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Cellular Movements: A Critical Investigation of HIV/AIDS Through Dance

Elinor Krichmar

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American Studies 302/3: Senior Project

Advised by Eve Dunbar and Erin McCloskey

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the cells of you heard a tune you could not hear. you memorized & masqueraded, karaoked without knowing. you went in for a routine test & they told you what you were made of...

– Danez Smith, “1 in 2,” *Don’t Call Us Dead*

Introduction

When I set out to investigate choreographic works related to HIV/AIDS, I started by compiling a list of performers and choreographers who were recorded to have created pieces during what is referred to as “the plague years,” 1981-1996.¹ I found that most of the artists whose works were well-documented, who are portrayed as canonical choreographers of the HIV/AIDS era, were white men – Neil Greenberg, John Bernd, Keith Hennessey, Joe Goode, and Arnie Zane, to name a few. Bill T. Jones, who co-founded the Bill T. Jones/Arnie Zane Company in 1982, is the only Black choreographer who I came across whose pieces are highly archived and treated as canonical HIV/AIDS performances. Interestingly, however, he told one interviewer that, “I’ve never made work specifically about AIDS. I’ve made work about loss, about sex, about death but never specifically about AIDS.”² His piece *Still/Here* does not “make any direct reference to AIDS,” but is often read as such because of his status as HIV positive and his relationship with Arnie Zane, who died of AIDS in 1988.³ Regardless of his intentions, Bill T. Jones’ contributions to HIV/AIDS discourse are immense, but he is often represented as a token Black choreographer in dance archives related to HIV/AIDS. This project hopes to address these archival gaps, and to that end, promote a reimagination of HIV/AIDS representations in the dance world and beyond.

David Gere, whose book *How to Make Dances in an Epidemic: Tracking Choreography in the Age of AIDS*, is one of the few scholarly works specifically dedicated to the connection

¹ Sarah Schulman, *The Gentrification of the Mind: Witness to a Lost Generation* (Berkeley, CA: University of California Press, 2012), 45.

² David Gere, *How to Make Dances in an Epidemic* (Madison, WI: University of Wisconsin Press, 2004), 20.

³ Ibid.

between HIV/AIDS and dance, acknowledged the limited scope of his book in the introduction. He writes that in “in future work I will...seek to include a wider circle from an earlier stage” to ensure that marginalized voices are not excluded.⁴ The majority (though not the entirety) of Gere’s book describes and analyzes white male dancers and choreographers. All of their work is incredibly moving and extremely important to the history of dance and of HIV/AIDS, and I want to honor their invaluable contributions. I emphasize that the purpose of this project is not to criticize their works, or Gere’s book (which is a truly excellent resource), but to recognize that voices are missing from these archives. Unsurprisingly, this is indicative of the ways in which mainstream representations and histories of HIV/AIDS erase the experiences of Black people and other people of color, depicting the virus as affecting only white gay men. I hope to critically intervene in these whitewashed narratives in order to draw attention to the violent omission of Black people from HIV/AIDS discourse, and explore the ways in which dance and performance work to reshape narratives and representations of HIV/AIDS.

I will start by providing some brief historical context on HIV/AIDS, and then discuss the important place of dance in the pandemic through one piece by Neil Greenberg and two pieces by John Bernd. Next, I will problematize the canonization of these choreographers through an explanation of racial disparities in HIV infection rates and treatment accessibility. Finally, I will explore the various possibilities that dance has to oppose whitewashed narratives, describing works by Ishmael Houston-Jones and Orlando Zane Hunter Jr. and Ricarrdo Valentine of the Brother(hood) Dance! duo. I will also discuss performance as a possibility for HIV “intravention” in the context of the Ballroom scene.⁵

⁴ Gere, *How to Make Dances in an Epidemic*, 25.

⁵ Marlon M. Bailey, *Butch Queens Up in Pumps: Gender, Performance, and Ballroom Culture in Detroit* (Ann Arbor, MI: University of Michigan Press, 2013), 220.

The second part of this project is a podcast, which intends to begin the process of restructuring HIV/AIDS narratives by focusing on the works of artists of color. The podcast episodes further my critical intervention of HIV/AIDS representations, aligning with José Esteban Muñoz’s theory of disidentification. Disidentification “scrambles and reconstructs the encoded message of a cultural text” to reveal its hierarchical inequities and strategic exclusions.⁶ Disidentification “is a step further than cracking open the code of the majority; it proceeds to use this code as raw material for representing a disempowered politics or positionality that has been rendered unthinkable by the dominant culture.”⁷ Disidentificatory performances transform cultural norms, acting as tactics of resistance and survival.

With the power of performance in mind, the podcast showcases the voices of several people who have close personal experience with the intersection of HIV/AIDS and dance. I followed an ethnographic, interview-based methodology in order to ground the project in testimony and storytelling. It is crucial to hear these personal accounts unfiltered, and from the voices of the people who experienced them. To that end, as listeners will hear in the podcast episodes, I structured the interviews so that the artists did the majority of the talking. While I did have questions prepared for each interview, I tried to ensure that the interviewee was guiding the conversation according to what each saw as most relevant to share. Their voices and stories – rather than my reaction or interpretation – are at the heart of the podcasts.

The first episode contains an interview I conducted with Denise Roberts Hurlin, a white woman and former member of the Paul Taylor Dance Company, who is the co-founder of an organization called Dancers Responding to AIDS (DRA). It also features my interview with Ishmael Houston-Jones, who identifies as an African American “gay-ish” movement artist based

⁶ José Esteban Muñoz, *Disidentifications: Queers of Color and the Performance of Politics* (Minneapolis, MN: University of Minnesota Press, 1999), 31.

⁷ Muñoz, *Disidentifications*, 31.

in New York City. Both were young dancers based in New York City during “the plague years,” and we hear first-hand about their experiences living and moving during that time.

Houston-Jones also discusses a series he co-curated at Danspace called *Platform 2016: Lost and Found*, which deals with pressing questions about the legacy of HIV/AIDS in the dance world. The second episode contains an interview with Linda Villarosa, a Black lesbian reporter, who discusses the racial disparities of HIV infection rates. The third episode contains an interview with Ni’Ja Whitson, who identifies as Black queer and non-binary trans artist, and an interview with Orlando Zane Hunter Jr. and Ricarrdo Valentine, who make up the performance duo Brother(hood) Dance! Hunter and Valentine both identify as Black, queer, HIV positive, and undetectable. These interviews discuss contemporary works about HIV/AIDS, and the power and possibility of dance and art to reconstruct the representations of HIV/AIDS.

HIV/AIDS: Some Background

One of the first articles published about HIV/AIDS was in *The New York Times* on July 3, 1981, entitled “Rare Cancer Seen in 41 Homosexuals.” The article precipitated the creation of a direct correlation between homosexuality and HIV/AIDS as the virus made its way into the public eye. Before it was called AIDS, the disease was called “Gay-Related Immune Deficiency” (GRID) and “gay cancer” to refer to the complex of two conditions: Kaposi’s Sarcoma (KS), a cancer of the blood vessels and *pneumocystis carinii* pneumonia (PCP).⁸ By the end of 1981, a cumulative total of 270 cases of severe immune deficiency among gay men had been reported in the United States, of which 121 died.⁹ The term “AIDS” for Acquired Immune Deficiency

⁸ Jan Zita Grover, “AIDS: Keywords,” in *AIDS: Cultural Analysis/Cultural Activism*, ed. Douglas Crimp (London: MIT Press, 1987), 18.

⁹ “A Timeline of HIV and AIDS,” HIV.gov, updated April 8, 2020, <https://www.hiv.gov/hiv-basics/overview/history/hiv-and-aids-timeline>.

Syndrome was adopted by the Centers for Disease Control (CDC) in 1982 as more symptoms were identified and “the complex was further qualified by the medical term syndrome”¹⁰ to describe some of the common combinations of symptoms and conditions that pointed to AIDS.

It is crucial here to distinguish between HIV and AIDS. HIV, or human immunodeficiency virus is an infectious virus that attacks the body’s cells that fight disease and infection. AIDS is the terminal stage of HIV that occurs when the immune system is severely damaged because of the virus.¹¹ Although “AIDS virus” is sometimes used, that term inaccurately conflates an HIV infection with the terminal phase of infection and thus “equate[s] infection with death,” without taking into account other phases of HIV.¹² Because there are now medical technologies that can treat HIV to prevent it from progressing to the terminal stage of AIDS, it is necessary to acknowledge the distinction between the virus (HIV) and the disease that it can cause (AIDS) in order to analyze the accessibility and effectiveness of these medications and treatments. I will use “HIV/AIDS” when referencing the topic at large. I will use “AIDS” when referring to the terminal stage of HIV infection and the condition of having a fatally damaged immune system. I will use “HIV” when describing just the virus and when describing a person’s infection status.

A link between homosexuality and HIV/AIDS was widely publicized from the beginning of the epidemic, and still remains. The fact that some of the first reported diagnoses were among gay men determined the conceptualization of AIDS as a “gay disease,”¹³ which, of course, it is not intrinsically; the virus does not distinguish or discriminate between people of different sexual

¹⁰ Grover, “AIDS: Keywords” in *AIDS: Cultural Analysis/Cultural Activism*, 18.

¹¹ “What are HIV and AIDS?” HIV.gov, updated June 5, 2020, <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids>

¹² Grover, “AIDS: Keywords” in *AIDS: Cultural Analysis/Cultural Activism*, 21.

¹³ Cindy J. Kistenberg, *AIDS, Social Change, and Theater: Performance as Protest* (New York & London: Garland Publishing, 1995), 7-8.

orientations. The perception of AIDS as a “monolithically ‘gay disease’ in a homophobic society was central to the failure among many sectors to take adequate action to slow the spread of the disease and [to] educate the public.”¹⁴ This lack of action on behalf of the United States government and medical institutions has made HIV a deadly infection.

The dominant discourse on AIDS has created a “linkage between homosexuals and AIDS” in part because it is frequently presented as only a sexually transmitted disease.¹⁵ In addition to further stigmatizing and marginalizing queer folks who are HIV+ or living with AIDS, labeling the disease as an STD allows others affected by HIV to be ignored. HIV is most commonly transmitted through sex or by sharing drug injection treatment, such as needles. It can also be transmitted from mother to child during pregnancy, birth, or breastfeeding.¹⁶ In the case of AIDS, the CDC initially identified gay men as the primary “risk group” for the syndrome.¹⁷ This epidemiological concept of “risk group” functions to “isolate identifiable characteristics that are predictive of where a disease or condition is likely to appear,” and has allowed for speculation “that the gay life-style,” as described by the CDC, “might be responsible for the condition.”¹⁸ While the language of “risk group” had the potential for intentional education about preventing virus transmission – for example, by disseminating information about how and where to get HIV tested, needle exchange, and the importance protected sex – the result was isolation. Both in the media and in politics, the category of ‘risk group’ “has been used to stereotype and stigmatize people already seen as outside the moral and economic parameters of the ‘general

¹⁴ Brett C. Stockdill, *Activism Against AIDS: At the Intersection of Sexuality, Race, Gender and Class* (Boulder, CO: Lynn Rienner Publishers, 2003), 4-5.

¹⁵ Kistenberg, *AIDS, Social Change, and Theater*, 12-13.

¹⁶ “How Is HIV Transmitted?” HIV.gov. US Department of Health and Human Services, June 24, 2019. <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/how-is-hiv-transmitted>

¹⁷ Grover, “AIDS: Keywords” in *AIDS: Cultural Analysis/ Cultural Activism*, 27.

¹⁸ Ibid.

population.”¹⁹ The construction of this category shifts the blame onto individuals through the implication that certain characteristics and identities are innately predisposed to the virus, instead of accounting for the structures and systems that create the conditions for increased risk of HIV infection.

Especially in its early years, HIV/AIDS was framed as a “lifestyle issue,”²⁰ which sanctioned the dangerous belief that the virus was only a risk for the gay male body. Professor Paula Treichler described the appeal of thinking of AIDS as a ‘gay disease’ for those in power: “it protects not only the sexual practices of heterosexuality but also its ideological superiority.”²¹ With very little systemic action to combat HIV/AIDS, an HIV infection was a universal death sentence until 1996, when protease inhibitors were first released, with no alternative outcome to its progression to AIDS. For many people in the United States, however, particularly Black people and people of color, this fate remains – despite the existence of treatments that can prevent HIV from developing into AIDS.

Discursive representations of HIV/AIDS tend to focus on white gay men exclusively. This inaccurate depiction of HIV and AIDS can be traced back to the way that research on the virus and disease was conducted in the early 1980s. Data collected by the CDC and other research groups was framed so that white gay men experienced “the first wave of AIDS” while “other groups, such as injection drug users and women – primarily black and Latino/a – were often characterized as forming a second or later wave of HIV and AIDS.”²² As a result of this framing, many Black people and people of color were ignored in initial analyses of the virus and

¹⁹ Grover, “AIDS: Keywords” in *AIDS: Cultural Analysis/ Cultural Activism*, 27.

²⁰ Paula A. Treichler, “AIDS, Homophobia, and Biomedical Discourse: An Epidemic of Signification” in *AIDS: Cultural Analysis/Cultural Activism*, ed. Douglas Crimp (London: MIT Press, 1987), 40.

²¹ Treichler, “AIDS: Homophobia and Biomedical Discourse,” in *AIDS: Cultural Analysis/Cultural Activism*, 51.

²² Cathy J. Cohen, *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics* (Chicago, IL: University of Chicago Press, 1999), 125.

disease and were severely undercounted in gay communities because white gay men were prioritized in research. Political scientist Cathy J. Cohen also notes that “escalating rates of HIV in drug-using populations disproportionately affect drug users of color” and that “racial differences in the conditions surrounding drug use put black and Latino/a drug users at greater risk for AIDS.”²³ Facing increased criminalization, disproportionate rates of incarceration among Black people and people of color also pose insurmountable barriers to all types of medical care. Cohen also brings to light the ways in which the CDC overlooked populations of color as a whole and severely undercounted their rates of HIV infection.²⁴ Consequently, white gay men became the face of the virus and the disease.

HIV/AIDS and Dance

As Performance Studies scholar David Román wrote, “performance has participated in shaping our understanding and experience of AIDS,” and thus has the ability to intervene in those conceptions.²⁵ Dance, containing both very physical and ephemeral qualities, has the power to address questions about the histories, legacies and representations of HIV/AIDS that are ongoing and historical. Grappling with the legacy of something as devastating and enormous as HIV/AIDS requires empathy and compassion. Art and performance communicate testimonies emotionally and directly. To study performance is to glimpse the internal and external experiences of a particular moment. It is a lens through which socio-political structures can be analyzed. Performance has “world-making possibilities” which can greatly influence the

²³ Cohen, *The Boundaries of Blackness*, 127.

²⁴ *Ibid*, 128.

²⁵ David Román, *Acts of Intervention: Performance, Gay Culture, and AIDS* (Bloomington, IN: Indiana University Press, 1998), xiii.

construction of memories and their “ritualized tellings.”²⁶ Dance is a continuum that can thematically and physically transition seamlessly between the spaces of memory and future-building, making it an apt site for reconstructing the HIV/AIDS narrative.

David Gere writes that “the very criteria for what constitutes a dance have broadened to encompass the widest range of human movement possible.”²⁷ Bodies are always gesturing towards a history, experience, or emotion. Bodies hold infinite potential for pleasure and pain, intervention and activism. For instance, Gere theorizes that the “wider nexus of choreographies” of dances related to HIV/AIDS extends beyond the stage to include protests, such as those that took place at National Mall, the Food and Drug Administration in Maryland and Tompkins Square Park in Manhattan. Performance and dance also offer a mode of understanding the highly physical and organized actions that characterize much of HIV/AIDS activism.

Dance plays an especially important role in the queer community. David Román writes:

Dance became the entry point to other forms of queer connection: friendship, sex, employment. But it also was a means in itself, a way for me to begin choreographing my own movements through the world as an openly gay man. I loved dancing because it gave me a way to be in my body and to be around other gay people in a way that was very new for me.²⁸

Dance is a liberatory practice. It offers an opportunity for physical expression for bodies that are deemed deviant, and therefore restricted. As a “kinetic experience” that “enables social configurations of same-sex bodies not imaginable elsewhere,”²⁹ dance has always been a fundamental component of queer liberation movements.

²⁶ José Esteban Muñoz, *Cruising Utopia*, 10th Anniversary Edition: *The Then and There of Queer Futurity* (New York: New York University Press, 2019), 35.

²⁷ Gere, *How to Make Dances in an Epidemic*, 9.

²⁸ David Román, “Theatre Journals: Dance Liberation,” *Theatre Journal* 55, no. 3 (10, 2003): 14.

²⁹ Román, “Dance Liberation,” 6.

Dance can also be a tool for coping with difficult emotions. Román describes using dance to cope with grief and confusion as many of those close to him died from AIDS.

Dancing was a way to return to my own body and to differentiate it from theirs, a reminder that despite the prevalence of HIV in my life, I was not infected. I could go out and dance, and so I did... dance was a way to express my anger and feelings of despair brought on by the relentless death toll I was witnessing.³⁰

Román also describes the ways that performance fostered “collaborative, community-based production of social rituals” to raise awareness about HIV/AIDS, raise money for research and care, and grieve together.³¹

Dance was and is a ritual for Román, more as a personal practice than a performance. But still, his descriptions are emblematic of the importance of dance in AIDS activism. Dance and performance studies is an “apt partner” to queer studies and queer activism.³² Clare Croft writes that because the “central premise” of dance studies is that “bodies and physical relationships are both socially produced and producers of the social,”³³ dance can occupy a space of social analysis and critique. So, in addition to being a liberatory and communal practice, dance can provide insight and perspective on the social and political constructions of HIV/AIDS narratives.

Choreographic Presences of HIV/AIDS

One early reference to AIDS in dance – albeit unintentional – came in 1980 in John Bernd and Tim Miller’s *Live Boys*. The multimedia performance piece, performed at Performance Space 122 (PS 122) in the East Village neighborhood of Manhattan, charted and celebrated the mundane intimacies of their evolving relationship. David Gere describes the piece:

³⁰ Román, “Dance as Liberation,” 14.

³¹ Román, *Acts of Intervention*, 10.

³² Clare Croft, “Dancing toward Queer Horizons,” *Theatre Topics* 26, no. 1 (2016): 57.

³³ *Ibid.*

On a simple backdrop they projected slides by Kirk Winslow of the two of them lying in bed asleep amid tousled bedclothes. They took their audience on a fractured tour of their neighborhood. They ordered bialys, pumpernickel bagels, and cream cheese. Except for frequent repetitions of text and sharp intercutting of postmodern dance moves...Bernd and Miller could have been any couple hanging out during a hot New York summer.³⁴

Live Boys premiered just months before the announcement of the first cases of AIDS in the United States. During the piece, Bernd said “When I met Tim, I had all these things wrong with my skin...about a week before I met him, I had a fungus on my skin, I had psoriasis where the fungus was, I had psoriasis on my scalp...”³⁵ This epithet can now be recognized as an outbreak of Kaposi’s sarcoma, one of the most common and recognizable symptoms of AIDS, and one of the first to be documented as a part of the syndrome. Bernd’s unwitting reference to AIDS “virtually fused [this performance work] with the arc of the disease.”³⁶

Bernd performed his solo piece *Surviving Love and Death* in 1981 at PS 122 after his breakup with Miller. Gere describes it as the “first formal choreographic performance of the AIDS era.”³⁷ It was a piece about heartbreak, and about the “mysterious illness with which Bernd was having to cope that year.”³⁸ In a monologue, Bernd describes some of the symptoms of this illness (“My guts didn’t stop bleeding”) and mentions that his doctors “wonder whether this is the ‘new gay cancer.’”³⁹ *Surviving Love and Death* was the beginning of John Bernd’s life with AIDS, and aligns with the beginning of the epidemic in the United States. Ishmael Houston-Jones wrote that “John was the first person most of us knew in this community who had

³⁴ Gere, *How to Make Dances in an Epidemic*, 3.

³⁵ Ibid, 4.

³⁶ Ibid.

³⁷ Ibid, 32. My description of this piece is based on the description Gere wrote, as I was prevented by the COVID-19 pandemic from accessing Bernd’s, which are only available only on-site at the New York Public Library for the Performing Arts.

³⁸ Ibid, 30.

³⁹ Ibid, 31.

contracted a terrifying disease...it didn't have a name yet, but its effects were horrific and very often deadly."⁴⁰

In one of the most notable parts of the piece, Bernd rolled out a blender on a cart, announcing "I've tried to take control of this illness... I decided to work on my diet, because that is maybe what I had the most control over."⁴¹ He lists the medications and foods that he has been consuming and throws them in the blender: 60 milligrams of the drug prednisone; Mylanta to protect his stomach lining; Brown Cow yogurt for probiotics, 5,000 milligrams of vitamin C; watercress; a banana; and vitamin B. "And never underestimate the power of the written word," he says, and scribbles a note to the virus on a yellow pad that says "scram." He tears it off and puts it in the blender.⁴² Lastly, he throws in some apple cider because it's "a great mixer" and an Entenmann's Danish because "sometimes you gotta have it, you gotta trust your intuition, and if it says that's what you want, don't fight it."⁴³ He starts the blender and shouts words that the audience can't really make out, and then turns it off and gulps the mixture directly from the blender pitcher, chasing it with a swig of apple cider. The audience witnessed Bernd "becoming a medicalized body"⁴⁴ in real time. This scene reflects the experimentation of treatment, and how little attention was being given to the disease. At this moment, with so little known about AIDS – the disease is not even called AIDS yet – Bernd was full of life and determined to stay that way.

John Bernd died in late August of 1988 at New York University Medical Center. He was 35 years old and had been living with AIDS for seven years. Bernd's short obituary was published in *The New York Times*, which described him as "an experimentalist choreographer

⁴⁰ Ishmael Houston-Jones, et. al. *Lost & Found: Dance, New York, HIV/AIDS, Then and Now* (New York, NY: Danspace Project, 2016), 11.

⁴¹ Gere, *How to Make Dances in an Epidemic*, 31.

⁴² Ibid.

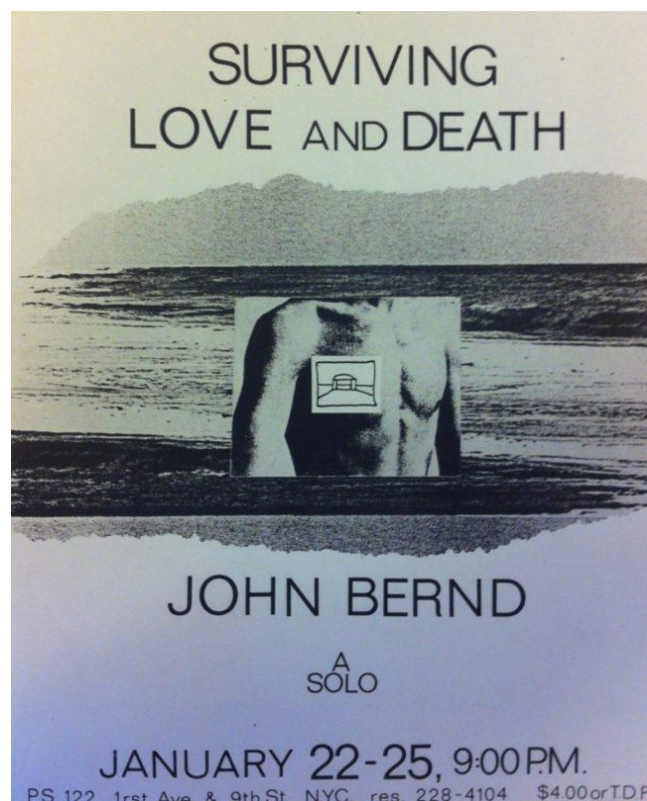
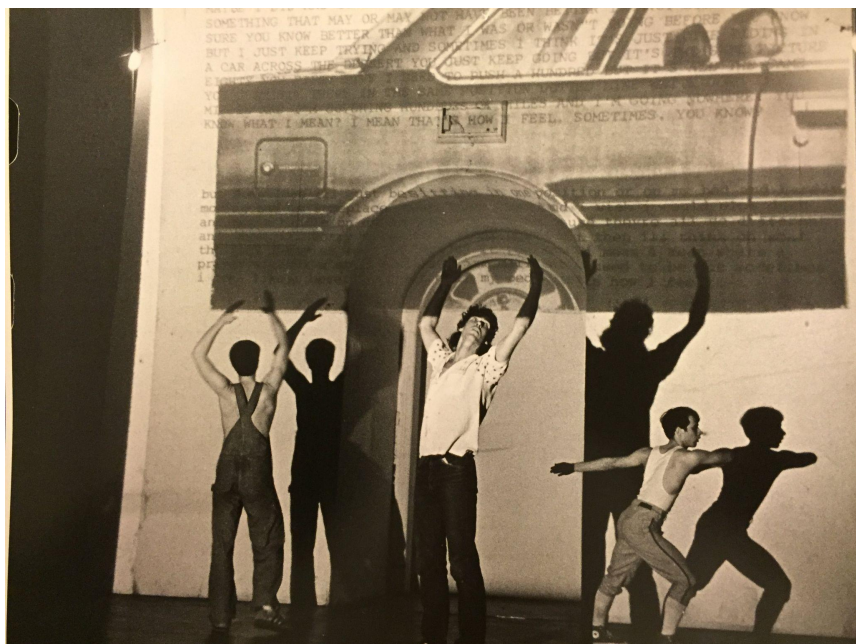
⁴³ Ibid.

⁴⁴ Ibid.

and dancer and an associate director of Performance Space 122.”⁴⁵ He continued making work even as his body lost strength. Bernd performed his last piece, called *Two on the Loose*, in 1988 at the PS 122 Gala, just months before he died. AIDS historian Sarah Schulman described watching this final performance: “I saw him perform many times...I remember his final performance with choreographer Jennifer Monson, he was so disoriented he could barely follow her.”⁴⁶ Schulman tracked the progression of AIDS in Bernd through his choreography.

⁴⁵ “John Jeffery Bernd, 35, an innovator in dance,” *The New York Times* (New York, NY), September 1, 1988. Retrieved February 05, 2021, from <https://www.nytimes.com/1988/09/01/obituaries/john-jeffery-bernd-35-an-innovator-in-dance.html>

⁴⁶ Schulman, *The Gentrification of the Mind*, 59-60.



Images from the John Bernd Archive.⁴⁷

⁴⁷ "John Bernd," Visual AIDS, <https://visualaids.org/artists/john-bernd>.

Neil Greenberg's *Not-About-AIDS-Dance* is another well-known work about AIDS. It premiered in 1994 at The Kitchen in Manhattan, and is the first in a trilogy of dance pieces that track Greenberg's experience with HIV, including *The Disco Project* (1995) and *Part 3* (1998). The title *Not-About-AIDS-Dance* evokes a pattern in discussions of HIV/AIDS that David Gere calls "silent speaking," in which one makes allusions to HIV/AIDS without addressing it as a part of their identity, or explicitly naming their HIV status.⁴⁸ David Román writes the title's irony "extends beyond this silent signification in the dance world to comment on the cultural silence and suppression of AIDS."⁴⁹

The piece begins in silence with dancers, all of whom appear to be white, dressed in all-white clothing. The scene conjures the image of white blood cells, and by 1994, there was a better understanding that HIV infections harm white blood cells. Projections on the wall read, "This is the first material I made after my brother died."⁵⁰ Movements are repeated in solos, trios and quartets, and the text projected on the wall "introduce[s] the company members and offer points of reference for them and for the dance."⁵¹ The text is written from Greenberg's point-of-view, and he acts as a narrator. For instance: "Jo is dancing that same material again" and "Ellen was a big pothead in high school" and "I'm gay, so it's confusing to me, but I'm quite attracted to Jo." Sometimes the words describe the movement, such as "Christopher will now perform his solo from *Stage-Gun-Dance*." The sentences are personal and straightforward.

⁴⁸ Gere, *How to Make Dances in an Epidemic*, 23.

⁴⁹ David Román, *Performance in America: Contemporary US Culture and the Performing Arts* (Durham, NC: Duke University Press, 2005), 65.

⁵⁰ *Not-About-AIDS-Dance*, choreographed by Neil Greenberg (recorded December 15, 1994, New York, NY), <https://vimeo.com/44322468>. I was able to watch the 1994 recording of *Not-About-AIDS-Dance* as a primary source. Unless otherwise noted, the following description is my observation of the piece.

⁵¹ Román, *Performance in America*, 65.

“Short, idiosyncratic fragments” of popular music occasionally break the silence that forms the “primary score” for the piece.⁵²

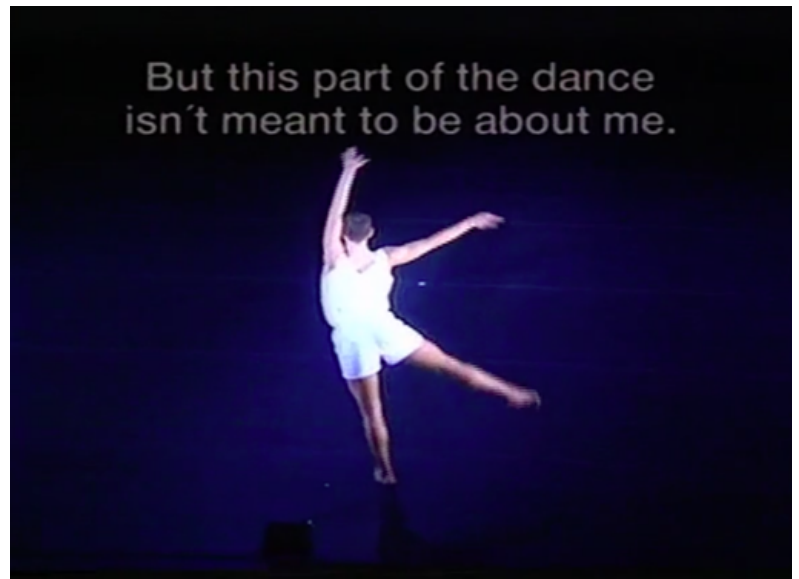
In the next section, Greenberg stands with his eyes closed and jaw slack, arms bent towards his head as though he is lying down. He performs this section alone on stage, and the projections behind him read: “This is what my brother Jon looked like in his coma.” He walks backwards as his eyes open. “He was in a coma 2 days before he died of AIDS.” He reaches stillness, his eyes drift shut. “I’m HIV+.” He begins a movement sequence. “But this part of the dance isn’t meant to be about me.” Other company members begin to move on stage, and the conversational, descriptive text about them and their movement resumes. Throughout the rest of the piece, the projected text names others who died of AIDS:

Jon died in July.
I went away in August.
When I came back I learned Ed Hartmann and Falabella had died.
On Labor Day Richard Wolcott died.
When I came back from Richard’s funeral, I learned David Hagen had died...

Then a moment of stillness on stage while the text reads “I’ve known I was HIV+ since 1987.” Movement resumes, and then “I don’t know why I’m now revealing this publicly / I don’t know what made it ‘private’ in the first place / I’m asymptomatic today.” Later, as another section begins, the projections read, “At this point in making the dance my friend Danny Jacobs died.” Towards the end of the piece, Greenberg performs an excerpt from the last dance that he created before his brother died.⁵³ Greenberg’s piece does the incredible work of representing his story and narrative with HIV/AIDS. That being said, it is crucial that his experience is not treated as the universal or default narrative.

⁵² Román, *Performance in America*, 65.

⁵³ Neil Greenberg, “Not-About-AIDS-Dance (1994),” NEIL GREENBERG, <http://www.neilgreenberg.org/naad.html>.



*Stills from Not-About-AIDS-Dance.*⁵⁴

⁵⁴ *Not-About-AIDS-Dance*, choreographed by Neil Greenberg (recorded December 15, 1994, New York, NY), <https://vimeo.com/44322468>.

Infection Disparities and Incomplete Representations

John Bernd and Neil Greenberg both created revolutionary work that initiated and deepened dialogues about HIV/AIDS in the dance world. They are considered to be canonical dancers of the age of AIDS, and their work has been well-documented and archived in large part because they represent the most commonly represented profile of a person infected with AIDS: white, male, cis, and gay. This profile is the most ubiquitous depiction of persons living with HIV/AIDS not just in the dance world, but also in popular culture and in the consciousness of most Americans.⁵⁵ Ishmael Houston-Jones writes:

This has been the pervasive public perception not only of those infected with HIV, but also of activists, caregivers, service providers, and cultural responders. Public representatives of activist organizations, talking heads on television news programs, advertisements for pharmaceuticals in magazines, all of these gave the impression that AIDS, almost exclusively, affected white, gay, cis-gendered males.⁵⁶

Black people and other people of color are actively erased from mainstream HIV/AIDS representations. Consider *Art AIDS America*, an exhibition on view at the Tacoma Art Museum from October 2015 to January 2016, organized in partnership with the Bronx Museum of the Arts. The Tacoma Art Museum described the show as “a groundbreaking exhibition that underscores the deep and unforgettable presence of HIV in American art.”⁵⁷ Certainly, the goal of shattering the silence surrounding HIV/AIDS in the art world is a necessary one. But out of the 107 featured artists in the exhibition, only five of them were Black. Five – despite the curators’ claim that *Art AIDS America* “explores the whole spectrum of artistic responses to AIDS.”⁵⁸ An exhibit that is meant to address AIDS in the United States excluded the group of

⁵⁵ Ishmael Houston-Jones, et. al. *Lost & Found: Dance, New York, HIV/AIDS, Then and Now*, 10.

⁵⁶ Ibid.

⁵⁷ “Art AIDS America, Tacoma Art Museum,” Tacoma Art Museum, <https://www.tacomaartmuseum.org/exhibit/aaa/details/>.

⁵⁸ Ibid.

people who are most direly affected by the virus and disease. In response, organizers from the Tacoma Action Collective (TAC) staged a protest at the exhibition, bringing light to the ways that, “at every stage of development of this show, Black perspectives were marginal, disrespected, and moved to the sidelines...that piece by piece our history is being stolen from us.”⁵⁹ The curators’ choice to omit Black artists from *Art AIDS America* violently distorts the reality of HIV and portrays the virus as an issue faced exclusively by white gay men. The exhibition reflects the tendency to historicize a virus and disease that is ongoing and urgent in the present, with Black people at the forefront, while also excluding those narratives.

This erasure is especially dangerous considering that, today, Black people in the United States account for the vast majority of all new HIV diagnoses, while making up a minority of the country’s population.⁶⁰ The CDC released its first report of HIV risk and infection among specific populations in February 2016. The study predicted that in the United States, one in two Black “men who have sex with men (MSM)” and one in four Latino men who have sex with men (MSM) will be diagnosed with HIV in their lifetime. In comparison, one in eleven white men who have sex with men will be diagnosed with HIV in their lifetime.⁶¹

HIV/AIDS is not a historical epidemic, and currently has dire effects especially on Black people in the United States. While overall HIV transmission rates have generally decreased thanks to new preventative drugs and antiviral treatments, these developments have had a “limited effect on communities of color.”⁶² AIDS was the number one cause of death for African

⁵⁹ Tedd Kerr, “Erasing Black AIDS Histories,” *The New Inquiry* (Brooklyn, NY), January 1, 2016, <https://thenewinquiry.com/erasing-black-aids-histories/>.

⁶⁰ Centers for Disease Control and Prevention, “HIV Surveillance Report, 2018 (Updated),” vol.31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020.

⁶¹ “2016 CROI Press Release: Lifetime HIV Risk,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, February 23, 2016), <https://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>.

⁶² Alex Fialho, “Black Male,” Danspace Project, November 16, 2016, <https://danspaceproject.org/2016/11/16/black-male/>

American men between the ages of 25 and 44 from 1991 through 1998.⁶³ Brett Stockdill reported that “by the end of the year 2000, African Americans accounted for 38% of *cumulative* AIDS cases in the United States though they comprise only about 12.5 percent of the U.S. population.”⁶⁴ Since then – more than twenty years later – these statistics remain virtually unchanged, or have worsened. In 2018, the CDC reported that Black people make up 43 percent of total HIV diagnoses, while composing only 13 percent of the population.⁶⁵ Black trans women face an even higher risk: 62 percent of Black trans women in the United States have HIV.⁶⁶ Similarly, Latinx people make up for 18 percent of the U.S. population but 27 percent of new HIV cases, and 35 percent of Latina trans women have HIV.⁶⁷ Black and Latinx people are disproportionately affected by HIV but underrepresented and omitted from many HIV/AIDS histories and narratives.

Another CDC study in 2016 found that expanding HIV testing, treatment, and the use of daily Pre-Exposure Prophylaxis (PrEP) “could prevent an estimated 185,000 new HIV infections in the United States by 2020 – a 70 percent reduction in new infections.”⁶⁸ But an article published in *The New York Times* revealed that “less than 10 percent of the 1.2 million Americans who might benefit from PrEP are actually getting it” because the list price is over \$20,000.⁶⁹ James Krellenstein and Peter Staley, founders of the PrEP4All Collaboration, note the extreme disparities in access to the PrEP:

⁶³ Stockdill, *Activism Against AIDS*, 9.

⁶⁴ Ibid.

⁶⁵ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*; vol.31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ James Krellenstein, Aaron Lord, Peter Staley, “Why Don’t More Americans Use PrEP?” *The New York Times* (New York, NY), July 16, 2018.

Its use in black and Hispanic populations is a small fraction of that among whites. In the South, where a majority of H.I.V. infections occur, use is half what it is in the Northeast. Women use PrEP at drastically lower rates than men, and while there's no national data on PrEP and transgender Americans, it's almost certainly underused. The issue of PrEP access has become an issue of privilege.⁷⁰

Black people are made more vulnerable to HIV and AIDS through, among other factors, disparities in health care accessibility and quality of care. For instance, Black patients are far less likely than white patients to “have an infectious disease specialist as a regular source of care.”⁷¹ Along these lines, 68.7 percent of PrEP users in 2016 were white; 11.2 percent were Black, and 13.1 percent were Latinx,⁷² even though, as mentioned earlier, Black and Latinx people combined made up a staggering 69 percent of new HIV diagnoses in the United States.⁷³

Mainstream portrayals of HIV/AIDS are warped and whitewashed, and there is violence in this erasure. Sarah Schulman uses the framework of gentrification, which she defines as “the replacement of complex realities with simplistic ones.”⁷⁴ John Bernd’s and Neil Greenberg’s canonical status in the dance world while so many creators of color are not archived, and the *Art AIDS America* exhibition, are symptomatic of the reductionism, or gentrification, of the HIV/AIDS experience, which “has been bombarded by [over]simplification since its beginning.”⁷⁵ Schulman mainly applies the framework of gentrification to the narrative HIV/AIDS overall in the context of other cultural markers or events in the United States, but her logic of gentrification can also be applied as a tool through which to examine and criticize systemic racism within the HIV/AIDS narrative.

⁷⁰ Krellenstein, Lord & Staley, “Why Don’t More Americans Use PrEP?”

⁷¹ Heslin, Kevin C et al, “Racial and ethnic disparities in access to physicians with HIV-related expertise,” *Journal of General Internal Medicine* vol. 20, 3 (2005): 283-9. doi:10.1111/j.1525-1497.2005.40109.

⁷² Ya-lin A. Huang et al., “HIV Preexposure Prophylaxis, by Race and Ethnicity — United States, 2014–2016,” *MMWR. Morbidity and Mortality Weekly Report* 67, no. 41 (October 19, 2018): pp. 1147-1150, <https://doi.org/10.15585/mmwr.mm6741a3>.

⁷³ Centers for Disease Control and Prevention. *HIV Surveillance Report, 2018 (Updated)*.

⁷⁴ Schulman, *The Gentrification of the Mind*, 36

⁷⁵ *Ibid.*

Schulman also denounces the temporal boundaries that are forced onto the AIDS epidemic:

No lie could be more dear to the dominant culture than that ‘AIDS is over.’ From the moment that the *New York Times* told us that AIDS was over...its consequences no longer needed to be considered.⁷⁶

Constraining HIV/AIDS to the specific and rigid timeline of 1981 to 1996 implies permission to ignore and stigmatize anyone who is affected by the virus outside of those chronological boundaries. Along these lines, the gentrification of AIDS makes the narrative easier to control and position white gay men at the center. It is clear that AIDS is still an active crisis – just not (as much) for white people. Infection rates among Black and Latinx people are similar to those overall during the fifteen-year period of what is considered to be the AIDS crisis, and while there have been technological and medical advances in terms of prevention and treatment, their inaccessibility renders them impossible to effectively address and resolve the AIDS crisis.

“Silence = Death” was a central slogan of ACT UP, whose tactics helped draw public attention to HIV/AIDS and accelerate the release of experimental antiviral drugs to treat HIV.⁷⁷ As HIV infection rates among queer people of color continue to rise, the omission of their stories continues to endanger these communities. Resistance to this erasure, this gentrification of AIDS, is a matter of life and death.

Dance, Performance, and the Power to Rebuild

Dance has a crucial role in undoing the gentrification and whitewashing of HIV/AIDS. Performance plays a critical role in shaping American culture, particularly around profound

⁷⁶ Schulman, *The Gentrification of the Mind*, 42.

⁷⁷ “ACT UP Accomplishments 1987-2012,” ACT UP NY, <https://actupny.com/actions/>.

crises such as HIV/AIDS.⁷⁸ Performance, and art in general, have been bringing visibility and awareness to HIV/AIDS throughout the epidemic. Dance and performance are sites of resistance, creating possibilities “to revise, negotiate...and reconfigure gender and sexual roles and relations.”⁷⁹ José Muñoz writes that “real force of performance” is “its ability to generate a modality of knowing and recognition...that facilitates modes of minoritarian belonging.”⁸⁰ In other words, performance creates spaces of community and agency among marginalized people. This section will discuss three modalities of dance that illustrate different points of access to the generative space of performance, paying attention to classic performance structures on a stage and to the minoritarian performance space of the Ballroom scene. These examples demonstrate the ways in which dance performances can counter the gentrification and historicization in HIV/AIDS narratives.

Danspace Project’s Platform 2016: *Lost and Found*, a six-week long series of performances, conversations, and screenings, was co-curated by Ishmael Houston-Jones and Will Rawls to offer “necessary counterpoints” to the widespread whitewashed and historicized narratives of HIV/AIDS.⁸¹ Platform 2016: *Lost and Found* was inspired largely by a trilogy of pieces called *Lost and Found: Scenes from a Life* that John Bernd created in 1982, 1983, and 1985, which “coincidentally track the development of John’s illness,” and thus “track the early evolution of AIDS in the consciousness of this [the experimental dance] community.”⁸² Houston-Jones was a close friend and collaborator of Bernd, and performed in all three parts of the trilogy. Platform 2016: *Lost and Found* is an homage to Bernd’s work – its creativity, vulnerability, and truth – and a recognition of the important position it holds as one of the first

⁷⁸ Román, *Performance in America*, 2.

⁷⁹ Bailey, *Butch Queens Up in Pumps*, 18.

⁸⁰ Muñoz, *Cruising Utopia*, 99.

⁸¹ Houston-Jones, et. al. *Lost & Found*, 8.

⁸² *Ibid*, 13.

performances choreographed explicitly about HIV/AIDS. But the series also offers necessary criticisms of the position of Bernd's work within whitewashed representations of HIV/AIDS.

Houston-Jones directed a dance for the series called *Variations on Themes from Lost & Found: Scenes from a Life and other works by John Bernd*. This piece, and the Platform 2016: *Lost and Found* series illustrates the power of performance to “intervene in contemporary national concerns” and “critically engage and reconstitute” politics and representations around HIV/AIDS.⁸³ Houston-Jones wrote that one goal of Platform 2016: *Lost and Found* is to “correct the flawed widespread impression of the demographics of HIV/AIDS” and “rectify the omission of those [people of color’s] voices from past conversations.”⁸⁴ Platform 2016 establishes HIV/AIDS as a present, ongoing crisis and ruminates on the generations lost in the dance community due to AIDS. Houston-Jones’ piece grapples with questions about the legacy of John Bernd’s work and the “ghosts” of AIDS, while reckoning with the fact that his work is an incomplete representation of HIV/AIDS. In this way, this *Variations* and the rest of the series enacts what Muñoz would call the “potentiality”⁸⁵ of HIV/AIDS narratives and memories to be intersectional, critical, and truthful. As Houston-Jones further describes in our interview, he was very intentional to not simply re-stage Bernd’s choreography with a more diverse cast⁸⁶ but to revisit his movement as part of a process to create a new work, and a new story about HIV/AIDS. The piece is a sort of collage, made up of fragments of Bernd’s choreography and of Houston-Jones’ original choreography in collaboration with the performers. *Variations* embodies the power of dance and performance to reconstruct the foundation for a just and truthful story about HIV/AIDS.

⁸³ Román, *Performance in America*, 7.

⁸⁴ Houston-Jones, et. al., *Lost & Found*, 10.

⁸⁵ Muñoz, *Cruising Utopia*, 98.

⁸⁶ Houston-Jones was the only performer of color in Bernd’s original *Lost and Found* pieces.



Performance of Variations on Scenes from Lost and Found: Scenes from a Life and Other Works by John Bernd at St. Mark's Church. Photos by Ian Douglas.⁸⁷

⁸⁷ Miguel Guitierrez, "Variations on Themes from Lost and Found: Scenes From a Life and Other Works by John Bernd," <https://www.miguelguitierrez.org/variations-on-themes-from-lost-and-found-scenes-from-a-life-and-other-works-by-john-bernd-2>.

Orlando Zane Hunter Jr. and Ricarrdo Valentine, who together make up the multidisciplinary performance duo Brother(hood) Dance!, choreographed a piece called *how to survive a plague* for Platform 2016: *Lost & Found*. The dance is “in direct resistance” to David France’s 2012 documentary *How To Survive a Plague*, where Black experiences with HIV/AIDS are not at all represented in the film.⁸⁸ The piece begins with a projection on the back wall that reads “AIDS IS A WHITE MAN’S DISEASE,” while Ricarrdo Valentine fills the stage with sweeping, energetic movement. Then, the projection displays the names of Black people who died from AIDS. The first name displayed is Robert Rayford, a Black teenager, who was the first known person to die of AIDS in the United States, in 1969, twelve years before the CDC began to report on HIV.⁸⁹ Orlando Zane Hunter Jr. calls out, playfully and provocatively from the balcony, “*Bonsoir!* Good evening, ladies and gentlemen. *Je m'appelle* AIDS.” He speaks with energy and a hint of sarcasm, drawing out the syllables of each word. Valentine continues dancing on stage, spinning and jumping through the entirety of the space with an umbrella in hand.

Hunter descends onto the stage with the microphone: “Does anyone know what the CDC is?” they ask the audience, waiting for a response. Then, with Hunter continuing to speak periodically into the microphone, Valentine and Hunter unite in a duet. “I count on my fingers and toes the vast kisses, the incubating years, the months ahead. Many thousands gone.” Valentine and Hunter move in a close embrace beneath the umbrella. “We love without mercy,” Hunter says. They drop flower petals around the perimeter of the stage.

⁸⁸ Theodore Kerr, “How Brother(Hood) Dance! Is Surviving the Plague,” POZ, January 12, 2018, <https://www.poz.com/article/brotherhood-dance-surviving-plague>.

⁸⁹ Rea Carey and Jesse Milan, “The Whitewashed History of HIV: A Black Teen Died of AIDS in 1969,” HIVPlusMag.com (HIVPlusMag.com, June 14, 2018), <https://www.hivplusmag.com/stigma/2018/6/14/whitewashed-history-hiv-black-teen-died-aids-1969>.

Zane and Valentine stand with their backs to the audience. The word “Healing” is projected on the back wall. Zane and Valentine mimic vomiting, and on the speakers, a narrator describes an unethical and abusive clinical trial for HIV treatment conducted on a woman in Cameroon. Then, Zane and Valentine move through the audience with small sachets of “love tea” and “joy tea,” speaking over the recording at times to offer them to the audience members.

The lighting becomes darker and tinted red. Upstage, beneath the projections of photos of Black men in physical intimacy with each other, there is a live singer. The music is much slower, more somber. Valentine and Hunter strip off their costumes to just shorts and dance entangled together, mirroring the physicality of some of the images depicted on the wall behind them. They are completely immersed in one another, and remain in intimate, sensuous connection as the sequence flows.

The music changes to be more upbeat, layered with the recordings of people describing their experiences of getting diagnosed with HIV and living with the virus. Valentine and Hunter dawn accessories and continue to dance together across the stage. A projection reads:

The Gay White Perception
To be light
To be clean
To be funny
Fluffy
Easy to swallow
Making up for the fact that you
Have sex with men
Best Clothes
So much compensation
No substance
Airy
For homosexuals especially men
Foolish
Stupid

The music's energetic rhythm continues, and then the projection on the back wall reads "Same Gender-Loving or SGLA: a term coined for African American use by activist Cleo Manago as a description for homosexuals and bisexuals in the African American community. It emerged in the early 1990s as a culturally affirming African American homosexual identity." Valentine and Hunter sit close together on the low steps below the projection, kissing and laughing. They stand up and don bell bottom pants and fur coats, dancing with pure joy and celebration across the space towards the audience. Other people (presumably contributors to the piece) join Valentine and Hunter on stage, cheering, dancing and clapping together. Then, it's just Valentine and Hunter dancing together once more. The music fades, and the last few moments of the piece are the sound of their feet hitting the floor and their breath. They pause at the exit door and take a bow in the spotlight.⁹⁰

⁹⁰ This description is based on my observations from a recording of *how to survive a plague*. *How To Survive A Plague*, Vimeo, 2016, <https://vimeo.com/406683234>.



Ricardo Valentine and Orlando Zane Hunter Jr. Performing how to survive a plague at St. Mark's Church. Photo by Ian Douglas.⁹¹

⁹¹ "How to Survive a Plague." Brother(hood) Dance!, n.d. <https://www.bhooddance.com/new-page-3>.

Brother(hood) Dance's *how to survive a plague* is more than a dance show; the piece successfully created a world for the audience and performers. The piece gave new life and new meaning to the performance space in St. Mark's Church in-the-Bowery, transforming it completely. Notably, Valentine and Hunter included elements in their choreography that engaged with all five senses: an intricate soundscape, visual projections, sweeping movement, and physical interaction with the audience. Even smell and taste were engaged through the sachets of tea they distributed to audience members and the use of aromatherapy. *How to survive a plague* demonstrates the intersection of performance and world-building as an enactment of disidentification. Their piece reassembles the narrative of HIV/AIDS to center Black queer trans life and celebration. Valentine and Hunter carve out their legacy in a story that marginalizes Black experiences and creations and omits these narratives from its archives. Valentine and Hunter are both HIV positive, and their embodiments of love and celebration work through performances of disidentification to show that "folks are living and thriving with the virus."⁹² The work of Brother(hood) Dance! reflects performance as a practice of queer futurity that "[insists] on potentiality or concrete possibility for another world."⁹³ Their performance is an imperative intervention and resistance to mainstream HIV/AIDS narratives, and promises that their stories – which is to say, their lives – will not be sidelined.

Dance and performance can be strategies for survival. Performance has the power to create frameworks for the development of methods for addressing the AIDS epidemic which center Black queer and trans people. Ballroom culture is a site for this potentiality. Marlon M. Bailey, a scholar of African American Studies and Gender Studies who has been a member of the Detroit and Los Angeles chapters of The House Prestige, discusses how the values of Ballroom

⁹² Juan Michael Porter, "Donja R. Love's New Play 'One in Two' Shows Black Queer Men Living With HIV," *TheBody*, November 18, 2019, <https://www.thebody.com/article/donja-love-play-one-in-two>.

⁹³ Muñoz, *Cruising Utopia*, 1.

culture, which center care and community, effectively respond to HIV/AIDS in queer communities of color. He defines Ballroom culture as “a community and network” made up of “Black and Latina/o queer members” who use “performance to create an alternative discursive terrain and a kinship structure that critiques and revises dominant notions of gender, sexuality, family and community.”⁹⁴ One central component of Ballroom culture are houses, or “familial structures that are socially rather than biologically defined,” and serve as spaces of refuge, care and support.⁹⁵ Intertwined with houses is the other central component of Ballroom culture: balls, or “competitive and celebratory performances.”⁹⁶ Participants compete in balls on behalf of their houses in “categories based on the deployment of performative gender and sexual identities, vogue and theatrical performances, and the effective presentation of fashion and physical attributes.”⁹⁷ The alternative queer social structure of Ballroom culture and performance exemplifies Muñoz’s notions of world-building and futurity. Ballroom enacts disidentificatory performance to negotiate and resist the dominant and oppressive frameworks of racial and gender norms, constructing new queer worlds within which to create community.

Bailey found that most institutional and public health HIV/AIDS prevention and treatment approaches have been ineffective in reducing the epidemic’s devastation on Black communities,⁹⁸ which is clearly evidenced by the CDC statistics that were previously discussed. Mainstream HIV/AIDS discourse and prevention policies, such as those devised by the CDC, thus dictate that only the lives of white gay men are “worth saving,” and public health

⁹⁴ Marlon Bailey, “Gender/Racial Realness: Theorizing the Gender System in Ballroom Culture,” *Feminist Studies* 37, no. 2 (Summer 2011), 367. For more about Ballroom culture and its history, see *Butch Queens Up in Pumps* by Marlon Bailey, chapter 1.

⁹⁵ Bailey, “Gender/Racial Realness,” 367

⁹⁶ *Ibid.*, 368.

⁹⁷ *Ibid.*

⁹⁸ Bailey, *Butch Queens Up in Pumps*, 184

institutions act accordingly.⁹⁹ Ballroom culture – of which performance is a key aspect – upends the dominant institutional representations of HIV/AIDS and its prevention strategies that ignore the experiences of Black people. Bailey employs the term “invention” to describe modes of HIV/AIDS prevention that are derived from and sustained by “high-risk” communities themselves.¹⁰⁰ Ballroom culture utilizes practices of invention by focusing on collective care as opposed to dominant models of HIV/AIDS prevention, which “are devoid of cultural analyses.” and highly individualized.¹⁰¹ Ballroom culture and houses “reinforce messages of HIV/AIDS prevention either directly or indirectly” through structures of social support and intentional community.¹⁰² Prevention balls, for example, are explicitly centered on HIV/AIDS invention within the ballroom community. Prevention balls often collaborate with an outside organization to “reduce Black queer people’s vulnerability to HIV/AIDS infection through competitive performances” and facilitate the dissemination of HIV prevention resources, such as condoms, dental dams, and HIV testing information.¹⁰³ Bailey describes his participation in a prevention ball:

When it was our turn, Pokka walked out ahead of me, dressed in an all-black suit and carrying his laptop computer case. As he approached the judges’ table, he read a statement about the crisis of HIV=AIDS in the Black community, stressing that condom use is an effective strategy in the fight against the spread of the disease. “Now, I bring to you Professah Prestige, our new CEO, to make a brief statement,” said Pokka. I came strutting down the runway in a navy blue suit carrying my laptop computer in a black leather computer bag in one hand and a large black portfolio case full of billboards in the other. When I got to the judges table, I took the microphone and said, “My name is Professah Prestige, the new CEO of Lifetime Condoms. We have new durable condoms that do not reduce sensation. I hope that you all will give them a try. Be safe and use condoms.”¹⁰⁴

⁹⁹ Ibid, 197.

¹⁰⁰ Bailey, *Butch Queens Up in Pumps*, 109.

¹⁰¹ Bailey, “Performance as Invention,” 255.

¹⁰² Ibid, 268.

¹⁰³ Ibid, 259

¹⁰⁴ Ibid, 269-270.

Evidently, the “performance, kinship, and social knowledge”¹⁰⁵ in Ballroom culture facilitate radical and effective intraventions into the AIDS crisis with a focus on community-based practices of care. Within Ballroom communities, the creation of a “counterdiscourse of HIV/AIDS...recasts its members as people with lives worth saving, not merely risk groups” through the provision of social support.¹⁰⁶ Along these lines, gender-affirming “social epistemologies” enable effective strategies of intravention by centering practices around community members themselves. Bailey’s analysis of intravention illustrates the integral role of Ballroom in HIV treatment and prevention, and the ways that performance is undeniably a life-saving practice.

Conclusion

As an experience that is both ephemeral and immersive, dance performance is a powerful site of resistance and rebuilding for HIV/AIDS representations. Performance, according to David Román, is a “viable means of intervening in the cultural politics of race, sexuality, and AIDS” and considers the systems which create the conditions for “at-risk” populations.¹⁰⁷ Performance “necessarily shifts the emphasis in HIV/AIDS research away from individual sexual behavior”¹⁰⁸ and focuses on collective approaches to the epidemic while critiquing the generalizations and prejudices that frequent much public health discourse. Investigating HIV/AIDS through the lens of performance takes an intersectional approach, considering the coaction of the multiple forms of oppression that are faced by most of the people who are currently living with HIV. If we uplift dance and performance by queer people of color whose work performs disidentification with the

¹⁰⁵ Bailey, “Performance as Intravention,” 268.

¹⁰⁶ *Ibid*, 265.

¹⁰⁷ Román, *Acts of Intervention*, 155.

¹⁰⁸ *Ibid*, 257

mainstream HIV/AIDS narrative, its reconstruction becomes inevitable, and the oft-repeated misconception that AIDS was a white gay man's disease that ended in 1996 can be dismantled.

To that end, I return to José Muñoz's discussion of disidentificatory performance as a practice of freedom. He writes that "minoritarian performance labors [can]...make worlds of transformative politics and possibilities."¹⁰⁹ The artists discussed in this paper illuminate HIV/AIDS as a crisis that continues to hold relevance, that people continue to live, dance, and thrive with. These performers of color who continue to create material about HIV/AIDS do not allow the virus or the disease to be historicized or whitewashed. The practice of disidentification represents the difference between systemic and remedial changes in HIV discourse and treatment. Disidentification asserts that the entire narrative of HIV/AIDS must be radically reassembled, rather than trying to insert the experiences of people of color into a framework that was created to marginalize and erase their existence. Ishmael Houston-Jones, Ni'Ja Whitson, Orlando Zane Hunter Jr. and Ricarrdo Valentine - and many other artists of color - embody the disidentificatory practice of reconstructing representations of HIV/AIDS. As I gathered from Muñoz's scholarship, attention to the past is necessary "for the purposes of critiquing a present" and for building a future.¹¹⁰ Thus, honoring past choreographies, such as those by John Bernd and Neil Greenberg, are an important aspect of this process as well.

Ultimately, this project attempts to further situate dance and performance as an intervention to mainstream HIV/AIDS representations, and emphasize their potentiality to shape the past, present, and future narratives of HIV/AIDS. Performance allows for "the development of perspectives on HIV/AIDS that are counter to dominant views, while revealing new forms of agency for those marginalized groups that are disproportionately impacted and disadvantaged by

¹⁰⁹ Muñoz, *Disidentifications*, 195.

¹¹⁰ Muñoz, *Cruising Utopia*, 18.

the epidemic.”¹¹¹ Performance elevates the stories of those who are systemically erased and discounted, communicating fuller truths about the epidemic. This project presents a series of voices who understand performance as a tool of resistance with which to influence the future, and to reimagine the possibilities of HIV/AIDS discourse, activism, and treatment. The interviews in the podcast articulate this vision, rebuilding the story of HIV/AIDS to be more just and truthful, and centering life, futurity, and resistance. Their stories are both the roots and the continuation of this paper, and listening to the artists describe their work is an essential aspect of reassembling the legacy of HIV/AIDS.

With all this in mind, I hope you enjoy the three-episode podcast of “Cellular Movements.”

¹¹¹ Bailey, *Butch Queens*, 20.

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