those living with HIV/AIDS), is made up of a myriad of different groups. Affiliation may well be based on sexuality, gender or ethnicity as well -whether the virus was contracted through sex-, intravenous drug use or blood transfusion or those supporting and caring for people with HIV/AIDS, all of whom may have a different perspective on the epidemic.

[slide 8 – see, hear, speak]

While Struken was writing in the late 1990s just before the impact of highly effective antiretroviral drugs were having an astonishing impact on the life expectancy of those with HIV, these issues are still alive and sensitive today, with an added dimension of not just who is speaking for whom but also about the history of responses by these communities to the AIDS epidemic, in terms of who said and did what, or rather who spoke for whom.

¹ Email communication between the author and Simon Watney 15th November 2012

With that in mind something 'strange' has been happening recently, a renewed interest in work about HIV/AIDS – not necessarily new artwork but a look back at the original response to the AIDS crisis, particularly ones in graphic and other visual and performance art forms. I went to a gathering in London during the summer, set up by a group of PhD candidates and other interested parties, called; *Other Stories of HIV/AIDS*. The open invite to the meeting stated:

[slide 9 – recover / discover]

Over the last few years writers, artists, activists, academics and others have been both bearing witness to and working to destabilize and de-centre dominant narratives circulating about the history of HIV/AIDS. At the crux of this work is the fact that too often, AIDS-related histories centralize white, cis male, urban, US-based gay men during the 1980s and 1990s. Lesser known and often overlooked AIDS realities have been unearthed, but they continue to remain largely unknown. Central to the destabilizing process have been three questions: How do we know what we know about the ongoing HIV/AIDS crisis? What is being erased, forgotten? And, what has been put in place, created and/or ill-considered in the theorizing, documentation, archiving, and dissemination of the past as it relates to HIV/AIDS?

[slide 10 – thinker, kiss, touch]

There were a couple of points for me to take away from this, firstly it was amazing, to have so many people, 15-20 of us in a room discussing these issues. Something I had tried to do many years ago, but failed in part because of a general sense that work, exhibitions and writing, about AIDS just wasn't in vogue anymore. It was energising to see and hear a new wave of scholars as well as meet old friends at the event. However, it left me feeling a bit odd. [slide 11 - blindfied] There was this room of these 20 something year olds talking so earnestly about their research looking at the visualisation of HIV/AIDS through a theoretical spectrum, with a real diversity of voices, such as a gay cis man using Trans theory, or a Trans white man using black theory to '*destabilize and de-centre dominant narratives circulating about the history of HIV/AIDS*'. It's not that

anyone in that room was trying or even proposing to rewrite history but the very fact that it was history – That’s why it was strange – it seemed to suggest AIDS, my life and that of other HIV+ artist, such as Sunil Gupta’s, [slide 12 - sunil] who was also present and the words of people like Simon Watney - were now part of a historical discourse, to be pawed over and scrutinised. – I / we had all got old - we had survived to become history – something I guess that at one point we never thought would happen.

[slide 13 - symptom]

Saying that it was a very productive day which opened up and explored other histories that haven’t been heard before or not so dominantly...in some ways similar to what this current exhibition and accompanying events are also aiming to achieve – giving a place to other voices, giving voice to marginalised groups. And, what we are discovering is that even within what could be seen as a marginalised group, such as those affected by HIV, that there were/are the marginalised within the marginalised. Hence again why I say upfront I can only talk from my perspective - whilst carrying Watney’s comments in my head about the mistrust of institutions, including academic theory.

[slide 14 – red ribbon]

In this approach, I also defer to Nelson Santos comments, when as Executive Director of Visual AIDS Organization, NYC, he responded to inaccuracies written in a newspaper about an artist who had worked with the organization, claiming the artist was the original proposer of the Red Ribbon, rather than the Artist’s Caucus that had as a group action. Santos said, *“it is important to not conflate histories, or credit individuals over communities. Actions should not be re-written, ideas should not be lost and histories should not be silenced”*. [slide 15 – silence = death] I believe these comments underline a fear that for all the work done by people in the past for an appropriate representation of their communities, - a fight to be listened to, their own personal and collective testimonies heard, highlighted by arguably one of the most memorable graphics of the last thirty years, ‘Silence = Death’, - that through time their voice and histories would be lost, wrongly attributed or misrepresented.

Interestingly I was introduced to the work of Albert J Wynn - [slide 16 - albert] the person in the first triptych in the exhibition, *Dialogue: Eating the Red Ribbon*, [slide 17 of eating red ribbon triptych] by Nelson Santos during my time researching the Visual AIDS Achieve, for my project *The Damaged Narcissist* persona – [slide 18 – fucking sucking] because there was a very strong similarity between some of our previous projects even though we had never met or spoken to each other before and lived in different countries. [slide 19 - in the archive] We immediately struck up a close bond and did a number of projects together that explored our cross generational, cross continent experience of AIDS. [slide 20 - in the archive] In a number of those projects we used the Visual AIDS Artist Caucus Red Ribbon, as a starting point, as a bonding, common theme, but also as a critique of our place in the world... images that are questioning and reflective on our own position in the AIDS community.

[slide 21 - digestif]

[as in this image from the same time when I went to visit Albert at his home in LA, called Digestif part of a series of five – consumption of the ribbon again, red naturally tends to symbolise blood, life and death, raising here questions of communion, communication or contamination, internalisation or expulsion...]

[slide 22 - blood brothers triptych]

...with the first images we did at my place in London, (home had a strong presence in both of our photography) we reconstructed versions of our previous work [slide 23 – Listening myself] but now rather than the singular self-portrait the frame containing both of us, with the additional new image of joined/tied by the ribbon as blood brothers] (slide 24 albert's bandaid and slide 25 - leather arm strap could show)

[slide 26 – multiple red ribbon]

I had used the ribbon, and versions of it in previous projects such as in the *Red Ribbon Series*, where a large ribbon is wrapped around the torso and the eyes. In the photograph the symbolism is clear, a large red ribbon blinding the self, but its interpretation is open. Is the figured burden by the memory of so many loved ones lost,

or does it represent a personal memorial? Has the person become defined by their illness? Does it highlight the fact that stigma around AIDS still exists? Has the ribbon become such a powerful symbol that the people it was intended to represent are not recognised? Has it become sign rather than substance? Is it just another logo that drugs companies can stick on their advertising to suggest that they care? Or for people to wear one day out of the year to show they remember? It could be all of these things.

[slide 27 - figures]

Part of the project in visiting the Visual AIDS Archive, was to look for other HIV+ artists who had also photographed themselves – other Damaged Narcissists. [slide 28 - photographic stain] On reflection, I am aware that I was in part looking for my community, so I had people to share my experience with. [slide 29 – albert and I as doctor/patient]

The use of a ‘persona’ is just something that allows me to step away from the work, as it’s self-portraiture, create some distance, to look at it in the third person, to hopefully become more objective with my practice, enabling me to play with different identities, [slide 30 – albert and I as doctor/patient]

although again on reflection that distance could have been an emotional and psychologically disavowal, to allow me to cope with my HIV status.

[slide 31 - x-ray listening]

At the time I wrote: *if narcissism is about vanity, then why would those who are defined as ill want to turn the camera lens on themselves? The Damaged Narcissist is a corruption of this vanity, it is a desire to express, but also control one's concerns about an illness, to decipher this diseased and once potentially damaged body and make sense of a virus invisible to the naked eye.*

However, I want to put *The Damaged Narcissist* behind me now and move on to the new persona that has taken its place; *The Anatomical Man*, [slide 32 - triptych] started in 2009 in which I had part of the circulatory system, anatomical drawings from the 1850s, tattooed onto my body [slide33 - tattoo drawings] - born out of a long-standing

project called *Observe*. Since being diagnosed with HIV in 1994 I have documented through photographs and film my consistent, regular and repetitive trips to the clinic to have blood tests to screen for levels of illness/health. [slide 34 - blood test] This invasive but necessary procedure induces a small amount of pain but through my work, and perhaps a fetishisation of the process, I have turned it into a ritual that the work now demands, as I have more blood tests in order to continue the project.

[slides 35 of *Observe 1994-2011*] – take the book with me!

*so I have created a number of outputs/projects of the documentation of the blood tests and other trips to the hospital, in this case I made an artist book, a concertina that folds out to about 3 meters, *Observe 1994-2011* which has one image per page of a blood test for each year that I had been HIV+, culminating in returning to the clinic with the tattooed veins and arteries. [slide 36 - please take a ticket] To some extent this created a closure of the *Observe* project, documenting the tests so religiously for years and the *Damaged Narcissist* persona. Obviously, I think, there was a psychological perspective to using the camera, creating a distance or barrier between me and the submission to more tests as a way of dealing with not just the pain, or routine, but the acknowledgement that the reason I was there [slide37 - hospital room] was because I was HIV+ and maybe the results would reveal something that I didn't want to contemplate. Rather than think of the actuality of why I was there I could think in terms of making new artwork. But the idea of closure with the project is perhaps also that by attempting to make visible these behind the scenes activities, [slide38 - appointment card] somehow trying to make visible the virus was no longer needed as I had not only made this permanently visible on the surface of my skin, but because of the medication I could now not pass on the virus.*

[slide 39 - bleeding heart]

The process of tattooing medical illustrations of veins and arteries on to my arms and

chest, including the heart, also draws blood, like the medical blood tests, with the use of a needle. By referencing the former in the latter, I collapse the internal and external together on the surface of the skin.

[slide 40 - show Blood Test video]

from the start of the tattoo project I wanted to document the process and procedures, very much in the same way I had documented my trips to the HIV clinic – while I had a very clear idea in my mind of The Anatomical Man series of photographs I wanted to create in the studio with the tattooed body, I also felt the whole process was a type of performance, almost a ritual, the visits to the tattoo studio, the side-effect in a way of bloodletting, as in the trips to the clinic – to put myself, my body in the hands of another person.

[slide 41 – Pirotrec tattooing me]

I thought it would be useful to spend a bit of time talking about the history of the tattoo project to contextualise the current work as a political act. Tattoos and HIV have always had an uneasy relationship and coexistence. I am not talking here of issues of contamination and cross infection due to the nature of puncturing the skin and blood letting in the tattooing process. Contemporary tattooists are well aware of the sterile and clean environment required; my own tattooist, maybe rather over the top, virtually mummifies himself in cling film to prevent blood splattering his body. No, I am referring to a troubled history of marking the skin in order to identify oneself or be branded by others as HIV-positive.

[slide 42 - poster with hiv tattoo]

One of the most memorable, controversial and often quoted comments of the early AIDS epidemic was by William F. Buckley Jr., an American conservative commentator who said that “Everyone detected with AIDS should be tattooed in the upper forearm, to protect common-needle users, and on the buttocks, to prevent the victimization of

other homosexuals” (1986: n.p.). In 2008, some 22 years later, a Church of England clergyman — the Reverend Dr. Peter Mullen — was forced to issue a public apology for writing something similar in his web postings. After blaming promiscuous homosexual behavior for the AIDS pandemic he is quoted as having written in his own blog, “Let us make it obligatory for homosexuals to have their backsides tattooed with the slogan SODOMY CAN SERIOUSLY DAMAGE YOUR HEALTH their chins with FELLATIO KILLS” (Mullen in www.everything2.com, 2008: online). Buckley and Mullen, not alone in their suggestion, are clearly attempting to pathologize gay men; the subtext of visibly [slide 43 - tattoo arms] labelling someone as HIV-positive isn’t simply as a warning to protect others but can be seen as a form of punishment, as if gay men are inherently responsible for AIDS. Those calling for HIV-positive people to be tattooed as a warning to the general public see tattooing as a form of branding, the skin permanently marked, the HIV virus made visible. The HIV-positive person who could otherwise look healthy, who could be you or me, is identified and signalled out as other. These types of comments also generated calls for not just people with AIDS but all gay men to be quarantined – ‘put on an island’ away from and to protect the rest of society; presumably the normal, healthy, law abiding, heterosexual, white, non-drug injecting and tattoo free populous.

And while these comments are from something we consider a bygone era, and even this history of tattooing and HIV I’m about to describe, [slide 44 - U=U] could seem irrelevant now when we know undetectable = untransmittable, U=U, - unbelievably for some attitudes haven’t changed. Just last month, as reported in Newsweek.com a Republican state representative Betty Price, wife of former Health Secretary under Donal Trump, Tom Price, called for people with HIV to be quarantined - and stated the U.S. would be safer if they “died more readily,”. Price was talking in a Georgia House of Representatives committee meeting on access to health care in the state when she said “I don’t want to say the quarantine word—but I guess I just said it,” and then went on to ask;

“...we have a public interest in curtailing the spread. ... Are there any methods legally that we could do that would curtail the spread?”

and finished by saying;

“Whereas in the past, they died more readily, and at that point they’re not posing a risk. So we’ve got a huge population posing a risk if they’re not in treatment.”

[slide 45 - Benetton chest]

It is astonishing that in a debate in 2017 about better ‘access to health care’, about educating people on the need to engage with available health care, to get tested and take the medications if required to potentially end this crisis, that ignorance still shines through and from a state lawmaker with “incredibly disturbing” comments that perpetuating “the stigma that still exists around HIV,”.

This project of ‘quarantining’ people would need to involve a system of identifying a population, making it visible only to then vanish it. Roberta McGrath commented that a similar process can be seen in which medical images of the ‘abnormal’ body are ‘quarantined’ to the safety of the archive in an act of what she has called ‘representational liquidation’ (1995: 52). While she might have been commenting on photography the underlying point is that those who are underrepresented are made visible, by those in power, only so that they can be classified and categorized and finally condemned to become invisible again. In the above example, you have health workers in Georgia who are trying to identify people who have slipped through the net of the health care system so that they can bring them back in and be helped versus a Republican state representative who wants to identify these people so that they can be quarantined.

[slide 46 Benetton – arm]

Returning back to the earlier comments of tattooing HIV positive people, this understanding of tattoos continues a stereotypical association with the criminal,

sexually deviant, psychologically disturbed or pathologically degenerate, as if the tattoo is a mark of corruption. Historically the medical profession has continued to perpetuate the myth that tattoos are a sign written on the skin marking internal trouble (mental or physical illness) and that if 'read' properly they can reveal a code that can be used to 'cure' the person. Some writers have recently tried to undermine this mythology, such as Nikki Sullivan who points out in her 2001 book, *Tattooed Bodies: Subjectivity, Textuality, Ethics, and Pleasure*, that much of the research underlying psychological studies linking tattoos to social deviance was in fact conducted in institutions such as prisons and hospitals. Even as recently as 2010, the blurb on the back cover to Alessandra Lemma's book *Under the Skin: A Psychoanalytic Study of Body Modification*, claims it to be "essential reading for clinicians working with those who are preoccupied with their appearance and modify their bodies including psychotherapists, counsellors, psychiatrists and psychologists" (2010). Lemma introduces the book to establish her premise (to help people treat those who believe body modifications are physically necessary) by recounting her experience of analysing a young tattooed criminal in prison who had murdered his mother. These debates stigmatise the tattooed body as dangerous, abject. My point is it doesn't seem such a great leap then that by association to tattoo someone with an HIV warning is to place them alongside the criminal, sexual deviant and undesirable.

[slide 47 - Benetton pubic]

The Italian clothing company Benetton picked up on the controversy of branding people with an HIV-positive warning in its 1993 autumn/winter campaign. They produced three adverts featuring cropped images of the naked body with what appear to be the tattooed words 'HIV Positive' (although in hindsight they look perhaps more like rubber stampings): one on the arm; one on the buttocks and a third just above the pubic area. The campaign solicited a fierce global response. Benetton, which has always defended its campaigns as attempts to raise political and social awareness, claims that the HIV-positive images are "complex metaphors for the more extensive branding practiced throughout society" (Mills, 1994: online).

[slide 48 - doctor tattoo]

However in France the French Agency for the Fight against AIDS and the National AIDS Council (CNS) argued in a joint press release that “The use of the tattoo as symbol, reawakening in the collective psyche memories of Nazi practices, adds humiliation to stigmatization” (www.cns.sante.fr). This sentiment was echoed in the German courts, which banned the ads in 1994 but subsequently overturned the decision six years later. Around the same time of the original adverts' release ACT UP (the Aids Coalition to Unleash Power) reported that in Italy there had been a series of gay-bashing incidents in which people had been beaten by attackers shouting: “Where's your tattoo, queer?” (Mills, 1994: online).

[slide 49 - patient tattoo]

Even though the ban was overturned in Germany, the idea of making the illness visible through tattooing speaks to deep-seated fears of oppression, stigmatisation and segregation, not least because of this implied relationship to the Nazi tattooing of people forced into concentration camps. In addition the implied referent here is that being gay equals AIDS, which in turn equals death. Given the negative implications of tattooing an HIV-positive warning on someone, it seems unlikely that anyone would actually consider the same practice for themselves, and yet there is a tradition of marking oneself as HIV-positive within gay male communities. For William I Johnston:

That gay men might *tattoo themselves* is an act with a very different - - and potent -- political meaning. Such tattooing [...] is a deliberate establishment of identity that marks one's difference from others in a visible way. It reveals the stigmatization that HIV positive status bears in our culture, and expresses - - in the tattoo's permanence - - the ineradicability of HIV within the body.

(1995: Chpt. 21, online)

[slide 50 naked tattoo]

The tattooing of one's HIV status functions as a symbol of difference, defiance, and a reminder that there is no cure. It has also functioned as a warning in some scenarios,

and in other cases even an invitation. In an article for *alternativemagazine.com* entitled “Bug Chasers” (the title refers to people who seek out HIV-positive sex partners so they can become infected with the virus – for whatever reason of their own), Daniel Hill writes:

In Gay nightclubs across the U.S. men wear sleeveless shirts in hope that someone will notice the tattoo "HIV-" [...] What is not so obvious is that the intention of such a tattoo is to attract someone who is HIV+. It is an invitation to infect through having unprotected sex [...] All that is left is a trip back to the tattoo artist to have that tattoo adjusted from negative to positive. Simple.

(2000: online)

[slide 51 - bio hazard]

The red ribbon is another familiar tattoo, often rather than an indication of someone’s status, it is ‘worn’ as an act of support or remembrance for a friend, lover or family member, more permanent than a material ribbon worn annually on World AIDS Day. A few years ago there was also a phenomenon, when the biohazard sign, seen at hospitals to warn people that what is inside can contaminate and be dangerous to human health, has been tattooed on the skin as a badge of HIV-positive self-identification. On *underconsideration.com* someone calling himself anon-a-mouse wrote in response to an article about the tattoo:

As a HIV positive gay man, I have embraced the biohazard symbol. My reasons are many, but mainly as a warning to those around me. I was not informed of the status of the person who infected me, I do not wish to inflict that on anyone else...I am letting those who may be interested in a relationship with me know ahead of time, so they can make a decision weather they want to risk exposure. In effect, I am using the biohazard warning as a shield, to protect others, and myself. (in Mockensturm 2004: online)

It is not clear whether ‘protecting myself’ is meant legally or more likely emotionally,

but it's interesting to consider whether making visible ones' illness 'is an act with a very different – and potent – political meaning', or, even in these times and depending on which part of the world you live, HIV still has "the potential for discrimination, harassment and surveillance". (ibid.). I also imagine, if they don't exist already, the biohazard sign could be replaced with tattoos of **U=U**.

[slide 52 - Ron Athey]

Previously, Mary Richards argued in her paper *Ron Athey, A.I.D.S. and the Politics of Pain* (2000) that there was a direct relationship to and an increased interest in body modification, including tattooing, due to the advent of AIDS in both the straight and gay community. She argues such modifications were a way for people "[t]o express themselves and their sexuality [...] that heightened their awareness of the body as perhaps a sexual encounter might, but that did not necessarily expose them to the new HIV risks now associated with the reception and exchange of bodily fluids that may occur in penetrative sex." (2000: online)

[slide 53 - anatomical man no tats]

For Richards such actions, particularly ones that caused blood to seep by rupturing the body's surface, created a body modified by the individual according to their own wishes. These actions also use the skin as a way in which to gain a sense of control – all too important to someone when diagnosed with a life threatening illness – and to establish a sense of the individual's own agency and self-determination. [slide 54 - anatomical man half tats] Such reclamation was particularly crucial early on in the epidemic when there was "widespread fear and uncertainty surrounding the many manifestations of A.I.D.S. related illnesses" (ibid.).

[slide 55 - anatomical man]

I have argued that tattoos can be used as a precursor before engaging in sex, the tattoo acting as sign to establish HIV status, either as warning or invitation for the right person. And Richards has suggested that body modification including tattoos have been used in a way to replace sex, or at least find a way of experiencing some of the thrills and even risks associated with intercourse. However, my own work explores a certain reality of

living with HIV; it is not primarily a sign for others, like the red ribbon, the biohazard sign or potentially U=U. My tattoos and the resulting artworks are all deliberately ambiguous in their potential meaning to the casual observer.

[slide 56 - contact sheet/doctor painting]

In the work, I am playing with layers of the real and the imagined, in one respect the work, the tattoos, reveal the medical procedures of illness, making visible the behind-the-scenes routines, referencing not only the rupturing of the body's surface but the repetition and banalities of life under the clinical gaze.

With these ideas of layering on the surface of the skin I pick up on Akira Mizuta Lippit's discussion on the concept of recovery, which with an incurable disease such as HIV becomes problematic. He writes:

In the register of health, recovery refers to the process of healing, of restoring the body to a phantasmatic condition of wholeness. Recovery, the act of recovering, however, also initiates a semiotic chain that includes covering, that is concealing, as well as discovering. (1994: 6)

[slide 57 - Franko B]

Similarly, Amelia Jones (when writing about the work of Franko B) explains:

The working through of the non-existent borders between the self and the other, the body and the world, absence and presence, life and death – borders we obsessively attempt to shore up and maintain in the face of all evidence that they are constructed and thus fundamentally “unreal.” (2006: online)

Lippit and Jones suggest that the idea of ‘wholeness’ that we ‘obsessively attempt to shore up’ is a constructed fantasy and that the medical/scientific drive is always “torn between the desire to recover the totality of natural phenomena as it sees it and to disrupt that closure with new discoveries, new ruptures” (Lippit, 1994: 7). [slide 58 -

b/w front] In the tattooing of my skin with drawings of the internal workings of the body, drawings that speak of a virus circulating through the veins, I too perhaps end up rejecting the concept of the essence. I challenge the scientific drive to return to an idea of wholeness, as I know I cannot return to a state pre-HIV.

[slide 59 - face corset]

Lippit continues, “With each layer that is peeled away there appears to be another to take its place, rather than revealing an essence of the body we merely add to it another layer or fragment” (ibid.). And it is in Richards’ writing about Athey’s performance work, where she implies that for a new subjectivity to become possible, the old must be fragmented, abandoned. In order to survive as a subject in a fractured body, one must destroy the boundaries of one’s own subjectivity not just through pain but by externalizing the internal as well. I have externalised my HIV status through the use of tattooing.

[slide 60 - face corset arm]

The tattooing seemed to bring closure to some of the projects I had been working on and perhaps a way of rethinking about my health and my body, I began to explore this further by both extending the original veins and arteries down the body [slide 61 - face corset diptych] to create a fuller appropriation of the anatomical man, a diagnostic medical teaching tool, to try and understand the body, as well as having a new tattoo on the back of an autopsy scare. [slide 62– of scare images] The scare giving the impression that the body has been opened up and then roughly stitched back together again [slide 63 – back]. In this circumstance, one doesn’t need to see the internal organs, the heart or veins and arteries but the viewer can imagine them for themselves, collapsing in their mind these supposedly binary opposites of the body, inside/outside. This has been brought to the fore even more in the project with the artist Jonathan Armour, [slide 64 - cage] and the creation of the film Infinite Surface and InSideShow the VR version of the film.

[slide 65 - cage me]

We set about digitally recording my body in 360 degrees, [[slide 66 - long me] with the

purpose to print a full-size skin map of my tattoos and body. [slide 67 - face fracture]
This was done by creating a digital 3D model of myself [slide 68 - model me x 3] and led on to the film *Infinite Surface*, where, in effect, we sent a camera inside my body. [slide 69 - model me] Technically the 'skin' of the model has no inside or outside so it can be viewed from either side. This has created an odd doubling of collapsing the internal and external on the surface of the skin, [slide 70 - details of model] which has now been inverted so the arteries, veins, heart and kidneys are back on the inside. Not a journey through the 'real' internal body, packed full of organs and ... but a hollow torso. [slide 71 - internal me]

[slide 72 - video]

So, I would like to play that film for you now, it's about 5/6 minutes long – unfortunately we don't have the VR version here, but you will have to imagine that rather than viewing in a liner way on screen, you would actually be immersed fully and have full control of walking around inside the body, choosing which direction you wanted to go

[slide 73 - VR corridor]

This still, conceptually, works for me, in that the idea of a viewer travelling through a HIV positive body seeking out the virus becomes impossible in this model and highlighting the fact that with an undetectable viral load the virus can't be found.

[slide 74 - close up/machine]

The way we set it up for the VR was with this disc to walk on rather than controllers to move around the body [slide 75 - others using it] – so you physically had to move and walk – you actually felt/were walking through my body and then the strange experience [slide 76 - of me with VR] walking through my own body and head!

At a time in my own practice, which I thought I was moving away from creating work that was directly inspired by or articulating concerns about HIV, I'm dragged back in.

While one would like to say things have changed, recognising that the positive shift in attitudes to the LGBTqi community has over the last 50 years been at an unprecedented pace – we are still faced with such stigma and ignorance over HIV, as evidenced in the comments from Betty Price mentioned earlier but also more alarmingly from the so called ‘gay community’.

[slide 77 - mouth gagged]

In an online post, by Sean Dillon from Australia, more of one of those video vox pox, which had people reading out *The Real Conversations of Grindr* messages sent to HIV+ people, some of the more aggressive remarks can be really explicit such as:

"Blocked and go fuck yourself, because no one else will."

"You're vile. That's fucked up, you slag."

"What the fuck's wrong with you? Why are you on here with your disease?"

"You should be ashamed. You're a walking disease."

Yes, somehow in 2017 the majority of HIV-related stigma is being pedaled by the group most heavily impacted by it. What a time to be alive (?).

[slide 78 - anatomical man triptych]

So even for me, who appears to be quite out in terms of their HIV status through my artwork, finds negotiating this ‘coming out’ on a repeated basis to online strangers a complex scenario. But this is why it was so important for me to be part of this exhibition and talk today as there is still so much more we need to do in telling our stories and hopefully combating this stigma.

Thank you! [slide 79 – of albert]