



YOU ARE NOT ALONE

ANTON STUEBNER

ON THE OCCASION OF THE EXHIBITION  
WITH(OUT) WITH(IN) THE VERY MOMENT  
SAN FRANCISCO ARTS COMMISSION MAIN GALLERY  
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March 4, 2019: I groggily wake up in San Francisco to a headline in *The New York Times* online that reads “HIV Is Reported Cured in a Second Patient, a Milestone in the Global AIDS Epidemic.”<sup>1</sup> I circle around the sentence a few times, trying to parse the matter-of-fact candor in which the “milestone” news is delivered, less as a declaration and more as a statement of inevitability. I read on. Initial tests, while hopeful, suggest long-term remission rather than an outright cure, while the treatment itself—a radical bone-marrow transplant primarily intended to treat leukemia in the patients observed—is dangerous, with its own set of harmful, even life-threatening, side effects.

The *Times* refers to the two men who’ve been “cured” as “the Berlin patient” and “the London patient,” pseudonyms that evoke romantic associations with the urbane. I keep stumbling whenever I read the London patient’s name, my mind drifting to sweeping cinematic melodrama, a faux nostalgia for empire, and images of Kristen Scott Thomas trapped in a cave at the edge of the desert, waiting for a rescue that never comes.

I awaken further in the morning haze, thinking about what would happen if a cure were *actually* discovered in my lifetime. Would the earth crack in two, and the proverbial heavens break? Or would the news pass by unobserved, the announcement quickly obscured by a pop-up for a two-for-one sale on sneakers? Maybe I should just be happy that *anyone* is talking about HIV, especially when so many people think of the AIDS crisis as a historical event and not as the ongoing public health emergency it is.

A professor in my graduate program once told me that an object or event needs time before it can become a topic of study, more precisely *thirty* years of historical “distance.”

I turn thirty this year. Do I have enough distance from my past to reflect on it as an object of historical inquiry? And do we need yet another thirty years before we can talk about the possible impacts of a cure in a society believing itself to be post-crisis?

Bullshit, I say. We don’t have that kind of time, not when people are still sick.

## WE’VE GOT FIVE YEARS / WHAT A SURPRISE <sup>2</sup>

I’ve never lived in a time without HIV/AIDS; it’s always been part of my lexicon, normalized to the point that I can write about it with relative ease. But I cannot imagine a post-HIV reality, perhaps because I never knew a world before AIDS. I think of those people who lost so much during the early years of the crisis: how do they talk about it? Are they able to share their experiences? Or is it still too painful?

Language fails us when we need it most. Then again, words are just too fucking limited to express our deepest grief, the kind that seeps into our bones, and into our core.

I THINK IT'S A PAIN CRY / AND I SAID: PAIN CRY? / THEN LANGUAGE IS A VIRUS<sup>3</sup>

The scientists who commented on the findings suggest that they have two primary objectives at this juncture: to replicate the results of these initially successful procedures and to develop an effective treatment that can be more widely administered before the virus adapts and evolves. The hyper-resilient cells in the transplanted bone marrow have also mutated to block infection through CCR5, a protein resting on immune cells that, in its unmutated form, allows HIV to permeate through the membrane and infect its host.

The designation CCR5 is chillingly clinical, reducing language to alphanumerical identification. I feel anxious, maybe even a little paranoid. I think to myself that our greatest fears are the ones that we cannot name, let alone comprehend—the unknowable. I can almost hear David Bowie's sinister croon from the album *Station to Station*. TVC 15. CCR5. A moniker all-too-ready for a dystopian soundtrack.

OH, SO DEMONIC, OH, MY TVC 15 / TRANSITION / TRANSMISSION<sup>4</sup>

Mutations aren't just a means of survival; they force a cell or a body to weaponize, to become a protective force or, by equal turn, an agent of harm. Procedures like bone marrow transplants remind us that our bodies are both very simple *and* impossibly complex. It's a mental trip that seems so easy: if your bodily tissue stops functioning, just swap out sick cells for healthy ones. Choose well-being over disease, a few more years over a matter of months.

And then the inevitable realities kick back in: bodies exhaust themselves, quietly failing in ways we can't perceive or understand. Yeats must've been in on it when he wrote that *things fall apart; the centre cannot hold*—a foreboding dissolution distilled into an unsettling line of verse.<sup>5</sup>

I'm struggling to keep it together, to find an even-keeled headspace to think about epidemic and mortality. And then I think of the people who don't have the option to *think* about disease as an abstract concept, but who have to live through it, every day.

I knock myself back into place as I continue to wake up.

The scientists interviewed by the *Times* suggest “rearming the body with immune cells...modified to resist HIV might well succeed as a practical treatment.” It's a quiet

but salient metaphor, an image of immune cells as both armor and ammunition, steeling healthy tissue from harm while attacking invasive bodies. But there's also an inherent discomfort in recognizing how readily we're able to imagine the human body and its functions through the language of war.

I think about the implications of “rearming,” and its suggestion of a phantom or lost limb that can only be restored by turning the body into a weapon—by replacing it with an appendage that's ready to fight. Language reveals how readily we accept systems of power by adopting and normalizing their vernaculars. The military industrial complex is giving us a complex, and it's making us sicker by the day.

#### WHERE WAS THAT PROTECTION THAT I NEEDED? / AIR CAN HURT YOU, TOO<sup>6</sup>

I head to the kitchen to make breakfast, bringing my laptop to the table. As I scroll up to re-read the article, I'm startled anew by the header image, which depicts a red and orange globule surrounded by smaller emerald-green circles, scattered around the perimeter like confetti or micro greens around an egg yolk. Arrestingly lovely, its sense of form and color immediately appeals to the visual language of formal abstraction. The caption notes that the rendering depicts “a colored transmission electron micrograph of the HIV virus, in green, attaching to a white blood cell, in orange.”

My brain feels deceived—I thought white blood cells would be white—and struggles with the misrecognition. Disease apparently can take on the guise of beauty. But is the virus itself beautiful, or is it just how the image has been rendered? I remember a recent conversation with a data scientist, who explained that specific colors are often applied to visual renderings to both distinguish unique elements in a composition and make them more easily legible to viewers. We dress up hard truths, sugarcoat them, so that we can soften the blow when we break difficult news.

Still, I feel angry with the scientists who generated the image for letting their aesthetic sensibilities get the better of them. But the color choices have a purpose—to visually distinguish the virus from healthy cells. I soon realize that I'm angry with myself for finding the image beautiful, for failing to correlate the micrograph with the weight of the story below. My mind flashes to a street sign by artist Anthony Discenza that reads “PRETTY PICTURES WON'T SOLVE ANYTHING.” No shit, I think to myself.

I open the refrigerator and reach for an egg and some salad greens for breakfast. As I crack the egg, I stare into the yolk, then look back at my screen at the image of the orange-tinted cell under attack. It's an uncanny visual parallel. I lose my appetite.

#### NOBODY'S PERMANENT / EVERYTHING'S ON LOAN HERE<sup>7</sup>

March 8, 2019: I turn on my phone to read the *Times* online. The app opens a video simulation that depicts “material smashed away from an asteroid following a collision” as it is “attracted back to the object by its gravity.” The asteroid is rendered as an orange-red globe, with yellow shards splintering from, and recoiling back towards, its perimeter. The formal similarities to the HIV electron micrograph are alarming; the *Times* must have a perverse fascination with blending beauty with annihilation. Then again, the visual language around depicting life-threatening forces must be limited: red and orange signals danger and volatility. Encounter at your own risk.

The accompanying article notes that astronomers and scientists are preparing for the inevitability that asteroids (not singular, but plural) will approach the earth’s orbit. Detonation apparently is out of the question, since asteroids have a “resilient core” with a gravitation pull so strong that asteroids “don’t just absorb mind-boggling amounts of damage, but, as previous work has hinted, they also are able to rebuild themselves.”<sup>8</sup>

It’s hard not to be impressed by the fact that asteroids not only resist human interventions and attacks, they can actually generate strength from them. That fear of the unknowable rears its head again. Knowledge may be power, but what do you do with the knowledge that there are forces out there that may be unstoppable or incurable? Weaponization is not a be-all, end-all strategy. Sometimes, fighting back is not enough.

The doctors who authored the report on the bone marrow transplants noted that the cured patients were still vulnerable to “a form of HIV called X4, which employs a different protein, CXCR4, to enter cells.” The imperative here is to force the immune system to adapt and evolve as quickly as it can, before the virus learns its tricks and figures out that the rug has been pulled out from underneath it. And even that isn’t sure protection against viral strains that may not have been identified yet: hope with a caveat, a sense of urgency, and no guarantees.

But it has to start somewhere.

#### THE LIGHT / BEGIN TO BLEED / BEGIN TO BREATHE / BEGIN TO SPEAK <sup>9</sup>

March 9, 2019: I walk into Printed Matter in New York. The cold air outside prevents my mind from spinning thoughts of viruses and impact events. It’s one of the few benefits of freezing temperatures: the physical discomfort shocks you back into your body. I head over to a table of recent releases from small presses and immediately see three volumes by Pilot Press from the UK, which are identified as queer anthologies on loneliness, rage, and joy (sickness, I’m told, will be published later in the spring). Three choices—with a compelling argument for each. I tell myself that I can get

one, as if this were some test of moral fortitude. It's funny how these decisions, however arbitrary, can feel impactful in the moment. Like nearly everyone I know, rage has become a default disposition, especially as our political and economic environments become even more untenable. But it's the apathy that gets to me: the all-too-willing indifference to the vulnerability of others. That's the story of oppression in this country.

It's also the history of reportage on HIV/AIDS. Take another look at Lawrence K. Altman's article "Rare Cancer Seen in 41 Homosexuals," which ran on page A20 of *The New York Times* on July 3, 1982. Altman's report is widely considered the first report on the virus (then referred to as GRID) in a major news source. The article is also queer-phobic bullshit, with remarks from a physician that "there was no apparent danger to nonhomosexuals from contagion," and that "the best evidence against contagion... is that no cases have been reported to date outside the homosexual community or in women."<sup>10</sup>

When I think of this, I try to calm down and remember how misinformation circulated in the early years of the epidemic. But, no. The article was always meant to be a throw-away, banished to the back of the paper where it could quietly run and be forgotten. Queer people didn't matter, not to the *Times*, and not to its readers. When Altman's article went to print, it ran side-by-side to a full-page reproduction of sheet music for "The Star-Spangled Banner," ready to clip out for celebrations the next day. A banner headline implores readers to *Sing out on the 4<sup>th</sup>*, and the juxtaposition feels impossibly cruel: a public-health crisis deafened by the promise of fireworks and celebration and song.

My anger surges again as I flip through the books on the table. I take a look at the next title—loneliness—and wonder if anger and loneliness aren't so far off from one another. The cautious hope of an HIV cure that might not actually be a cure certainly made me feel helpless in a way that I hadn't anticipated. That's the bite of hope, isn't it? Despondency can sneak up on you if you don't assume it blindly. And it's hard to feel joy when I think about my queer ancestors and all the people who held on to that hope that they'd be part of something bigger, who remained positive and fought back and *still* never made it.

Joy feels increasingly precarious, perhaps even irresponsible, when faced with our deeply troubled and fucked-up world. And there are many days when it's just too damn hard and painful to muster it up. But when I remember those queer ancestors, and the people who came before me, I also think about how they shaped my relationship to art and activism. Hell, I think about how they shaped my sense of self; without them, I wouldn't have the tools to figure out who I am. That's something to feel pretty fucking joyful about.

And it's my responsibility—and yours—to honor those we've lost by feeling joy and rage and loneliness. It is our responsibility to carve out livable lives for ourselves. Denying our own capacity to feel, and the capacity of others to feel—that's the killer. And we certainly need hope, for fuck's sake. Without it, what's the point?

Inside the store, I calm down and open the third anthology to find a poem by JD Scott:

Let's maintain this brain  
where we see each other  
not as their world seeks  
to see us making us  
    into fool's gold

but as we see each other  
together in this now  
    beaming  
inside all this inebriated joy.<sup>11</sup>

Let's keep seeing each other inside this inebriated joy. Repeat. Fight. Live.

JUMP OUT OF THE PLANE / THERE IS NO PILOT / YOU / ARE NOT / ALONE<sup>12</sup>

#### NOTES

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4. David Bowie, "TVC 15," *Station to Station*, RCA Records, 1976.
5. Yeats, W.B. "The Second Coming." Poem originally published in 1919.
6. Talking Heads, "Air," *Fear of Music*, Sire Records, 1979.
7. The Pretenders, "Time the Avenger," *Learning to Crawl*, Sire Records, 1984.
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9. Kate Bush, "The Morning Fog," *Hounds of Love*, EMI Records, 1985.
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11. Scott, J.D. "Golden Calf," in *Over there: A queer anthology of joy*. London: Pilot Press, 2017. Unpaginated.
12. Laurie Anderson, "From the Air," *Big Science*, Warner Bros. Records, 1982.

ANTON STUEBNER is an arts writer whose work explores the intersections of queer representation, critical race, and visual cultures around bodies. He is also Shotgun Reviews Editor at *Art Practical*, and Associate Director at Catharine Clark Gallery, San Francisco.

Stuebner has presented research through Queer Conversation on Culture and the Arts (QCCA), the Midwest Interdisciplinary Graduate Conference at the University of Wisconsin–Milwaukee, and the Visual and Critical Studies Graduate Symposium at California College of the Arts. In 2016, he was selected for the Emerging Scholars Program through QCCA, an ongoing collaboration between the Queer Cultural Center, California College of the Arts, and the University of UC Berkeley College of Environmental Design. Stuebner was also awarded a 2015–2016 Project Index Fellowship through the Kadist Art Foundation. He holds a Master of Arts in Visual and Critical Studies from California College of the Arts and a Bachelor of Arts in English from the University of California, Berkeley.

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