Trigger93: Flesh!

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Cover art — "Secret Glory" by Tamara Wyndham (acrylic on cotton), layout design by Bryce Churchill

Subscriptions
For subscription information and editorial correspondence, visit:

http://www.Trigger93.com

or write:
Trigger93
Columbia University Station
P.O. Box 250777
New York, NY 10025

Trigger93 (ISSN 2157-6149) is published by Aiwaz Press.

Postmaster: Send address changes to Trigger93/Aiwaz Press,
Columbia University Station, P.O. Box 250777
New York, NY 10025

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Anna Blume is a historian of art and iconometrics of indigenous societies. She travelled throughout Mexico in the 1980s to study the geometry and uses of windows in colonial churches; in 1987, she moved to Guatemala on a Fulbright dissertation grant to study the circulation and auratic presence of saint images in rural Maya home altars. Upon her return to the US in 1990, she found friends ravaged by AIDS and a country unwilling to recognize what would become, and continues to be, a pandemic of horrific proportions. After four years as a member of “The Marys,” a direct action group within ACT UP, and as a researcher at the Pediatric AIDS Clinic of Kings County Hospital, she completed her thesis The Afterlife of Images and received her PhD at Yale in the History of Art. Since 1993, she has continued her activism towards an imperative of the present through teaching and writing about images as they embody and mediate belief, possibility, and transcendence. She is an Associate Professor of Non-Western Art at the State University of New York, FIT, and has recently completed a study of the visualization of number amongst the Maya, specifically in regards to their concept of zero, which was published in the March 2011 issue of the Proceedings of the American Philosophical Society.
[The text that follows has been transcribed from a conversation with Anna Blume.]

In the very beginning, when people started getting sick, in the early 80’s, the disease always manifested itself very physically. There’s nothing hidden about HIV disease in the sense that once it becomes advanced, your body withers in a very particular way, and once you’d been around it for many years, you could start to actually recognize people, even if you didn’t know them, that had advanced disease and...

Also the way AIDS developed in the United States was so much connected to the gay male community, and they, in the 70’s, had just gone through this amazing kind of sexual re-definition of themselves as free and open, and so they had this kind of euphoria of their bodies, and it’s at the height of that—especially in places like New York and San Francisco and Washington and Chicago—that all of a sudden, members of their communities started getting this mysterious disease that was frightening and had no name and no one understood its cause, but it seemed to be sexually transferred because people were dying of it and their lovers were dying of it, and their lovers’ lovers were dying of it. So from the very beginning, for many of us, AIDS was defined radically physically, having something to do with the presence of the body: on the one hand, the exhilaration of being out and open and gay, and on the other hand this...this frightening, unknown, unnamed element was encroaching and it wasn’t really until the later 80’s that it even got a name...that the virus was identified, that it was understood to be sexually transmitted as well as transmitted by other blood contact like sharing needles.
And once it got a name, the odd thing—in some ways the painful thing—was that the external world, even the medical world, refused to really deal with it. Because it was mostly affecting gay men in this country, there was just no lobby, there was no presence, not enough people who cared. And there was also this sense that that's their disease and it's not going to affect us. And so there was all of a sudden this issue of “them” and “us” and all these associations of the lepers and leper communities, and do you quarantine these people? I mean, these were the kinds of things that you'd read in the press. Also, wild theories about where the disease came from, like from bestiality or other causes that were really much more about people's fear and imagination of the transmission of AIDS. But what was a problem is that the CDC, that is the Center for Disease Control, and the United States government in general, refused to have any official policy on AIDS for several years into the epidemic. And in some ways this fuelled these fantasies and this fear about what this disease was and what could be done about it.

In the post 60's world, especially in urban America, the gay male community was already meeting, in a certain way, socially at the baths or in dances or at bars. And when the disease hit, those meetings got heavily politicized. They were no longer just parties or... orgies... they were discussions about what's going on and what can we do about it. And really the first group that grew out of that in the early 80's was GMHC, which is Gay Men's Health Crisis. And it was a very non-political agency. I mean in its origin, which was simply about getting help to people with AIDS or HIV disease that they simply weren't getting from the government—a way of creating a kind of triage. And people, all of a sudden, like overnight, who came into GMHC with a kind of social consciousness about this disease, we, many of us, became nurses—we became people that sat by the side of people in their beds while they were dying. We were there to tell families what had happened and we ended up playing roles we never expected to play, especially as younger people that got involved
in this, in responding to this crisis. So, I think the force of our response around AIDS in part had to do with the vacuum of response in the political arena of the country and even the medical response.

But other organizations grew, like ACT UP, and ACT UP (the AIDS Coalition to Unleash Power) began in '87, and it defined itself as political activism and as real theater, in the sense that this was a group of people that were willing to literally put their bodies out there as HIV positive, to not be frightened of it, to wear T-shirts that said “I’m HIV positive” and walk down the street. I mean, in 1987, that was a radical thing, to sit on the subway with a T-shirt that said “I’m HIV positive.” And we saw the potential for each and every one of us to do something in our daily lives, either as a group or as individuals, to start to bring this epidemic to the broader concern, and also to make people, or to help to make people, aware of how discriminated against people with HIV—not only in this country, but worldwide—were, in terms of lack of care, lack of treatment. And also how our bodies, our vulnerable bodies were preyed on by pharmaceutical industries.

You know the New York Stock Exchange has a kind of upper bridge where you can go and you can watch the trading on the floor? And Burroughs-Wellcome, the pharmaceutical company, had the only AIDS drug that had been approved called AZT in the late ‘80s/early ‘90’s, and we realized that just with a few of us, we could go in there with a banner and say “Sell AZT” or “Drop Burroughs-Wellcome” or something that brought some scare about this company. And we came up with just the simple “Sell Burroughs-Wellcome.” We dropped the banner and Burroughs-Wellcome stock plummeted that day, and we got a tremendous amount of press. And it ended up that they were willing to talk to us, that is Burroughs-Wellcome, about what we wanted. We, all of a sudden, were a community with a voice. And it was so simple: it was truly a performative act that was just about being creative. But finding spaces that were already there—we didn’t have to create the stock exchange, it was there and
it saw itself as a stage, it put itself out there for an audience, and we just took the stage for ourselves. We became active members in that moment and we realized the power of that—that we didn’t need a lot of people. We just needed to be very smart and very...and choose our moments. But we understood ourselves early on as political performers...on a big stage. Especially being in a place like New York. And we used it as often and as many times as we could to particular effect.

The Burroughs-Wellcome action was so successful because pharmaceutical companies feel that they are beyond reproach and that they are beyond control, but public opinion and the stock exchange are very fragile. They can be swayed very easily. And, if we had said, you know, “Burroughs-Wellcome discriminates against people with HIV disease,” it wouldn’t have worked. People would have said, “Oh, a bunch of queer mad people.” But if you just went in there and said “Sell Burroughs-Wellcome,” you were attacking them, in a way, on where they’re vulnerable just in terms of market. We didn’t have to explain anything and it worked.

In terms of many of the things that we did that were simply about physical presence—and I do think there’s this connection, kind of hard to describe, but...AIDS was so physical. AIDS activists felt that we needed to be very physical. And that there was a correlation between the two. This was a disease that was one of the most virulent killers of the human body in terms of the way the virus comes in and reprograms your body in such a way that you cannot—or that it cannot—recognize other diseases. That’s basically what happens—it turns the body dumb to know how to take care of itself. And so, what we wanted to do in response to the disease and in response to the world we lived in was to create these intelligent bodies out there—a way in which we could use our bodies and use them to the best effect, for better treatment, for better care, for better awareness, for better prevention. And I think that it was that kind of turn and twist around the issues that centered on the body—the vulnerability
of the body, but the power of the body to speak for itself—that was at the heart of many of our most meaningful actions.

ACT UP...the very title—the AIDS Coalition to Unleash Power—it named itself in such a weird way because it really wanted to be that. It wanted to create the possibility to voice outrage, to voice need, to voice pain, to voice death...whatever it was that we were experiencing. But even within ACT UP...it was so huge that it had to have smaller committees that didn't need permission from ACT UP. Like if you did anything and you called it an ACT UP action, it had to be voted on. But ACT UP realized that if it was going to be truly creative it had to have subcommittees that could do whatever they wanted but they just didn't call themselves ACT UP. And these were called affinity groups. And so it was an organization that understood the need to replenish itself at every moment. If you become too institutionalized, even as a revolutionary or avant-garde movement, you can unfortunately become rather conservative and have too much of a sense of what your identity is. So we formed these affinity groups as a way to always be new, always be fresh, and so that nobody ever felt like they had to ask for permission for anything. If you woke up one day and you were in an affinity group and you felt you needed to do something, you'd just go ahead and do it, just don't say that you're ACT UP, say you're...well we were the Bloody Marys, or sometimes just the Marys, that was the name of our affinity group.

I think it was in '91, in the spring...we had this day called Day of Desperation where we had actions all over the city and one of the actions...we went to the Meatpacking District and we got all of this refuse, like bones that they were going to throw away and you could buy them in bulk and we just took them to places like Citycorp and other beautiful places in the city and we dumped them so that people had to walk around them and walk near them as a way to create this sense of...to externalize this sense of danger. We didn't want to create this hysteria or fear, but on the other hand we wanted to externalize something we were feeling, as people with AIDS or as an AIDS
community. We felt that our bodies were becoming more and more invisible and quarantined, and so this started this idea of wanting to become present and thinking about ways to become present.

When our friends were dying, some of them wanted public funerals. And there was this idea...I mean, in history, the bodies of soldiers, the bodies of political figures, the bodies of heroes, were processed down the street and people would pay homage to them. And many of the people that were in ACT UP, especially as we got into the 90's, had really given their lives to activism and many of us wanted to honor them and so we tried to get permits. In some cities, we could get permits. In New York, they wouldn't give us permits for political funerals. They simply wouldn't. They used every excuse from health hazard to "this is only set aside for heads of State."

The most famous one was Tim Bailey's funeral, because he very much wanted his dead body to be thrown over the gates of the White House, at the very least to be processed in front of the White House. When we arrived in DC with his dead body in a casket, embalmed and all, we had a procession permit, but when we went to take his body out of the van this began a confrontation with the police. And, at that point, the police had been so brutal with us during our protests, but when we had an actual body at that moment in time, and somebody who had died of AIDS, there was this kind of feeling of ferocious resistance on the part of the police, but on the other hand you could also see this tentativeness about touching any of us, about getting close to any of us. And it was a very heightened moment where you just felt like there was danger in the sense of one's feeling about what was happening in the moment. And...I think for us, and for Tim especially, it was less confrontational than it was about how do you evoke the presence of something that is constantly being denied? How do you bring to the—literally to the table—bring to the moment the direness of what it is we're talking about? We're not people that are just anti-institutional or anarchists. I mean, these are not our positions, but our position is really about compassion, about
recognizing the sufferings of others, about agency, that people felt they wanted choices and these choices were being denied them. And so how do you make that real?

I think the desire for these political funerals was: These are our heroes; these are people who suffered this disease in their body and died of it. And died in ways that part of the pain of their death was inflicted upon them by the society they lived in, and so...there was a responsibility for that society to witness their death. And how do you find a way or a means by which you can be seen at this moment? I think that's where the idea for the political funerals came from. They didn't last for a long period of time. They...they took a tremendous amount of planning, they were scary for all of us. I mean, we were used to death in the sense that at a young age, many of us lost friends, lost loved ones to AIDS, but very few of us were in the business of actually holding, carrying, a body that was dead. For most of us that's just an absolutely...you know it happens for a few minutes if you're a pole-bearer at a funeral, but funerals are very well orchestrated and there are professionals that are there, caretakers, people that run funerals. We were just a bunch of angry, sad activists and here we were, holding the full weight of a human body and the responsibility of that, and the...It was frightening for us too, but...but it was something you felt you had to do. You had to somehow find a way.

I mean, at least in my experience, when somebody dies, like I was saying, there are so many ways in which protocol kicks in. You know, there's a protocol for who takes care of that body and what happens, there are legal protocols as well, but there are also kind of socially embedded protocols. You know, somebody is going to clean the body, care for the body, make sure that it...that this person is taken care of in the way they need to be, and once you take responsibility for the body of a loved one in that way and you're going to do something with that body, against the will of the State, literally, the presence of that person really does exponentially grow in your heart,
in your presence at that moment. Tim was dead, but there was no way he was dead at that moment. I mean, the presence of him, and the sense of him, and his will—this is what he wanted.

I mean sometimes actions are almost auto-sacrificial. I don't know that what we wanted really happened in the sense that I don't feel that the political funerals were necessarily witnessed by the people that on some level we wished they were viewed by. They didn't get much press, they weren't seen by a lot of people, but they were experienced by us, the people that did them, and they really truly were a way of honoring those who had died, and of honoring their wishes, and so in that way, they were highly, highly performative. But they were somewhat...I mean, like the Burroughs-Wellcome action, its audience was the stock exchange and...we targeted it and we got it. Once you're dealing with a body, you know, it's just this heavy, unmanageable thing, a body when it's dead, it's a very...it just is weight in a certain kind of way. And I think it ended up being something that we did within and for ourselves. And that was meaningful as well. I mean, on some level, we did them to be witnessed, but on the other hand that we witnessed it, that we experienced it was, you know, at that moment in time, what was most important. But a very different kind of action, in that way.

It's interesting when I think about them. They really only took place...I think it was just in '93...at almost the end of ACT UP in New York, and they were the pinnacle of I would say...7, 8 years of activism in ACT UP. If ACT UP starts in 87, and it is almost over by '93/'94, these political funerals are happening very, very late. And it's because the people who were dying, that we were burying or we were processing in this way, they really were members of ACT UP for 4, 5, 6 years, so they were these ambassadors to us. They were incredibly important people. In some ways I think it marked on us the moment or the time towards the end of ACT UP. I think they were the highest form of this trajectory I was talking about...about how AIDS is such a radically physical disease, but it was so radically
ignored, and so how do you...what do you do? You use your body to bring it back to the surface, to bring it back into the focus, and what more intense thing can you do but process the dead body of a person with AIDS?

In '87, that would have been like...I don't even know what they would have done with us. I mean there are stories that I've heard, and they're not, I mean, when I say stories I mean that they're not untrue...they are true, but one of the early...I think this was even before AIDS even had its name, back in the '80s...one of the founders of GMHC's lover died and before he died, his last wish was to go home. And he flew him home...alive. He was alive, but when he got home he went into a hospital and died. And the hospital knew what he had, and they were so completely terrified of his body that they...the coroner refused to do the proper evaluation to give him a death certificate because he wouldn't physically examine him. He was just too terrified of this unknown disease that had become known in the medical community, and this lover had to buy the body from the hospital to get it out the back door to be able to bury it because you couldn't go out the front door without a death certificate. So, I mean, these were the kinds of things that people had to do to be able to care for their loved ones, whether they were alive or whether they were dead. And so, I think, experiences like that, I mean that's really extreme, but experiences like that where doctors wouldn't treat you, or where parents wouldn't come near you in the early years, I think these experiences emboldened people to take the body very seriously, to work with it.

When you think, I mean, this is totally off topic, but when you think of what happened in Tunisia, this man that immolated himself and literally ignited...I mean the metaphor is that he burnt himself, but he ignited all these things. These metaphors then become...they become not metaphors anymore. They become these...I mean it really happened, he really did ignite revolutions all throughout the Middle East, and so I think that it's on that level that we realize that if you
take the body very seriously, you can communicate quite profoundly what it is that you want to say. But you have to be in that body to be able to do that. You have to really be in it.

(How do you know when you’re really in it?)

How do you know...I think when you’re willing to walk up to the edge and then beyond the edge of that danger. I mean, obviously, when you burn yourself alive, you’re really in your body. It’s not a denial of the body, that’s...that’s being really in the body. And walking up to the fire and then walking into it...I...I mean that’s... how do you know when you’re really in it? When you’re terrified. Because you’re really feeling what you’re doing at the moment. You know, you’re not disassociated. I mean I think we’re often, especially around death, very disassociated. From ourselves and from the people who have just died, from the physical presence of death. So how do you get re-associated? How do you get inside the body? I think when we were willing to take Tim’s body and have that faceoff with the police, we were in our bodies, the police were in theirs. They were terrified. We were terrified—for a completely different reason in a way. And even though Tim was dead, he was more there than he could ever have been...in a certain kind of way. So I think when you feel that, you know, that palpable fear, I think you know you’re there. I think any complete presence has a certain...has an edge to it. Whether it be fear or anxiety or adrenaline or...whatever is pumping through you, but you know you’re...you know you’re there. So... maybe that’s what it was about...

I think the political funerals were also about...you know, maybe political funerals came towards the end of ACT UP in part because we also needed to challenge ourselves to be there. To be there for ourselves and for our loved ones and this was the height of that. Like the earlier actions in the stock exchange, it was about...how do you become present? How do you break into the moment and be there? And how do you break in on a financial system that seems
completely and utterly larger than you? And it actually wasn't that
difficult. How do you become present to a loved one who died, you
know, in this very heroic way, but who's invisible? You take control
of his body and you say well, we'll follow his wishes and we'll do it.
We'll really do it. So I... it probably had something to do with that.

You have to be theatrical, we had no other card to play. We didn't
have money; we didn't have, you know, fame. We were just wily
and willing and fearless and, you know, to good effect. And I think
maybe the long-term benefit of the work that we did is not just in
the AIDS community, or even the gay community. I think the long-
term benefit of what we did is that we physicalized the role of the
patient in a certain kind of way, and that the patient should be criti-
cal, the patient should be...intelligent. The patient should have a
say in what is happening to their body. And I think that what ACT
UP was able to accomplish on a broader scale was that people are
more actively involved in their own healthcare. And they don't take
for granted that the government or the pharmaceutical industry has
their wellbeing at hand. And, so, I think that message became glo-
balized. I could see it in general because I worked in a hospital at the
time—the impact that this kind of critical thinking was having on
the general population. And that was very gratifying. It was people
just saying, "Is that the only treatment?" "Is it toxic?" or you know,
"What are my other options?" "What else can I do?" You'll get the
best care possible the more active and critical you are. And I think
that message was something that we felt very strongly about, and we
empowered our members, we empowered the AIDS community, to
ask questions, to demand the right to understand what was happen-
ing, and to be involved in making decisions. I wouldn't say ACT
UP single-handedly changed the consciousness of the country, but I
think it was part of many movements, and certainly one of the most
facilitating, in terms of shifting people's approach to their daily care,
especially as it interfaced with the medical institution. So I see that
as a good thing. I mean...I don't know...if we look at the medi-
cal institution beginning in the 20th century, in terms of their control—the growing control—of pharmaceutical industry over the last hundred years, I really see us hopefully at the pinnacle of its worst. I like to think that ACT UP kind of met it at its most vicious, and we chipped away at it a little bit.

One thing about ACT UP that was always so profound to me is that I never knew where anyone came from. I remember I would do things with people that were so intense, like agree to carry their dead body in the street, or write down their will and testament or steal drugs for them or you know, do things that I would not normally have done for anyone or even considered doing. But I...sometimes I didn't even know people's last name, or you know, it was like, "the Martin with the blonde hair" and that's how you knew them, or you didn't know where they were from, sometimes I didn't even know what their jobs were. We were so busy at the moment that all of these things that are about social interaction, there just wasn't time or it was almost like there wasn't any need for it. And that said, I had no idea what religion anybody was. It was completely irrelevant. Like you were Christian or Jewish or Muslim or Buddhist, but there was something about what we were doing, in the best sense of it, that, you know...had a kind of sacredness to it—I don't really know any better word for it—that there was...that we had to be careful, we had to be mindful, we had to be sure that we understood each other. There was a certain kind of care and trust that you associate with...with faith, that you have faith in somebody, that you have faith that what you're doing is right. Or...right is not even the right word—it's like that you have faith that what you're doing is...that you have to do it, and that you could just sit there at the table and talk about the details—you'll figure out how to do it. You just will. And we did. And in that sense, they were like meetings secretly at night that we'd have...because we all had day jobs, but we just never talked about them...unless you had a Xerox machine...and then you could say, "OK, could you make 700 copies of this while no one is
looking?” But other than that, unless your job was somehow meaningful to what it was we wanted to accomplish, it was all extraneous. What you brought to each meeting was what do you have to offer in terms of an idea or physical resources? And then what are we going to do with it? And how are we going to do this? And it had the feeling of...like a cabal...like a meeting where you sat and you tried to interpret the situation and then respond to it. But ACT UP itself was completely devoid of any kind of talk of spirituality, or God, or forgiveness or anything that one might associate with conventional religion. Completely secular, and nothing that smacked of religiosity would be tolerated, but that doesn't mean it didn't have that aura about it.

No, I mean, I grew up in a pretty secular world, and I think that those years and those meetings were the closest I ever came to a religious experience, in terms of a communal one. I've had plenty of epiphanies in my life, very personal religious experiences, but I think that was the only time I ever had a kind of communal experience of the sacred, when I was with those people preparing for doing those kinds of actions, whether they be in Grand Central Station or places that are about the kind of mechanism working in the city...these were places where we were constantly trying to intervene and become present. And they always felt dangerous and important. I do think that physical trauma can make you aware of your body in a way that you weren't before. It can shock you into awareness but I think what made ACT UP and the response to AIDS so powerful was that we already were out there, we already had ventured out there, and here we were.