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Time's Body of Evidence: An Interdisciplinary Look at Health and Aging

Wright State University Art Galleries

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Wright State
University Art
Galleries

Time's Body of Evidence

An Interdisciplinary Look at Health and Aging

September 9 – October 15, 2006

Time's Body of Evidence

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Diane Fitch
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Time's Body of Evidence

An Interdisciplinary Look at Health and Aging

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Exhibiting Artists

Kathy Desmond

Katrina Miller Hawking

Leslie Holt

Susan Krause

Cristin Millett

Karen Pearce

Sarah Pike

Gail Rebhan

Barbara Siwecki

ARTISTS ON HEALTH AND AGING: REPORTS FROM THE FRONT

Visual art has had a long engagement with mental and physical health, the result of art's reflecting an ongoing cultural interest in establishing standards for human form and behavior. Recent art historical study has demonstrated that for centuries images depicting the body's conformity to or departure from desired states were intended to offer commentary on moral and other kinds of worth. In this context, visual images literally "embodied" attitudes—often negative—toward ethnic, religious, racial, class, and gender groups and those suffering from disease of different kinds.¹ Old age, down through time, has been regarded and imaged in more opposed ways than other conditions showing departure from desired states, in many instances reflecting ridicule, distaste, and fear, but in others admiration for wisdom, dignity, and other virtues often associated with a long life.²

The art of our own time, influenced by earlier socially oriented art movements, has prioritized challenging stereotypes of all kinds and attacking the concept of idealism itself. Particularly from the 1970s and with feminist work at the forefront, contemporary art has attempted to subvert whatever marginalizes groups and individuals, including the aging, ill, and disabled, a significant population marked as "different." Those who comprise this group have benefited in recent decades from an ever-increasing concern for and efforts to ensure their well-being; however, they have also increasingly encountered discomfort and prejudice on the part of the public in measure that they have become a highly visible presence in the world, thanks to those advances and services that have promoted their longevity and mobility.

The artists in the present exhibition, in exploring the lives and character of the aging and others experiencing health-related challenges, do so with the aim of battling generalization and misconception. Their work often draws on insights gained from those to whom they are close, as well as their own direct experiences. In a larger sense, their art reflects characteristics identified with a postmodernist or postminimalist perspective, which arose in the later 1960s in reaction to art currents emphasizing pure visual abstraction, economy of means

and reference, and distanced, theoretical investigations. Postmodernism restored a concern for concrete narrative, often of a social or political nature and/or with autobiographical or at least intensely personal subjects.³ The work exhibited here displays these general preferences, influential in art-making over the past 35-plus years. What seems especially distinctive about it, however, is its "insider" approach, its urgency in sharing information with viewers about areas of which we are all to some extent conscious. That spirit of insider communication and of sharing is tellingly seen in a collection of art and writings titled *JUST TAKE THIS: women/pain/medical histories* that served as a catalogue for a 1994 San Francisco exhibition of the same name. The project grew out of the women's discovering commonality in their experiences with health care and in the works they had been producing individually that reflected those experiences. The participants distributed their publication to doctors' offices, clinics, hospitals and the like, counting on its "open[ing] up questions to be addressed, discussions to be started, and resources for women to contact."⁴

The personal, put to the service of and made public in art, has the capacity to touch us profoundly. Prime examples are works by two noted contemporary artists who experienced the illness and loss of loved ones and who themselves succumbed to cancer: sculptor Eva Hesse (1936–1970) and sculptor and performance artist Hannah Wilke (1940–1993). Hesse—as we might expect from her activity at an earlier point—gives us more indirect, abstracted references to body vulnerability and to medical apparatus and procedures. Wilke's photo-documentation of the loss of physical beauty, both to the disease and to its treatment (Wilke had long challenged sexual objectification of the female body), is remarkable in its record of strength of spirit, assertion of the artist's individuality (she avoids the status of statistic), and insistence on functioning as an artist, on pursuing professional investigations in the face of tragic circumstances. Similarly, the installations of Felix Gonzalez-Torres (1957–1996), who died of complications from AIDS, although expressing social and political concerns, are first and foremost poetic, poignant meditations on the fragility of existence and on

the artist's own lost relationships, retrieved through acts of remembering. Gonzalez-Torres's pieces often involve the viewer's taking away components, a participatory device that physically diminishes the piece but builds it in another sense, through sharing.⁵

The nine artists represented in the "Time's Body of Evidence" exhibition speak in no single voice. As a group, their production reflects differing experiences with and discourses on illness and aging. Their individual works, too, often manifest complexity, ambiguity, and contradiction. Janine Mileaf, in an important publication exploring contemporary art focusing on women's health, notes that beginning in the 1990s, work of this type became less polemical, more subtle and thoughtful in its approach than the art of the previous two decades had been, while being "no less determined in [its] confrontation with the status quo."⁶

That confrontation with the status quo is apparent in the way the exhibited work challenges cultural, media-promoted concepts of what it is to be physically and emotionally "normal," what exemplifies beauty, and what it means to be a productive part of the world, to make a contribution—a major preoccupation of Western and especially American society. It looks critically at support systems for the aging and ill, and it insists on the individuality of those experiencing these conditions, rejecting the tendency to relegate them to group anonymity. To accomplish their ends, the artists employ a range of strategies, most of which are calculated to generate viewer empathy, to forge a viewer-subject connection. That task is far from easy, for they ask us to enter worlds we often prefer to keep at a distance, out of the anticipation and fear of finding ourselves among society's marginalized.

THE ARTISTS

Each of Kathy Desmond's videos, *Auntie* and *Time*—the first in a straightforward, documentary format, the second an animated drawing—offers the perspectives of an older woman living alone. *Auntie*'s subject reflects on not having been considered attractive in her youth and its diminishment of her ability to find a life partner. In

this context, she ponders the impact to her self-esteem of having been constantly disparaged by her father and brother. The subject of the second piece analyzes the effects of living on her own after a lifetime spent interacting with others. Both works, in revealing their subjects' astuteness in evaluating themselves and their situations, undercut ageist stereotypes. Importantly, the women are allowed to reflect at their own pace, uninterrupted—a situation the elderly rarely experience in their conversations with others. Desmond identifies her overarching concern as examining "the role of reflection and imagination in the construction of identity," but especially in conjunction with gender and aging.⁷

Katrina Miller Hawking's bronze portrait heads of nursing home residents comprise an ongoing series begun eight years ago, when her grandmother was in the final stages of Alzheimer's disease. Each portrait, representing 60-plus hours spent with that individual, is intended as "a candid but sensitive look at the process of aging and dying," an endeavor also intended to encourage viewers to meditate on their own physical vulnerability and mortality. The heads' installation at a low height requires viewers to bend down and, according to Hawking, facilitates entering "into a relationship with the portraits." It is a position that visitors to nursing homes adopt to communicate with the chair-bound, one that also allows them to share the vantage point of those individuals. Bronze appeals to Hawking because of its association with commemorative portraiture. She finds it a fitting medium to honor nursing home residents' calm and grace in the face of daunting illness and loss of freedom.

Leslie Holt's colorful and seemingly whimsical paintings draw on her childhood experiences with a family member suffering from mental illness. Through her art, she reflects the vivid and unsettling nature of a child's encounter with this situation, the oils' small scale and cropped, close-in views effectively evoking the intimate and intense quality of children's observations. Holt aims at transgressing the secrecy that often surrounds mental illness, determined to give this "invisible disability" exposure and encourage dialogue about it. Another intention is to raise questions regarding medication as a response to mental illness.

pursued in more recent contemporary art, Holt states: "I want the viewer to ask questions about the role of psychiatric medication in our society, but I am not prescribing an answer to these questions." Like artist Gail Rebhan, also represented in the exhibition, Holt emphasizes the bright, attractive colors of pills in a way that seems to speak to the active marketing of drugs. Her depiction of pills in conjunction with toys suggests the way medical drugs are represented as largely harmless, with potential side effects downplayed, and their use as pacifiers, perhaps replacing more substantive treatment. The toys also evoke the childlike nature of the patient, whose instinctive resistance to the medication is represented in some of the work. The viewer receives no information about whether that situation is beneficial or detrimental.

Susan Krause's sculptural installation *Lineage* challenges us to accept and even embrace the effects of aging and physical disfigurement rather than deny them. Her art partly draws its inspiration from her father's refusal to be defined by others' reactions to his progressively disfiguring, eventually fatal, skin disease. During her years as an art student, Krause worked both as a surgical instrument technician, who had opportunities to observe plastic surgery, and as a sales associate in a department store. Both experiences focused her attention on our increasing willingness to modify ourselves physically in response to culturally promoted ideals of beauty. *Lineage* offers an alternative product for our consumption: a clothesline display of body segment castings, taken from women over age 40 who have chosen not to have cosmetic surgery, the parts cast selected in collaboration with the subjects. Residents of the United States, Canada, and Mexico, the women include business professionals, stay-at-home mothers, cancer survivors, nurses, and Evel Knievel's niece, among others. Krause's surreal objects, with their elaborate straps and buckles, recall the restrictive, fetishistic women's undergarments in Richard Lindner's art or, more recently, the apparatus of bondage appearing in Nancy Grossman's work. However, Krause's message, in contrast to theirs, is one of liberation. She sees the garments as magical prosthetic devices that viewers can envision themselves

donning in order to assume another, more authentic and empowered, existence. Yet the components also operate as distinct portraits because of their skin-like color and texture, highly individual anatomical detail, and internal markings recording birthdate and professions or perceived roles in life.

A number of contemporary artists, among them Miriam Schapiro, Cindy Sherman, and Eleanor Antin, have adopted clothing as a stand-in for the self or used costuming as a means of exploring alternative personae.⁸ Like Susan Krause, Barbara Siwecki values garments for their projection of who we are or might be, both artists exploiting the empty garment's invitation to viewers to imagine themselves as the wearer. Siwecki's clothing tends toward the ritualistic or ceremonial. In this and in the expressive exaggeration of some of their proportions, they are reminiscent of Beverly Semmes's works. Siwecki, a survivor of three battles with cancer, is gradually returning to artmaking following an enforced hiatus of several years because of physical problems resulting from earlier treatment. Her experiences have made her intensely aware of life's passages and the victory in achieving them. The untitled installation in this exhibition, a work originally created in 1998, is composed of a series of identical unbleached muslin gowns. Siwecki's preference for working with white or near-white gives her pieces an air of otherworldliness and purity. The dresses here are miniaturized in scale but have proportions associated with the adult form. Each individual dress includes detailing intended to evoke a series of life events ranging from christening to burial, the same elements repeating on all the garments. References to hospital garb and to a straightjacket, combined with allusions to prom gowns and wedding dresses, signal the artist's acceptance of occurrences outside the "norm," of personal tragedy, as part of life. Celebration and martyrdom appear intertwined in Siwecki's piece. The work can also be read as a Blakean song of innocence and experience but devoid of the sense of innocence lost and the cynicism that experience brought Blake. Siwecki suspends her ethereal dresses on gibbet-like structures involving pulleys with sandbag weights, a situation that contradicts the lightness of the

gowns and, by extension, tempers any happiness or ease in the conditions they represent. She intends the piece to operate complexly, embodying “issues of strength, balance, growth and struggle/exertion.”⁹

Cristin Millett describes her sculptural installations as reflecting “our eternal fascination with the human reproductive system and changing perceptions of female anatomy.” This area of inquiry also allows her to explore the intersecting interests of art, science, and cultural values, especially with respect to gender. Millett’s research in this country and abroad has familiarized her with historical anatomical wax specimens and diagrams, medical instruments, and operating theaters. Her investigations express themselves in created environments—poetic chambers, often elaborately crafted, that evoke chapels, palaces and museums in which precious objects are displayed. In these installations, the venerated objects are usually elements of the female reproductive system, manipulated by the artist to reflect period perceptions about female anatomy. They also reference the female body’s objectification through the ages. Where the chambers have translucent fabric walls, the act of viewing evokes voyeurism. However, the transparencies operate on other levels, alluding to the opening up of the body’s layers through surgical procedures and to investigation in the larger sense. *Teatro Anatomico*, in the present exhibition, consists of a chamber comprising concentric ellipses, at the center of which is a medical examination table lit by a beaded chandelier in a form echoing the shape of the female reproductive system. Projected onto the table is a video image of a woman undergoing an abdominal hysterectomy. When the viewer enters this area, a video camera captures her/his head and projects it onto the body, obliterating the traditional (and comforting) distance that art maintains between viewer and subject. The artist, in fact, subtitles this component the “Dissection of the Observer.”

Sarah Pike’s oil paintings depicting the elderly, usually in familiar domestic surroundings and often in the company of another individual or a pet, are executed in a softly lyrical style reminiscent of 19th century Tonalist art and, like that work, producing a dreamlike atmosphere. The artist’s intention is to provide an alternative to

the horrific representations of aging and death that dominate the media and advertising, which she feels obliterate “the intimate moments of caring for an aging parent, dying spouse or sibling...from our collective awareness.” In an effort to counter the tendency we have to cling tenaciously to the life we have known in the past, she creates paintings meant to suggest a “seamless connection between living and dying.” The artist describes her light-filled compositions, with their theme of companionship and their muted warm-cool color contrasts, as offering the viewer entry to “an internal space where fragility and strength are present as companions rather than opponents.”

Gail Rebhan’s photographic pieces often take the form of multi-part, diaristic narratives marking significant life experiences. In *Aging*, she documents her father’s physical and mental deterioration through combinations of photographs of her father taken over time, diagnostic imagery, prescriptions, and other indicators of medical treatment, as well as her own written notes and observations and—most poignant of all—her father’s despairing comments. Immaculate printed text, bright colors, and artfully arranged compositions operate in distanced counterpoint to the intensely personal content. A recurring motif consists of calendar pages, marking treatment dates, new developments in her father’s condition, and the simple passage of time. In reading the series components, the viewer experiences events in time and in the ways that the artist and her father do. In contrast to the works of Pike and Hawking, *Aging* is a supremely angry piece. Unlike Pike, Rebhan finds the horrific aspects of aging underplayed in our culture. She takes issue with what she sees as the public fiction of “old age as a time of active leisure,” the suggestion that health and independence are norms in the lives of the aging. Rebhan is acutely conscious of the subtractions in her father’s life and resents the way the impact on caregivers receives little attention. The combination of record and commentary she offers here attempts to provide a more truthful account.

Although Karen Pearce’s medium and subject resemble Rebhan’s, her approach in *My Father* differs significantly in its less literal treatment and more open-ended

message. A former nurse, Pearce was well acquainted with the complexities of illness and the aging process and their effect on patient and family, even before they assumed a central place in her personal life. The works in the series, Polaroid color images and black-and-white prints of Polaroid originals, are ambiguous in their mix of the tragic, the surreal, the poetic, and the visually beautiful. They structure a random, often highly abstracted record of Pearce's impressions—fragmented bits of noticing—captured during visits to her father at his nursing home and in the hospital. Often centered on segments of her father's surroundings, the small-scale compositions include cropped shapes, blurred form and detail, and striking pattern effects. Her intent was "to portray a sense of place, feelings, and...experience in a sort of round about way that was still rooted in reality." Pearce notes that the photo project, partly intended as a stimulus for her father, operated primarily as an outlet for and record of her own emotions. Accustomed to creating more straightforward black-and-white documentary photographs in larger format, Pearce relished this poetic and intimate way of working, with its sense of "a view through a little window into a particular place." That description might be applied to the exhibition's works as a whole, which frame insights into the particular places of illness and aging in an attempt to foster our contemplation and discussion.

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I would like to thank my colleagues Diane Fitch and Kim Vito for their helpful comments on a draft of this essay. The essay itself is dedicated to the memory of a young relative of mine, Jonathan Jacobs, whose courage and determination never failed in the face of a debilitating stroke and battle with leukemia.

¹ See the introduction and individual essays in Laurinda S. Dixon, ed. (with the assistance of Gabriel P. Weisberg), *In Sickness and in Health: Disease as Metaphor in Art and Popular Wisdom* (Cranbury, New Jersey: Associated University Presses, 2004), for discussion of wide-ranging art examples reflecting cultural perceptions of physical and social dysfunction. Sander L. Gilman explores similar issues in a study of images found in

medical texts, popular writings on health and beauty, publications on race, the media, and advertising. Gilman cites British writer Bernard Miall's arguments in 1920 in favor of eugenics to demonstrate how compelling the idea had become by that time that beauty and health were linked (and identified with good) in opposition to ugliness and disease (identified with evil)—the former to be preserved, the latter eradicated from society (*Picturing Health and Illness: Images of Identity and Difference* [Baltimore: The Johns Hopkins University Press, 1995], 51).

² These opposed views provide a recurring theme in the essays in Pat Thane, ed., *A History of Old Age* (Los Angeles: The J. Paul Getty Museum, 2005).

³ Other qualities it emphasizes include emotional expression, intuitive knowledge (over rationality), and investigations of a metaphysical nature.

⁴ Introduction, *JUST TAKE THIS: women/pain/medical histories* (Santa Monica, California: Side Street Press, 1994, unpaginated. The exhibition, curated by Karen Atkinson, was held at San Francisco Camerawork.

⁵ On this aspect of the artist's work, see Charles Merewether, "The Spirit of the Gift," in Amanda Cruz and others, *Felix Gonzales-Torres* (Los Angeles: The Museum of Contemporary Art, 1994), 61–75.

⁶ *Inside Out Loud: Visualizing Women's Health in Contemporary Art* (St. Louis: Mildred Lane Kemper Art Museum, Washington University in St. Louis, 2004), 24–25, 94.

⁷ All comments by artists, unless otherwise noted, come from statements on their work submitted in 2005 for the present exhibition.

⁸ Important sources on this topic include Nina Felshin, *Empty Dress: Clothing as Surrogate in Recent Art* (New York: Independent Curators, Inc., [1993]) and Felshin's editorial statement, "Clothing as Subject" 20–29" and essay "Women's Work: A Lineage 1966–94" *Art Journal* 54 (Spring 1995): 20–29, 71–85.

⁹ Description of her piece provided by the artist to the author, June 12, 2006.

I Am "Dr. Mom"

If we are lucky enough to live long lives, the physical, social, and psychological challenges of aging are bound to occur. Our bodies are not limitless in their abilities to maintain the glow and health of youth. With the passing of time, a myriad of diseases creeps onto the problem lists within our medical charts. Illnesses occur regardless of what we do to try to prevent them. Ultimately, it is how we deal with them that make our later years easier or more difficult to handle.

Humor is one of the most successful tools to help survive the tough spots during our life. As an example, my patient (Buddy), an Air Force veteran, has always used his keen sense of humor to carry him through when life was most challenging. I met him in 1995 when he was admitted to the hospital for pneumonia. I had recently moved back home to Dayton and was working on the inpatient service at the Dayton VA Medical Center.

"Help me, I'm dying," he moaned as he lay in his hospital bed, convinced he was going to die. The chest x-ray showed a cavity containing fluid. I immediately became worried about the possibility of tuberculosis. If he had TB, he could expose the other patients and staff. His spirits sank when I told him I would be moving him into an isolation room. Deeply offended, he felt I was really saying that he was in some way a bad person.

"No," I said, "It's just that TB is a possible diagnosis. Moving you to an isolation room is not a judgment of you or your character, it is simply to protect the other persons who are working and recovering here. If the tests show no TB, I will spring you from isolation in a few days." He reluctantly moved to the isolation room. Checking on him the following morning, I glanced at the unusual artwork gracing the walls of his isolation room. Cheryl Tiegs's famous pink bikini poster was among the women proudly displayed. "I'm trying to get you back for putting me in here. Are you offended?" he asked. "No, just jealous," I replied as I examined him. He was very disappointed. We had a good laugh and he eventually left the isolation room, his posters in hand.

Over the last 11 years, our friendship has grown. He is alone except for his beloved beagle. He has declined acute treatment for bladder cancer until arrangements can be made for his pet. One day, to persuade him to accept the cancer treatments, the urology physician's assistant offered to drive to his home an hour away to care for his animal. He declined her offer but never forgot her kindness. Over the years and through many illnesses, I have had the feeling that he probably needed my friendship more than my medical care. Referring to

the cough medicine commercial, several years ago he named me "Dr. Mom." He had never had a female doctor before. "You are **okay**," he told me one day with great conviction. Our clinic visits are punctuated with laughter. In one conversation, I told him that I bet he had been a scrappy young man. He told me, "You have no idea how wild I was. I was rambunctious and into all kinds of trouble."

But then emphysema developed and slowly took away his breath. His lung disease gradually worsened until he reluctantly agreed to use portable oxygen. The last time we spoke on the telephone, he told me he was so short of breath that he was having trouble walking to the clinic from the parking lot. I was surprised when he agreed to let me obtain a motorized scooter for him. It felt good that he was letting me help him, but I felt sad that he was accepting he was no longer the scrappy fighter of 50 years ago. I saw the emphysema getting the upper hand and dampening his spirit. As I was preparing to end the conversation, in order to lighten the somber mood, I reminded him that he had told me once that I was his favorite doctor. "I **never** called you a doctor," he stated emphatically. "I may be a quack, but I'm **your** quack," I told him. We both laughed. A bad joke saved the day.

The essence of the ill person, I have learned, remains the same, but we view him or her through the filter of a particular disease and our life experiences.

As a physician for the Department of Veterans Affairs for over 20 years, I am deeply touched every day by the bravery of my veteran patients. They endured devastating battles and experienced horrendous degrees of personal tragedy. I am curious about their military past but, never having been in the service, I cannot relate to their experiences. I compensate by giving my best effort to help them fight the negative forces in their lives today.

Together we engage the more elusive, equally deadly enemies of diabetes, heart failure, and chronic pain in a battle for relief and renewed health. We work toward sobriety from heroin and alcohol and try to manage the social problems that accompany being poor in our society. I find the cancers and help my patients rally the forces of chemotherapy, radiation, and pain medicine. My missiles are bottles of medicine and my uniform, a white coat bearing the blue Wright State School of Medicine patch on the left sleeve. My weapons are my gray stethoscope, my mind, and my heart.

An important part of my practice includes being a patient advocate in a very large system. Be it a request for a scooter repair or a refill on insulin, I am there to assist. Primary care physicians, nurse practitioners, and physician assistants work diligently to coordinate total patient care. In doing this, we make certain that medications given by one specialist do not interact with those given by another. When surgery is needed, we assess the patient's health and do any necessary preoperative tests to reduce the risk of the patient on the operating table. Our mission is to weigh the risks and benefits of procedures and medications. Our role is to explain this to the patient and assist him or her in making the right decision. One of my greatest joys is to successfully treat pain in cancer patients. Recently, I gave narcotics to a 60-year-old man with lung cancer. I was delighted to find out that the very next day he had experienced a significant reduction in pain and was walking around his home.

My greatest frustration as a physician is the lack of universal health coverage. I feel very fortunate to work in the VA system where I can obtain medication for my patients at a very reasonable cost and frequently no cost. Even the modest fees present a hardship for some, but patients can get the medication for a small fraction of their retail cost. I am proud to be able to assist in extending these types of benefits to my veteran patients.

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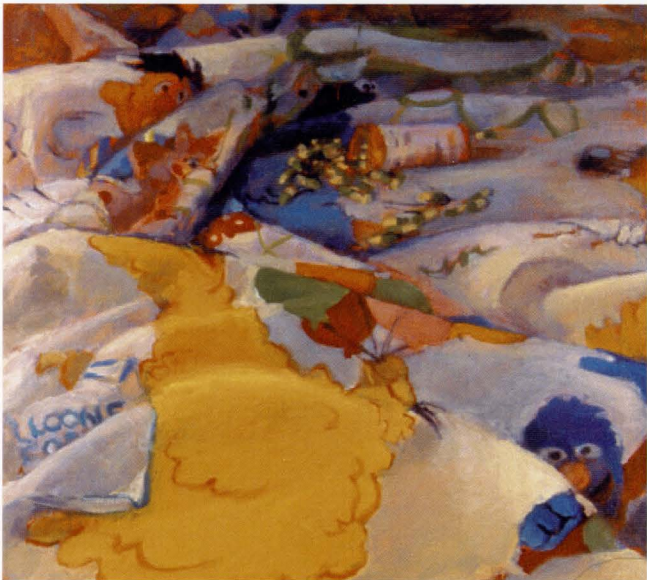
Kathy Desmond, stills from *Time* (2005), video



Katrina Miller Hawking, *Rachel, Edwardine and Gladdy* (2001) from "Work from the Nursing Home Series," bronze, 24 x 16 x 18 in. each



Katrina Miller Hawking, *Gladdy* (2001), bronze, 24 x 16 x 18 in.



Leslie Holt, *Prozac Spill* (2002), oil on canvas, 16 x 14³/₄ in.



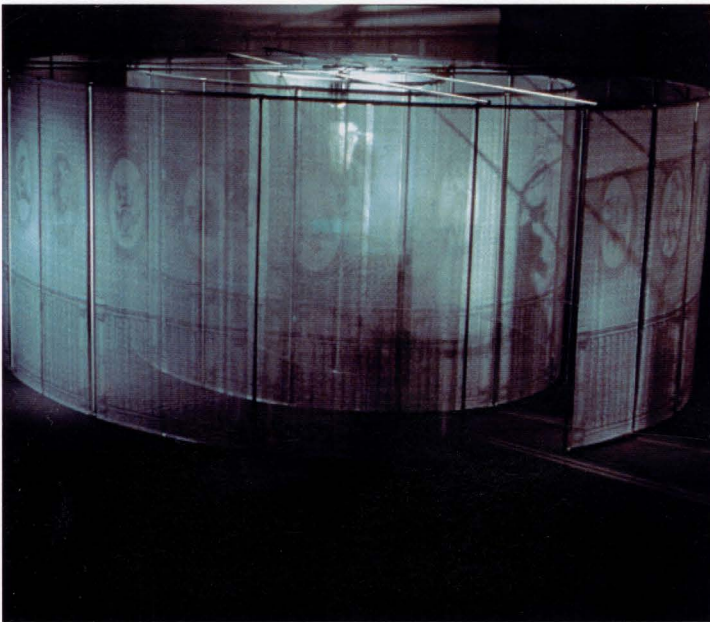
Leslie Holt, *Fruity Delight: Hello Paxil* (2004), oil on canvas, 4 x 4 in.



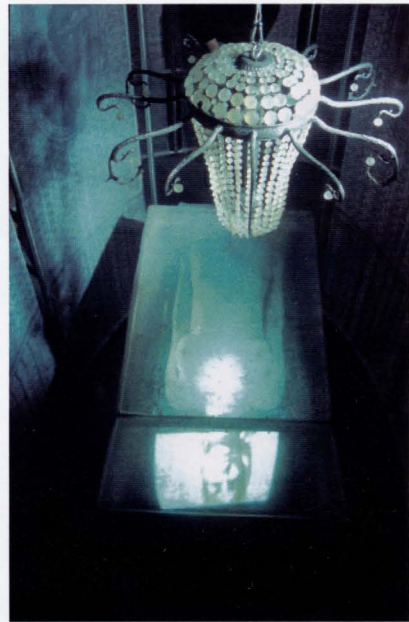
Susan Krause, "*Lineage Series*" (begun 2004 and ongoing), installation view; latex, leather, ultrasuede, metal, ink, and other materials; variable dimensions



Susan Krause, *The Sherry* (2004) from the "*Lineage Series*" (ongoing), latex foot casting, ink, lifesize



Cristin Millett, *Teatro Anatomico* (2004), aluminum pipe, chiffon panels with inkjet transferred imagery, modified exam table, cast silicone rubber, cast aluminum, cast vinyl rubber crystals, video projection, and live stream imagery, 8 x 19 x 22 ft.



Cristin Millett, *Teatro Anatomico*, detail.



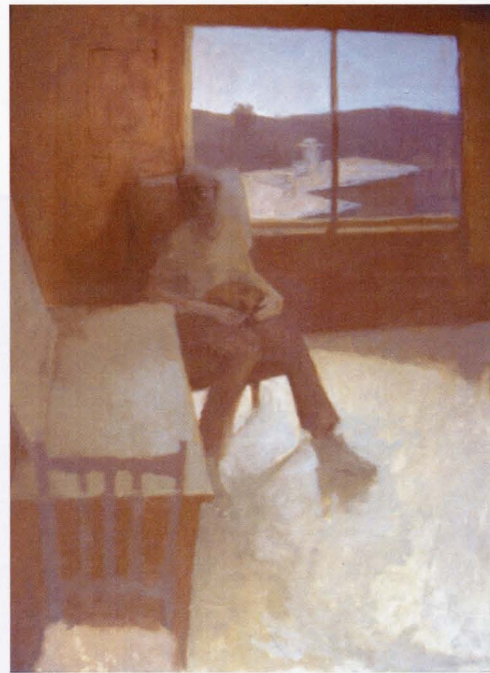
Karen Pearce, *The Coverlet* (2000), Polaroid print, 3 x 3 in.



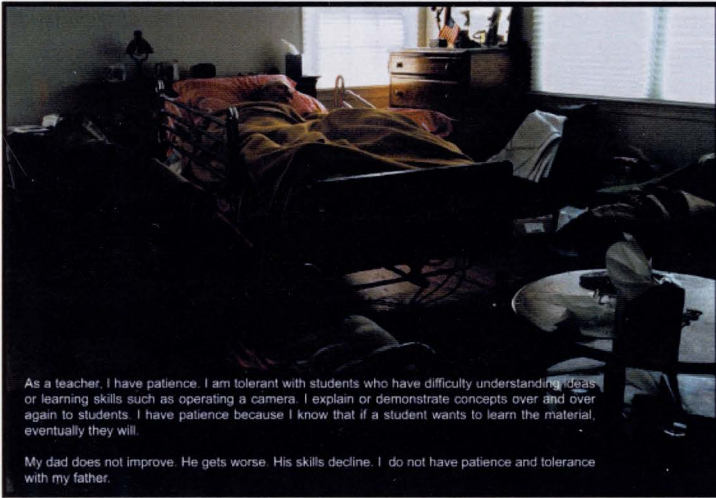
Karen Pearce, *The Orange Ball* (2000), Polaroid print, 3 x 3 in.



Sarah Pike, *Commode* (2005), oil on board, 38 x 29 in.



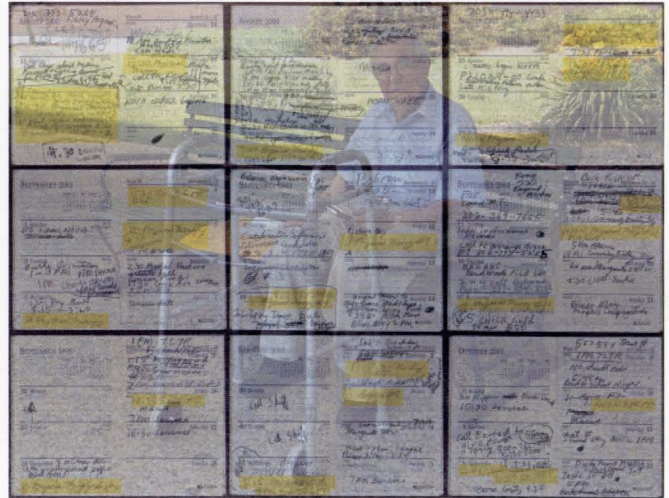
Sarah Pike, *February* (2005), oil on board, 40 x 29 in.



As a teacher, I have patience. I am tolerant with students who have difficulty understanding ideas or learning skills such as operating a camera. I explain or demonstrate concepts over and over again to students. I have patience because I know that if a student wants to learn the material, eventually they will.

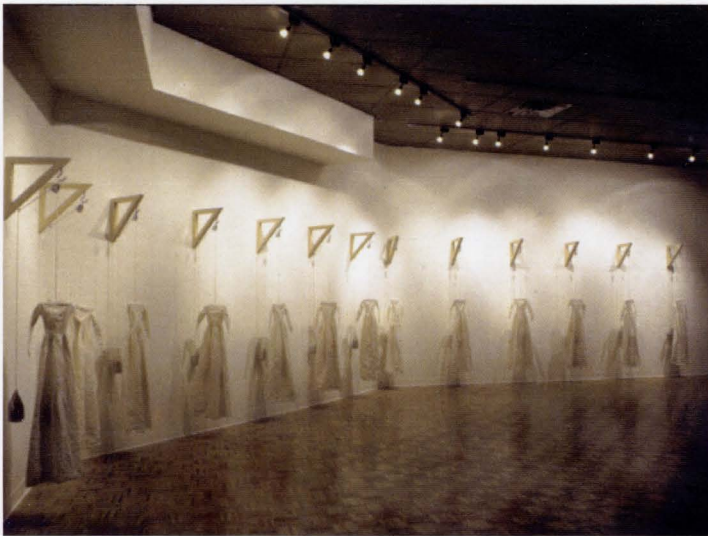
My dad does not improve. He gets worse. His skills decline. I do not have patience and tolerance with my father.

Gail Rebhan, *Better/Worse* (2004) from "Aging" (2004 and ongoing), inkjet print, 16 x 20 in.



Gail Rebhan, *Medical Appointments I* (2004), inkjet print, 16 x 20 in.

Barbara Siwecki



Barbara Siwecki, *Untitled* (1998), installation view, handsewn unbleached muslin, wood, pulley hardware, rope, sandbags, 7 ft. x 20 ft. x 15 in.



Barbara Siwecki, *Untitled* (1998), detail

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