



4-24-2023

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Recommended Citation

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THE ARTIST'S ARSENAL

HIV+ Women Artists, the 'War on AIDS', and
Reclaiming Illness Narratives

Mekha Varghese
April 24, 2023

Submitted to the faculty of Ursinus College in fulfillment of the
requirements for Honors in Art & Art History and Health &
Exercise Physiology

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HIV+ Women Artists, the 'War on AIDS', and Reclaiming Illness Narratives

Mekha Varghese

This work uses the methodologies of both art history and medical sociology through the 'syndemic' framework to engage in close readings of two selected artworks, *Exit* (1997) by Nancer LeMoins and *Violation of Africa* (1984) by Affrekka Jefferson. An interdisciplinary approach to these works enables consideration of how multiple marginalized identities—i.e., living with a stigmatized illness, being a woman, being LGBTQIA+, being a person of color—appear in visual art and shape illness experience; these ideas are investigated through a formal and iconographic reading of the selected artworks. Placing art as the foundation of this analysis reveals its astounding impact and utility in the face of an ongoing pandemic, constantly subject to the turning tides of healthcare policy, biomedical discovery, and social norms. In this dynamic context, visual art is more than a medium for expression—it is a transformative tool that promotes healing, cultivates visibility and community, and fans the flames of social reform.

If we can be moved by the narratives of fictional characters whom we begin to know intimately through our television screens—the ways they traverse obstacles, often quite imperfectly—we can certainly be moved by the *real* stories of women *living among us*, and those who have passed, whose voices scream, shout, and echo from their art, all but two words—I matter.

Introduction

I remember the boisterous whine of the large white ceiling fan that towered over our small family room. Peeking through the sheer white curtains in between the front door and my grandparent's bedroom, the first sign of morning light escaped into the space. From where I sat, I could see my grandfather, seated at the foot of his decades-old mattress, blissfully unaware of anything but the sound of a well-known church hymn echoing from television. On a small sofa to my left, my uncle and father rested their hairy legs on the glass coffee table, which peaked through a slit in their patterned *kailis* (a cloth garment worn at the waist by men from South Indian states). My father snickered, mimicking my uncle as he lounged, smartphone in hand, sipping a cup of black coffee his wife had prepared.

Directly in front of me, my aunt was illuminated by the light coming through the curtains. She peered away from the group; her gaze fixated on a small crack in the door from which light emerged. She adjusted her body in the neon orange wheelchair from which she had become inseparable after an injury. Her chocolate brown skin caved inwards beneath her oval eyes and at the base of her neck. Both her face and body appeared to carry the weight of the world only she had experienced as a young widow, a mother of two adult sons, and caretaker to her late husband's 97-year-old father.

My mother and grandmother soon emerged from the kitchen at the other end of our single-floor home. My grandmother's curry-stained saree barely held to her voluminous upper body as she passed by silently, her lopsided gait visible, towards the bedroom where my grandfather remained. The measly bit of fabric draped over her chest was not nearly enough to conceal her breasts, just barely covered by a small light blue blouse. My mom took her seat beside me, and I could feel her warm touch on my back as I sat nestled in a fleece blanket in the

eighty-five-degree weather. She caressed a cup of herbal tea and placed mine on the table. I sneezed and coughed uncontrollably from the dust that had accumulated in the crevices of our family home. ‘You’re fine’, she whispered between her teeth, her eyes revealing a familiar exhaustion.

Drawing upon observations of women in my own life, this work is an exploration of women-identifying artists, their aging bodies, and what it means to grapple with chronic illness. Specifically, this study considers first-person narratives in works of visual art by women artists living with HIV/AIDS. The ability to study the lives of HIV+ women longitudinally represents a significant departure from the circumstances encountered by HIV+ women in the first decade of the U.S. epidemic. The narrative focus of this study reflects the evolution of HIV/AIDS from a fatal infection to a manageable chronic condition in the wake of major developments in HIV/AIDS therapies. Through this approach, the selected artworks, therefore, become ‘visual autobiographies’ from which the distinct experiences and obstacles faced by HIV+ women over their lifetimes can be discerned.

The necessity of this type of study is underlined when acknowledging HIV/AIDS as a highly stigmatized disease, and pertinent to this analysis, is the noticeable absence of women’s voices from HIV/AIDS scholarship and public discourse. This research upholds the work of women artists living with HIV/AIDS, recognizing them as critical voices that have been historically excluded from the discussion on the ongoing HIV/AIDS pandemic. The proposed study draws upon the methodology of art history and medical sociology, building upon literature about HIV/AIDS, the illness experience, and how the intersectionality of multiple marginalized

identities complicates this experience. Ultimately, this work recognizes the contributions of HIV+ women artists, who, through their visual storytelling, become catalysts for change. They break down stigma, unearth the harsh realities of coping with chronic illness, and create community by validating lived experiences of other women.

CHAPTER 1: BACKGROUND

According to a 2018 report by the United States Center for Disease Control (CDC), approximately 36.7 million people live with HIV/AIDS worldwide. Human immunodeficiency virus (HIV) is a viral microbe that damages the body's host defense mechanisms, while acquired immunodeficiency virus (AIDS) denotes a chronic immunological condition caused by HIV infection. Of the 37.6 million people with HIV/AIDS worldwide, 1.1 million live in the United States. With nearly 40,000 new HIV diagnoses each year, the HIV/AIDS pandemic remains a significant global health issue.¹ Although the public narrative about HIV has historically disregarded women as a population impacted by HIV infection, of every 4 people living with HIV in the U.S., one is a woman.² In the context of this study, the terms 'women' and 'woman' refer to all people who identify as women, regardless of biological sex.

Given that women are scarcely acknowledged in national conversations on HIV/AIDS, there is a pressing need for scholarship that identifies the unique physiological and social impacts of HIV infection on women. Women and their roles—as partners, mothers, caregivers, and other social roles placed on women—impact the ways they experience and cope with illness. A deeper understanding of nuances of the illness experience of women is imperative to bring visibility to the struggles and unmet needs of women in the wake of HIV diagnosis. Knowledge of unique

¹ US CDC, "Injection Drug Use and HIV Risk," 2018.

² "Women and HIV." Women and HIV | Office on Women's Health, <https://www.womenshealth.gov/hiv-and-aids/women-and-hiv>.

stressors experienced by HIV+ women can be used to inform preventative messaging, improve treatment options, and develop social services to support affected women holistically.

Recognizing this need, this research focuses its study on two pertinent aspects of women living with HIV/AIDS—the *experience* and the *expression* of illness. Two HIV+ women artists, Nancer LeMoins (b.1956) and Affrekka Jefferson (b. 1950-2004), will be used as case studies to examine representations of the illness experience in visual media. Both LeMoins, a San Francisco-based white lesbian artist living with HIV/AIDS, and Jefferson, a black artist from Brooklyn who died from AIDS-related causes in 2004, lived with HIV/AIDS and made fine art print work about HIV/AIDS at height of the U.S. epidemic. Though these artists engage with the same visual medium, the form and content of their individual experiences inform their work. The commonalities and differences between their artwork can be used to theorize how illness experiences can be conveyed through visual media and these representations reflect the diverse identities of the women artists studied here.

Using methodologies of both art history and medical sociology, I engage in close readings of two selected artworks, *Exit* (1997) by LeMoins and *Violation of Africa* (1984) by Jefferson. An interdisciplinary approach to these works enables consideration of how multiple marginalized identities—i.e., living with a stigmatized illness, being a woman, being LGBTQIA+, being a person of color—appear in visual art and shape illness identity, the integration of chronic illness into one’s perception of ‘self’.³ Contextualizing illness identity allows for a discussion of illness experience, a broader concept that encompasses a patient’s understanding of illness as shaped by culture, social forces, and societal values.⁴ Placing art as

³ Charmaz, K. (1995). The body, identity, and self: Adapting to impairment. *The Sociological Quarterly*, 36(4), 657-680.

⁴ Bury, M. (1982) Chronic illness as biographical disruption, *Sociology of Health and Illness*, 4, 167–82.

foundational for this analysis reveals its astounding impact on and utility for facing an ongoing pandemic, constantly subject to the turning tides of healthcare policy, biomedical discovery, and social norms. In this dynamic context, visual art is more than a medium for expression—it is a transformative tool that promotes healing, cultivates visibility and community, and fans the flames of social reform. The potency of HIV/AIDS art is best understood through the ‘syndemic’ framework.

HIV/AIDS as a Syndemic

Syndemics have long been recognized by the Centers for Disease Control (CDC) as a primary contributing factor that forces a community or population to bear an excess burden of disease.⁵ The term syndemic, first described by Singer (1996),⁶ originates from the phrase ‘synergism’, pointing to the collective impacts of overlapping health threats, often in the face of other disparities. This theoretical model considers the interaction of multiple interconnected identities and life circumstances that leave certain populations more vulnerable to disease than others. By syndemic theory, disadvantageous social conditions and injurious relationships perpetuate individual epidemics.⁷ The utility of the syndemic framework lies in its ability to describe not only interactions between individual-level risk behaviors, but the social, political, and economic contexts in which these behaviors exist and are shaped.⁸ Intersectional stigma and

⁵ Syndemics Prevention Network, CDC. Syndemics Overview. <http://www.cdc.gov/syndemics/overview.htm>. Updated January 30, 2008. Accessed February 21, 2023.

⁶ Merrill Charles Singer et al., “Syndemics, Sex and the City: Understanding Sexually Transmitted Diseases in Social and Cultural Context,” *Social Science & Medicine* 63, no. 8 (2006): 2010–21.

⁷ Singer, M., & Clair, S. (2003). Syndemics and public health: Reconceptualizing disease in bio-social context. *Medical anthropology quarterly*, 17(4), 423-441.

⁸ Godley, B. A., & Adimora, A. A. (2020). Syndemic theory, structural violence and HIV among African Americans. *Current Opinion in HIV and AIDS*, 15(4), 250-255.

inequities drive ‘domestic’ epidemics; the failure of the bureaucracy to serve people with HIV/AIDS in the forty years of the ongoing U.S. epidemic reflects this circumstance.⁹

The syndemic framework has been previously studied in the context of HIV/AIDS to understand the susceptibility of gay Black and Latino men in Philadelphia and New York City to HIV infection.^{10,11} This theoretical context may also be applied to understand why Black and Latinx women bear the brunt of HIV/AIDS in women.¹² Previous studies acknowledge the complex interactions between substance use, exchange sex, and homophobic discrimination as risk factors for HIV/AIDS. This work often falls short of acknowledging the systemic barriers which leave certain populations at greater risk of contracting HIV/AIDS, and the resilient behaviors—educational campaigns, support groups, and community resources—that affected communities have engaged with in the face of an inadequate government response. Through their work, art activists become part of a defensive ‘chimeric corpus’, a body of stakeholders who bring visibility to and act on the HIV/AIDS pandemic per their interests.

The Chimeric Corpus

While the syndemic framework recognizes the interplay of social *conditions* that make certain populations more susceptible to disease, the ‘chimeric corpus’ model employed in this research identifies the *people*—the powerful institutions, organizations, and communities—

⁹ Smith, L. R., Patel, V. V., Tsai, A. C., Mittal, M. L., Quinn, K., Earnshaw, V. A., & Poteat, T. (2022). Integrating intersectional and syndemic frameworks for ending the US HIV epidemic. *American Journal of Public Health*, 112(S4), S340-S343. = UNPACK THIS

¹⁰ Wilson, P. A., Nanin, J., Amesty, S., Wallace, S., Cherenack, E. M., & Fullilove, R. (2014). Using syndemic theory to understand vulnerability to HIV infection among Black and Latino men in New York City. *Journal of Urban Health*, 91, 983-998.)

¹¹ Martinez, O., Brady, K. A., Levine, E., Page, K. R., Zea, M. C., Yamanis, T. J., ... & Moya, E. M. (2020). Using syndemics theory to examine HIV sexual risk among latinx men who have sex with men in Philadelphia, PA: findings from the National HIV Behavioral Surveillance. *Ehquidad*, 13, 217.

¹² Watkins-Hayes, C. (2019). *Remaking a life: How women living with HIV/AIDS confront inequality*. Univ of California Press.

whose actions dictate the state of the HIV/AIDS pandemic. The biomedical community, politicians, and the mainstream media constitute the ‘limbs’ of this corpus, acting on the ‘social body’ of individuals living with HIV/AIDS. They dictate the social, political, and technological forces which compound and/or complicate the impact of the biological condition alone.

In the early years of the U.S. epidemic, the actions of these stakeholders reflect a failure to recognize, or perhaps act upon the structural obstacles which *made* at-risk groups most vulnerable to HIV infection. Local and federal decision-making was heavily influenced by the interplay of scientific knowledge, social values, and political and economic interests.¹³ Unlike other public health crises, the etiology of HIV was initially unknown, such that effective means of prevention remained unidentified until the epidemic had globalized. What little was known—that HIV infection was passed through person-to-person contact—placed immense pressure on both the scientific community and political figures to act swiftly and provided the mass media with an opportunity to sensationalize for profit the lives of people living with HIV/AIDS. The stigma attached to HIV/AIDS, fueled by associations between infection rates and media coverage of HIV in gay men, people who use drugs (PWUD), and sex workers, transformed the issue of HIV/AIDS infection, into a moral discourse and incited a moral panic.

On the part of scientists, ‘clinical endpoints’, usually defined by significant morbidity or mortality were originally used as criteria in the Phase II and Phase III testing of the drug approval process managed by the Federal Drug Administration (FDA). These trials, taking years to complete, disregarded the urgency of the situation at hand. It was only through the mobilization of prominent HIV/AIDS activist organizations, Project Inform and ACT UP (described later in this text), that the FDA adopted policies to shorten the drug approval process.

¹³ Ron, A., & Rogers, D. E. (1989). AIDS in the United States: Patient care and politics. *Daedalus*, 41-58.

By 1986, two effective therapeutic interventions, DDI and DDC (described later in this text) were in circulation. The mainstream media also played a critical role in the diffusion of misinformation regarding HIV/AIDS discoveries and prevention strategies. Their selective reporting on rising cases of HIV/AIDS in people of color who use drugs, as well as gay men, also propelled false narratives, cementing racist and homophobic ideologies into a larger white, heterosexual society. A disease, rooted in viral biology, soon became synonymous with ‘metaphorical characteristics’ based on existing biases towards these stigmatized communities. These negative moral associations swayed public opinion, in a way ‘legitimizing’ institutional inaction.

The federal government’s response to HIV/AIDS was intricately linked to public opinion, and therefore, the mainstream media’s depiction of these issues. The initial attitudes toward HIV/AIDS were swayed by explicit and implicit messaging embedded in the newspaper and television. The first report on HIV/AIDS in 1981, framing HIV as a disease of gay men, generated insufficient concern from the general public to propel in-depth coverage. HIV/AIDS was deemed a story unworthy of the press’ attention.¹⁴ Future coverage, now including the narratives of PWUD and other affected populations, linked contraction of the virus to ‘immoral’ behavior. This reporting incited widespread ‘moral panic’, a phenomenon by which a deviant subgroup or behavior is perceived as a threat to society.¹⁵ Accordingly, the public alleged that only individuals who acquired HIV infection through secondary sources—children of HIV+ mothers, hemophiliacs—warranted empathy to care.¹⁶ Noticeably absent from media coverage in

¹⁴ C. Guilfooy, "AIDS Forum: Politics and Science Collide," *Gay Community News*, 23 February 1983

¹⁵ Young, J. (1971) *The Drugtakers*. London: Paladin.

¹⁶ Ron, A., & Rogers, D. E. (1989). AIDS in the United States: Patient care and politics. *Daedalus*, 41-58.

the 1980s were representations of women, living with or without HIV/AIDS, outside of the domestic space.¹⁷

The stakeholders mentioned here—biomedicine, the media, and politicians—operated out of fear of contagion by association. This differs markedly from the fear of self-advocates and those advocating on behalf of friends and loved ones who worked to hold accountable the entities responsible for the U.S. HIV/AIDS response. The ‘chimeric corpus’ framework makes visible the intersectional social forces that act upon the bodies of individuals living with HIV/AIDS, reinforcing a view of HIV/AIDS as a syndemic. Visual references to chimeric bodies and beings within the selected artworks reflect the artists’ understanding of these invisible social forces and the syndemic model through their lived experiences. The art of LeMoins and Jefferson, operating in the context of ‘embodied health movements’ discussed in the next chapter, negates the status quo and reshapes the public understanding of HIV/AIDS to consider both its biological and social underpinnings. The chimeric iconography employed by the artists in their work and the theoretical framework used to understand them lends itself to a hybrid methodology, drawing upon principles of both art history and medical sociology to discuss how HIV/AIDS affects women.

CHAPTER 2: THEORY & LITERATURE

Theoretical Background

This work draws upon the domains of both art history and medical sociology to analyze and give meaning to the selected works by LeMoins and Jefferson. Beginning with the arts and

¹⁷ Morgan, M. (1978). Tuchman, Daniels, and Benet: Hearth and Home: Images of Women in the Mass Media. *Studies in Visual Communication*, 5(2), 137-138.

humanities, and transitioning to the social sciences, this chapter explores how an intersectional theoretical approach applies to the studied artwork.

Disease Iconography and Art Activism

Sander Gilman's scholarship on the visual imagery of AIDS foregrounded the theoretical paradigm employed in this analysis.¹⁸ Gilman articulates the distinction between the reality of a disease and its associated imagery. In imparting meaning to a disease, visual representations become a mechanism of control. Gilman explores early connotations of AIDS as a sexually transmitted disease and parallels the imagery of people with AIDS in the 1980s to the imagery of syphilis. Appropriation of the visual language of syphilis to portray AIDS perpetuated stigma and "othering", reinforcing social boundaries between the 'patient', seen as a vector of disease, and the public. The accessibility of this imagery to both parties, and their susceptibility to its influence, suggests, however, the patient and the public are not as different as AIDS imagery implies.

Gilman's contemporary, art historian Douglas Crimp¹⁹, furthered the discussion of art and AIDS, refuting claims of art's limited capacity to intervene and create change. While acknowledging attitudes put forth by Gilman and others—that the power of AIDS art lies in its temporal immortality and its ability to affect public perception—Crimp argues that art alone *can* save lives. Crimp cites *Let the Record Show* (1987), a chilling installation in the window of the New Museum of Contemporary Art, calling to action New York City's art community. Gran Fury, the artist collective behind the installation, didn't stop there. The *Let the Record Show* creators became (in)famous for their guerilla dissemination tactics, distributing unsanctioned educational campaigns, taking the form of wheat-pasted graphic posters in public spaces, despite

¹⁸ Gilman, S. L. (1987). AIDS and syphilis: The iconography of disease. *October*, 43, 87-107.

¹⁹ Crimp, D. (1988). AIDS: Cultural analysis, cultural activism.

the risk of legal sanctions. They addressed the inaction of institutional limbs of the ‘chimeric corpus’ head-on, expanding their scientific knowledge of HIV/AIDS to create intentional messaging with cultural specificity. Although members of Gran Fury were still artists tied to art institutions in New York, they were, unequivocally, activists. Gran Fury’s influence on political discourse and public health, as Crimp affirms, was palpable. The contemporaneous work of these ‘Robin Hood’ collectives is critical in understanding the artistic context in which artists like LeMoins and Jefferson were operating. This analysis builds upon scholarship about visual campaigns explicitly created as activist material. Yet, it shifts its focus toward personal narratives as conveyed by artists outside of these collectives who live(d) with HIV/AIDS, to understand their own illness experience and to confront the ‘war’ on AIDS.

The ‘War’ on AIDS

Metaphors permeate our everyday existence; they are means to understand concepts that are otherwise too abstract to grasp and vehicles for establishing a ‘shared social reality’.²⁰ It comes as no surprise, therefore, that metaphors about disease and human health have not evaded the use of warfare terminology. In Western biomedicine, the origins of military metaphors can be traced back to the writings of John Donne and English physician Thomas Sydenham in the seventeenth century.²¹ Sydenham employed terminology like, “battle”, “destroy”, and “attack the enemy”, though these words would not enter public discourse until the emergence of Germ

²⁰ Rodehau-Noack, Johanna. "War as disease: biomedical metaphors in prevention discourse." *European Journal of International Relations* 27.4 (2021): 1020-1041.

²¹ Lane, Heather Patricia, SueAnne McLachlan, and Jennifer Philip. "The war against dementia: are we battle weary yet?." *Age and ageing* 42.3 (2013): 281-283.

Theory²² in the nineteenth century.²³ The widespread acceptance of Germ Theory was accompanied by military metaphors in which ill patients were likened to battlefields on which physicians would defeat their enemies.²⁴ The apparent irony of military metaphors to discuss disease is the paradoxical objectives of biomedicine and the violent conceptual framework used to describe it. This contradiction has not prevented the widespread use of war metaphors by clinicians, political figures, and the mass media.^{25,26} The association between AIDS and war dates to the 1980s (at least), when the link between the biological entity and mortality in war was widely publicized. A 1989 poster by the Department of Veterans Affairs, “War is hell. AIDS is worse”²⁷ described AIDS as a death sentence when compared to war, in which death was possible, not imminent. In the 1990s, Dr. David Ho’s “Time to Hit HIV, Early, and Hard” in the *New England Journal of Medicine*, described “therapeutic weapons” needed to defeat HIV.²⁸ Polarizing war metaphors quickly permeated the language used to discuss the HIV/AIDS epidemic.

²² Popularized by Robert Koch and Louis Pasteur, “germ theory” is a widely accepted hypothesis which states that microorganisms (germs) rather than foul odors or other non-living entities, cause diseases. National Research Council (US) Committee to Update Science, Medicine, and Animals. *Science, Medicine, and Animals*. Washington (DC): National Academies Press (US); 2004. A Theory of Germs. Available from:

<https://www.ncbi.nlm.nih.gov/books/NBK24649/>

²³ Bleakley, Alan, Robert Marshall, and David Levine. "He drove forward with a yell: anger in medicine and Homer." *Medical Humanities* 40.1 (2014): 22-30.

²⁴ Fuks, A. (2010). The military metaphors of modern medicine. In *The meaning management challenge: Making sense of health, illness and disease* (pp. 55-68). Brill.

²⁵ Annas, George J. "Reframing the debate on health care reform by replacing our metaphors." *Three realms of managed care: Societal, institutional, individual* (1995): 67-75.

²⁶ Fuks, Abraham. "The military metaphors of modern medicine." *The meaning management challenge: Making sense of health, illness and disease*. Brill, 2010. 55-68.

²⁷ [War is hell. AIDS is worse, 1989], AIDS Education Collection; Department of Rare Books, Special Collections, and Preservation; River Campus Libraries, University of Rochester.

²⁸ Ho, David D. "Time to hit HIV, early and hard." *New England Journal of Medicine* 333.7 (1995): 450-451.

Queer writer and activist Susan Sontag's seminal works, *Illness as Metaphor* (1978) and *AIDS and Its Metaphors* (1989)²⁹, deconstructs metaphors, especially military metaphors, surrounding AIDS, cancer, and other chronic conditions. Sontag voices concern over the reductive nature of these metaphors, explaining that the distance between one's embodied experience and public health metaphors can be confusing, if not invalidating.³⁰ This study analyzes how HIV+ artists making art about their experiences function as activists. HIV+ artists are both the primary advocates and recipients of their activist efforts with a unique positioning in the 'war on AIDS'. The 'war' that politicians and the biomedical community sought to end and the 'enemy' they set their sights against, was a virus nestled in the bodies of individuals at receiving end of society's prejudice and moral policing. As Sontag suggests, the war metaphor renders people with HIV/AIDS as 'battlegrounds' for war, instilling fear and helplessness, and exacerbating stigma. The work of the two women art activists discussed here, in their depictions of HIV/AIDS therapies and women's bodies, reframe the war metaphor as it applies to HIV/AIDS. The artists actively reclaim narratives around their illness experiences, rejecting dominant ideologies about what it means to live with HIV/AIDS.

The Illness Experience

An expanding sector of medical sociological literature focuses on how disease influences and is influenced by non-physiological factors. This relationship forms the fundamental distinction between 'disease', referring to biomedical abnormality or dysfunction, and 'illness', which contextualizes a disease state through changes in societal function and role-taking.³¹ The

²⁹ Sontag, S. (2001). *Illness as metaphor and AIDS and its metaphors*. Macmillan.

³⁰ Holmes, M. S. (2011). After Sontag: Reclaiming Metaphor. *Genre: Forms of Discourse and Culture*, 44(3), 263-276.

³¹ Eisenberg L. Disease and illness. Distinctions between professional and popular ideas of sickness. *Cult Med Psychiatry*. 1977 Apr;1(1):9-23. doi: 10.1007/BF00114808. PMID: 756356.

phenomenon of the experience of illness was first characterized by Parsons' 'sick role', which describes the obligations, expectations, and exemptions a person may encounter in an acute state of disease.³² The sick role is defined by four key tenants—the sick person's exemption from traditional responsibilities until health is restored, the time-consuming process of recovery, the desire to recover, and the sick person's obligation to cooperate with a physician's expertise. The inapplicability of these ideas to chronic illness complicates the discussion on the illness experience of people living with HIV/AIDS.

The concept of illness behavior draws on Parson's sick role, characterizing the performance of individuals experiencing a disease state. Illness behavior encompasses a patient's interpretation of their symptoms and how they react to their physiological condition.³³ A related concept to illness behavior, Suchman's 'stages of illness' encapsulate the dynamic nature of illness behaviors over time. Suchman identifies five distinct stages of the illness experience—symptom onset, assumption of the sick role, contact with medical care, the dependent-patient role, and recovery or rehabilitation.³⁴ While this idea is valuable to the scholarly discourse on the illness experience, it fails to address the centrality of the patient's subjective experience, in favor of a model that describes illness behavior as stages of medical care.³⁵ The sociological literature has shifted in the last fifty years to privilege a patient-centered perspective, focusing on illness identity and symptom management, especially in chronic conditions.^{36,37,38}

³² Parsons, T. (1951). Illness and the role of the physician: a sociological perspective. *American Journal of Orthopsychiatry*, 21(3), 452.

³³ Mechanic, D. (1995). Sociological dimensions of illness behavior. *Social science & medicine*, 41(9), 1207-1216.

³⁴ Suchman, E. A. (1965). Stages of illness and medical care. *Journal of health and human behavior*, 114-128.

³⁵ Conrad, P., & Leiter, V. (2019). *Sociology of Health and Illness: Critical Perspectives* (10th Edition).

³⁶ Charmaz, K. (1991). *Good days, bad days: The self in chronic illness and time*. Rutgers University Press.

³⁷ Shaw, R. (2015). Being-in-dialysis: The experience of the machine-body for home dialysis users. *Health*, 19(3), 229-244.

³⁸ Conrad, P. (1985). The meaning of medications: another look at compliance. *Social science & medicine*, 20(1), 29-37.

The illness experience, coupled with an understanding of art as activism, can be used to classify the works of HIV+ artists about their own experiences as part of ‘embodied health movements’. Sociologist Phil Brown³⁹ coined the term, classifying health social movements (HSM) into three broad categories—health access movements (seeking equitable access to medical care), constituency-based health movements (seeking to remedy health inequities across the lines of race, class, and gender), and embodied health movements (seeking to challenge existing disease knowledge using the illness experience). In embodied health movements, activists challenge the status quo of disease by bringing their lived experiences to the forefront of discussion. In doing so, the work of HIV+ artists initiates radical reform in the ‘war on AIDS.’ There are several historical precedents for the use of print media as a tool for social change.

Scholarship on HIV/AIDS and Art Activism

Activism in Print

Art historian Miguel de Baca’s “The Geldzahler Portfolio as AIDS Activism” discusses a collection of 11 works (largely in print) generated by a cohort of artists in 1998.⁴⁰ The portfolio was created by the group to fundraise for the Estate Project for Artists with AIDS, an organization dedicated to supporting the legacy and lifework of artists living with AIDS. Henry Geldzahler, after whom the portfolio was named, was a prominent figure in the art world in New York and an openly gay man. He was a curator of American Art at the Metropolitan Museum of Art and a pioneering figure in the creation of the Met’s Department of Contemporary Art (renamed the Department of 20th Century Art). Geldzahler became a significant contributor to the Estate Project motivated by the passing of friends to AIDS until he died of liver cancer in

³⁹ Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of health & illness*, 26(1), 50-80.

⁴⁰ Role of print de Baca, M. (2014). The Geldzahler Portfolio as AIDS Activism. *Art in Print*, 3(6), 4-9.

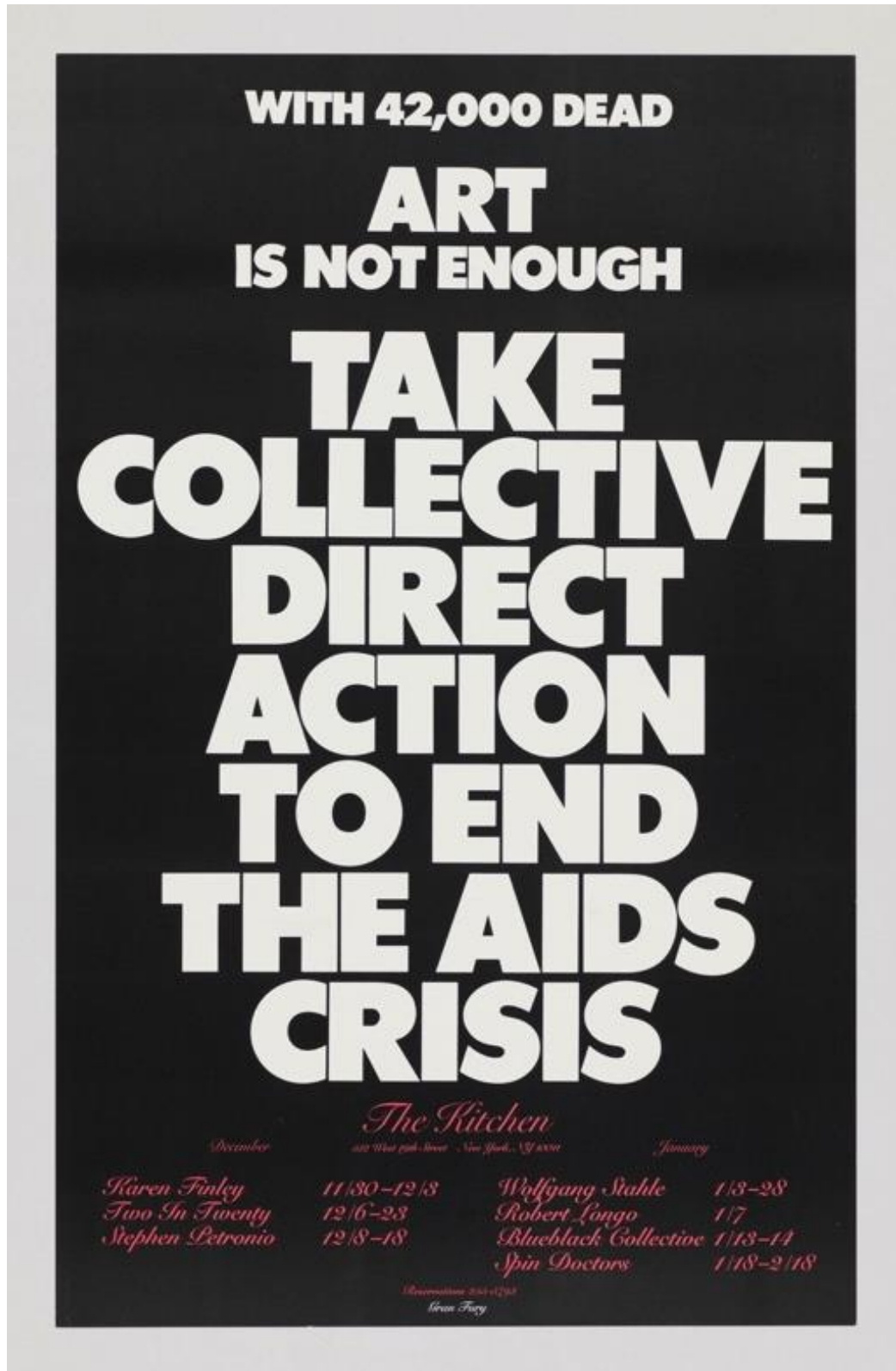
1994. De Baca discusses five portraits of Geldzahler in the portfolio to dissect their impact. Ultimately, de Baca concludes that The Geldzahler Portfolio functions as art activism in two ways. First, the works preserve the memory of artistic subcultures that endured homophobia in the twentieth century. Second, the sale of the portfolio generated revenue in support of the Estate Project, creating a fiscal link between initiatives for gay liberation and AIDS activism.

To de Baca, The Geldzahler Portfolio's memorialization of Henry Geldzahler *is* activism. De Baca's view lies in opposition to that of scholars like Douglass Crimp, who viewed elegiac AIDS art like the Names Project AIDS Quilt as communal mourning, not activism. For scholars like Crimp, the state of the U.S. AIDS epidemic was too dire to support art about grief and mourning. Crimp asserted that the injustices of the AIDS epidemic needed to be met with a sense of 'militant' urgency.⁴¹ The assertions da Baca makes about The Geldzahler Portfolio starkly contrast with these ideas. Crimp favored the art activism of collectives like Gran Fury, whose work often included clear calls to action. The aim of the collective was simple—action, not art. Gran Fury's *Art is Not Enough* (1988) makes this message clear. The lithograph includes a stark white text against a black background which reads, "With 42,000 dead / Art / Is Not Enough / Take / Collective / Direct / Action / To End / The AIDS / Crisis".

⁴¹ Crimp, D. (1989). Mourning and militancy. *October*, 51, 3-18.



Dennis Hopper, Andy Warhol, David Hockney, Henry Geldzahler, and Jeff Goodman from the *“Out of the 60s”* series, 1963. Two-color photolithograph on satin paper. 24.25 in x 32.25 in x 1.75 in.



Gran Fury. *Art is Not Enough*, 1988. Offset lithograph. 21 1/2 × 13 9/16 in.

The concerns raised by scholars like Douglas Crimp raise questions appropriate to consider within this analysis. Given the growing number of lives lost to HIV/AIDS, is there a place for art that does not directly mobilize activists or incite change—art that merely mourns or emotes? Can AIDS art without explicit activist messaging have a lasting impact on the state of HIV/AIDS in the United States? At a minimum, the artwork of LeMoins and Jefferson is intrinsically valuable because of the visibility they bring to the lives of HIV+ women whose bodies have been excluded from clinical study, and whose voices have been sidelined in national discussions on HIV/AIDS. The absence of women from the clinical literature on HIV/AIDS attests to this reality.

Women's Exclusion from Clinical Trials on HIV/AIDS

Early clinical research focused on identifying the etiology and pathogenesis of HIV infection and subsequent AIDS diagnosis. This work identified the role of HIV infection in CD4+ T cell depletion. The dramatic loss of these immune cells compromises the body's cell-mediated immune system, making individuals more susceptible to opportunistic infections. The clinical criteria for AIDS diagnosis are high viral load and the depletion of T-cells below 200 cells/mm³, indicating significant destruction of the body's host defense mechanisms.⁴² Early treatments for HIV infection included antiretroviral drugs like azidothymidine (AZT), which would suppress viral replication without damaging healthy cells in the body. The mutability of the virus and the toxicity of initial treatments⁴³ led to the discovery of combination therapies and

⁴² Naif, H. M. (2013). Pathogenesis of HIV infection. *Infectious disease reports*, 5(Suppl 1).

⁴³ Chiu, D. T., & Duesberg, P. H. (1995). The toxicity of azidothymidine (AZT) on human and animal cells in culture at concentrations used for antiviral therapy. *Genetica*, 95, 103-109.

‘drug cocktails’ (a combination of three or more drugs like D4T and 3TC discussed later) for viral suppression.⁴⁴

Longitudinal studies of the involvement of biological females in clinical trials have revealed that in studies of diseases that affect both sexes equally, Caucasian males have historically been used as the “normal” study population.⁴⁵ Biases toward biological females have often taken two forms: Some studies have ignored the physiological differences that may elicit varying results in biological females than in males; others have cited female subjects as “confounding variables” because of their fluctuating hormone levels.⁴⁶ It wasn’t until 1986 when guidelines published by the National Institute of Health (NIH) Advisory Committee mandated that women be included in studies, that the infrastructure for practical reform was put in place. While biological females living with HIV/AIDS have been part of clinical trials for HIV since 1994,⁴⁷ the relative scarcity of opportunities for women to participate in HIV research is ongoing.⁴⁸ A 2016 study underlined the under recruitment of biological females in antiretroviral studies (19.2%) and HIV vaccine studies (38.1%)⁴⁹. The lack of representation of females in clinical trials has led to gaps in the scientific community’s knowledge of the efficacy of HIV

⁴⁴ Atta, M. G., De Seigneux, S., & Lucas, G. M. (2019). Clinical pharmacology in HIV therapy. *Clinical Journal of the American Society of Nephrology*, 14(3), 435-444.

⁴⁵ Pinn V. Sex and gender factors in medical studies: implications for health and clinical practice. *JAMA*. 2003;289(4):397- 400.

⁴⁶ Pardue, Mary-Lou, and Theresa M. Wizemann, eds. "Exploring the biological contributions to human health: does sex matter?." (2001).

⁴⁷ Bacon, Melanie C., et al. "The Women's Interagency HIV Study: an observational cohort brings clinical sciences to the bench." *Clinical and Vaccine Immunology* 12.9 (2005): 1013-1019.

⁴⁸ Namiba, Angelina, et al. "From presumptive exclusion towards fair inclusion: perspectives on the involvement of women living with HIV in clinical trials, including stakeholders’ views." *Therapeutic Advances in Infectious Disease* 9 (2022): 20499361221075454.

⁴⁹ Curno, Mirjam J., et al. "A systematic review of the inclusion (or exclusion) of women in HIV research: from clinical studies of antiretrovirals and vaccines to cure strategies." *JAIDS Journal of Acquired Immune Deficiency Syndromes* 71.2 (2016): 181-188. Percentages refer to the percentage of women enrolled in antiretroviral and HIV vaccine trials.

treatments in this subgroup. This paper responds to the invisibility of women from HIV/AIDS clinical trials and mass media coverage and uplifts their critical voices. Using the lenses of art history and medical sociology, this work understands AIDS art by HIV+ women artists like Nancer LeMoins and Affrekka Jefferson, as ‘pebbles in water’, creating silent but far-reaching impacts on individuals living with HIV/AIDS and broader audiences in an expanding visual culture.

CHAPTER 3: METHODS

A Case for Studying AIDS Art Activism

Over the course of the twentieth century, the presence of visual media in the United States expanded at an astounding rate, becoming one of the country’s most lucrative industries. The transformation of the American ‘industrial economy to an ‘information economy’ accompanied advancements in television, film, and photography. Consumption of visual media become a staple of the everyday American experience. In times of war, visual media, especially film, created a sense of shared identity rooted in nationalism.^{50,51} The influence of visual media on the ethos of mid-twentieth century America was seemingly inescapable, underlining the efficacy of visual art as a medium for information-sharing and persuasive messaging. The permeability of visual media begs the following questions—who has access to art about HIV/AIDS? For whom was it made? What does it mean to make art in an expanding visual world? Are we more skilled consumers of visual information, or overwhelmed by visual input? How did artists and activists hijack ‘visual real estate’ to create art that was raw and out of the status quo? Did they successfully break into people’s sense of ‘false consciousness’ and bring

⁵⁰ Trend, D. (2010). Chapter Three: The Rise of Media Culture. *Counterpoints*, 394, 67-94.

⁵¹ Shohat, E., & Stam, R. (2014). *Unthinking Eurocentrism: Multiculturalism and the media*. Routledge.

awareness to oppression? What does it mean for queer and black women, who often confront intersectional stigma, to claim authorship of their narratives? Two case studies utilizing visual analysis and iconological reading through the paradigm of the patient illness experience are applied in pursuit of answers.

Methodologies

Case Selection

Visual AIDS is a New York City-based nonprofit organization with a mission of “[utilizing] art to fight AIDS by provoking dialogue, supporting HIV+ artists, and preserving a legacy because AIDS is not over”.⁵² The organization champions AIDS art activism and brings attention to HIV+ artists through a robust database called the Visual AIDS Artist Registry, a comprehensive collection of works by artists living with HIV/AIDS. The search parameters of the database were adjusted to browse for women artists based in the United States. The registry was then used to identify artists making work at the height of the HIV/AIDS pandemic, between 1980 – 2000. The selected artworks, *Exit* (1997) by Nancer LeMoins and *Violation of Africa* (1984) by Affrekka Jefferson, are both linoleum block prints. These fine art print works were chosen for study acknowledging the replicability of the print medium and its widespread use in activism by artist collectives like Gran Fury. The demographic differences between the two artists, Lemoins a white, lesbian, living artist, and Jefferson, a black artist who passed away from AIDS-related causes in 2004, enable a study of HIV/AIDS art and the patient illness experience through the syndemic framework.

⁵² <https://visualaids.org/>

Case Studies in Qualitative Research

A case study model is a well-suited approach for issue-driven studies in qualitative research.⁵³

Here, the issue of interest is the patient illness experience of women with HIV/AIDS. The chosen cases, the work of LeMoins and Jefferson, shed light on the nature of the issue. The analytical approach includes a thorough examination of the case context and a description of the case.

Cases are ‘bounded systems’ and are explored through multiple mechanisms—observations, interviews, documents, etc. In the ‘collective case study’ used here, more than one case study has been examined to show differing perspectives on a singular issue. The lived experiences of LeMoins and Jefferson, as queer and black women, respectively, fuels differences in their artistic products and their representation of illness. The same methodology is then applied to both cases. For this study, both *Exit (1997)* by Lemoins and *Violation of Africa (1984)* by Jefferson is studied through visual analysis and close iconological reading. Visual motifs are used to extrapolate themes about the illness experience of the two artists. Case analyses are probed for cross-case themes, although within the social sciences, generalizing between cases is often avoided, considering their distinct contexts.⁵⁴

Intersectional analyses of art and disease have been previously explored by Radley and Bell (2007) in women living with breast cancer. The authors designate the breast cancer movement as an embodied health movement (EHM) and examine the works of two photographers living with breast cancer, Jo Spence (British) and Martha Hall (American).⁵⁵

Studying the illness experiences of women artists they advocate for the ‘emancipatory’ potential

⁵³ Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research designs: Selection and implementation. *The counseling psychologist*, 35(2), 236-264.

⁵⁴ Yin, R. K. (2003). *Case study research: Design and methods* (3rd ed.). Thousand Oaks, CA: Sage.

⁵⁵ Brown, P., Zavestoski, S., McCormick, S., Mayer, B., Morello-Frosch, R., & Gasior Altman, R. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of health & illness*, 26(1), 50-80.

of artwork in creating space for discourse around social practices associated with the disease.⁵⁶ Activist endeavors, in the case of breast cancer, rewrite the narrative of people living with breast cancer as silent victims to angered activists and self-advocates demanding to be heard.^{57,58,59,60} Like the photographs studied by Radley and Bell, the prints of LeMoins and Jefferson are densely composed with visual symbols. This case study decodes and interprets these symbols using iconology to bring visibility to HIV+ women, whose lives and work were ignored by biomedicine, the federal government, and the mass media.

Iconological Readings

Iconography and iconology, a sector of art historical analysis dealing with the identification, interpretation, and connotation of symbols, was theorized by Erwin Panofsky.⁶¹ Claiming the inseparability of visual form from content, Panofsky characterized interpretation at three levels. Iconographic and iconological readings, the second and third degrees of interpretation, offer a reading of symbols (iconography) in a specific context that shapes the connotation of symbols (iconology).⁶² In this analysis, visual symbols were identified and then interpreted in the context of visual motifs and metaphors for disease. An iconological reading was applied to theorize about themes in the patient illness experiences of the two artists and cross-examined to isolate thematic similarities in the illness experience of women of distinct backgrounds.

⁵⁶ Radley, A., & Bell, S. E. (2007). Artworks, collective experience and claims for social justice: The case of women living with breast cancer. *Sociology of health & illness*, 29(3), 366-390.

⁵⁷ Batt, S. (1994) *Patient No More: the Politics of Breast Cancer*. London: Scarlet Press.

⁵⁸ Butler, S. and Rosenblum, B. (1993) Videotape. *Cancer in Two Voices*. Lucy Massie Phoenix and Annie Hershey (eds) Sandbar Productions.

⁵⁹ Lorde, A. (1980) *The Cancer Journals*. San Francisco: Spinsters Ink

⁶⁰ Potts, L.K. (ed.) (2000a) *Ideologies of Breast Cancer: Feminist Perspectives*. Houndmills: Macmillan.

⁶¹ Hasenmueller, C. (1978). Panofsky, iconography, and semiotics. *The Journal of Aesthetics and Art Criticism*, 36(3), 289-301.

⁶² Panofsky, E. (1962). *Studies in iconology*. New York, 198.

CHAPTER 4: DATA

Nancer LeMoins

Visual artist Nancer LeMoins, an art school graduate, began seriously pursuing art after their HIV diagnosis in 1986⁶³. Born and raised in St. Louis Missouri, LeMoins spent time after their art education working in restaurants and in other places until testing positive for HIV changed their life trajectory. Suddenly, LeMoins recalls needing art as a means of catharsis.⁶⁴ Since 1986, LeMoins has created a series of mixed media works in conversation with ecology and preservation, the politics of HIV, and most recently, aging women in society. Each series marks maps to an era in LeMoins' lived experience as a woman, an artist, and a person living with HIV/AIDS. LeMoins' need for catharsis is materialized in their linocut, *Exit* (1997). Linocut or linoleum cut printmaking is a relief-based technique. Artists carve a block of linoleum, the surface of the linoleum is covered with ink, and paper is pressed against the block to transfer the carved image. The image which appears on the paper is a reverse copy (i.e., only uncarved spaces will appear 'inked') of the carved image.⁶⁵

⁶⁴ LeMoins, Nancer. Interview. Conducted by Paul Sendziuk. 22 May 2004.

⁶⁵ *Linoleum cut: Moma*. The Museum of Modern Art. (n.d.). Retrieved March 30, 2023, from <https://www.moma.org/collection/terms/linoleum-cut>



Nancer LeMoins. *Exit*, 1997. Linocut. 22 x 30 in.

Exit (1997)

Part of a series of linocuts, *Exit* (1997) is one of LeMoins' works that directly call upon the terminology of HIV/AIDS to create a dialogue around its sociopolitical context. The linocut print features a densely composed, multi-figural scene framed by phrases of text. LeMoins uses chimeric deities and demon figures and dynamic mark-making to reveal visual dichotomies, which narrate an embodied experience of living with HIV/AIDS. LeMoins' print is composed of two primary figures, a cross-legged deity figure with multiple arms and breasts (left) and a feline figure with demon-like horns (right). The humanoid deity has four arms, two curling upwards. The two additional arms are brought together in a prayer-like position, between the deity's breasts. An oblong form with a mark at its median above the 'praying hands', resembles a pill. Behind the deity, a circular form near the head of the deity functions as a halo, framed by similar pill-like forms. The coexistence of various visual references to deities enables viewers to read LeMoins' figure as a chimeric deity or divine power. LeMoins' deity takes the seated posture of Buddha, yet the chest of the deity in the piece has large, rounded breasts. The deities' four arms evoke the four-armed Hindu deity, Vishnu, the 'god of preservation', who appears in myths about the salvation of humanity.

The feline-demon figure is characterized by large and narrow eyes and angular teeth. A pair of 'twisted horn' structures emerge between the animal's rounded ears. From its snout, thin whiskers extend over the animal's open mouth. A long, pointed tongue emerges from the dark inner portion of the figure's mouth. The head of the feline-demon is multi-figural. Two semi-inconspicuous chimeric animal heads, pictured in profile with clenched jaws, are placed on either side of the feline-demon's ears. The smaller figures draw the viewer's attention toward a third, a miniature head between the figure's horns. Pendant eyes and the orientation of the figure's nose

and mouth suggest a human essence, but the figure's pig-like ears and a central horn emerging from between them complicates this understanding. Between the feline demon's teeth, an additional small human figure is pictured in profile with one arm outstretched toward the deity on the lefthand side of the piece. The open mouth of the miniature figure implies that it may be communicating with the deity.

Surrounding these figures, the artist incises curvilinear lines in the linoleum block used to create the print to depict the figures in radically different settings. Surrounding the deity figure rounded, interweaving lines create cloud-like forms, while straighter, tapered, angular segments emerging from behind the deity resemble rays of sunlight. Beneath the deity, curling horizontal lines and narrow triangular forms which protrude upward work in tandem to render the deity 'floating' above water and seaweed, surrounded by a radiating sun. The figure appears simultaneously on land (proximate to the sun) and under the sea (proximate to seaweed). Similar mark-making is used to define the background of the feline-demon (right), although the visual context in which the figure is depicted evolves. The head of the feline-demon emerges from the top of what appears to be a brick building. The body of the feline-demon is concealed, shifting the viewer's focus to the enormity of the chimeric demon figure's head alone. The triangular forms which evoke seaweed on the left side of the piece become stouter and more angular. Placed against the brick wall structure dominated by the feline demon, the forms contort and intersect, transforming into roaring flames that engulf the building. A sign above two doors at the front of the brick building read, 'EXIT'. Despite the sign, the flames surrounding the building suggest a harsh reality—there is *no* exit.

LeMoins frames their central scene with abbreviated phrases and text written in bold, lowercase font. From the left edge of the piece, the frame of the print reads "protease". The top

edge continues the phrase, “&” “azt⁶⁶ &ddi⁶⁷&”, “d4t⁶⁸&3tc⁶⁹”, “&ddc⁷⁰&”. The right edge begins, “&ag1434&dncb⁷¹”. The bottom edge, left to right, reads, “So many choices so little time”. The framing phrases of the work are visually segmented by elements within the scene i.e., clouds, a moon, the horns of the animal on the right of the work, and other textural elements.

Transformative Line

The artist’s use of line drives the aesthetic experience of *Exit* while creating dichotomies that inform an iconographical reading of the work. Line in Lemoins’ *Exit* possesses duality—it functions to both unify and differentiate elements of the piece. This first is apparent in Lemoins’ portrayal of the work’s major subjects, the deity figure (left) and the feline-demon (right). In a

⁶⁶ The phrase “azt”, as it appears in LeMoins’ work, is a reference to AZT, azidothymidine belongs to a class of drugs that terminates DNA synthesis, inhibiting cell proliferation. AZT was originally developed as a chemotherapeutic drug but was prescribed for the treatment of HIV (500-1500 mg/day, 20-60 μM AZT) based on a 1986 study by the drug’s manufacturer examining the optimal inhibitory dose for human T-cells. Independent studies later identified that inhibitory effects could be noted at doses 20-1000-fold lower than prescribed. Contemporary studies have revealed that at the manufacturer’s recommended dosage, AZT is highly toxic to human cells. Development of partial resistance is also possible. Chiu, David T., and Peter H. Duesberg. "The toxicity of azidothymidine (AZT) on human and animal cells in culture at concentrations used for antiviral therapy." *Genetica* 95 (1995): 103-109.

⁶⁷ “DDI” refers to didanosine, a drug prescribed for use to treat HIV infection. DDI functions as a nucleoside analogue reverse transcriptase inhibitor (NRTI) where in infected cells, the drug’s active form dideoxyadenosine-5'-triphosphate (ddATP) terminates viral DNA replication through the inhibition of reverse transcriptase, a key enzyme involved in the infection process. Perry, Caroline M., and Stuart Noble. "Didanosine: an updated review of its use in HIV infection." *Drugs* 58 (1999): 1099-1135.

⁶⁸ Stavudine (D4T) was the leading drug in antiretroviral combination therapy for HIV infection until the turn of the twentieth century. As a nucleoside analogue, D4T functions like DDI, inhibiting the replication of viral cells.

⁶⁹ Lamivudine (3TC) is another nucleoside transcriptase inhibitor which prevents viral replication. Among other antiretroviral therapies, it is known to have the best tolerability and long-term safety. Kumar PN, Patel P. Lamivudine for the treatment of HIV. *Expert Opin Drug Metab Toxicol*. 2010 Jan;6(1):105-14. doi: 10.1517/17nitro425250903490418. PMID: 20001611.

⁷⁰ Dideoxycytidine (DDC) is a reverse transcriptase inhibitor approved for clinical use for AIDS and AIDS-related complex (ARC). Broder, S., & Yarchoan, R. (1990). Dideoxycytidine: Current clinical experience and future prospects: A summary. *The American journal of medicine*, 88(5), S31-S33.

⁷¹ Dinitrochlorobenzene (DCB) is a topical treatment that acts an immune modulator, interfering with key signaling molecules involved in viral or metastatic diseases. Stricker RB, Zhu YS, Elswood BF, Dumlao C, Van Elk J, Berger TG, Tappero J, Epstein WL, Kiprov DD. Pilot study of topical dinitrochlorobenzene (DNCB) in human immunodeficiency virus infection. *Immunol Lett*. 1993 Apr;36(1):1-6. doi: 10.1016/0165-2478(93)90060-f. PMID: 8102123.

2004 interview with author Paul Sendziuk⁷², LeMoins expressed that the animal-demon in *Exit* is a reference to drug companies. This understanding of the artist's iconographic expression complicates the relationship between the two figures, and accordingly, the relationship between drug companies and HIV/AIDS patients. The vulnerability of HIV/AIDS activists who operated from the 'mouth of the beast' is represented literally in LeMoins' representation in *Exit*. As those affected by HIV awaited the discovery of drug therapies, the fate of people with HIV/AIDS was sealed between trusting the intervention of the intangible divine and the slow progress of biomedicine.

Line materializes this dichotomy between the seen and unseen, the divine and the empirical world. The pills, pictured as confined within the 'halo' of the deity and protected by its hands, are under guard. The miniature human figure resting in the mouth of the animal-demon struggles with an outstretched arm to obtain life-saving treatment. Yet, the figure is held back by a precarious set of circumstances—the clenched jaw and pointed teeth of the animal. The human, overpowered by the animal demon, must put their life at risk to access the pills in the scene. Like the human figure in Lemoins' piece, people living with HIV and other activists fought for their needs amid extremely uncertain conditions. Activists held the scientific community accountable, pushing for the expedited investigation of anti-retroviral therapies and expansion of eligibility for clinical trials.⁷³ Just as the human figure operates from within the mouth of the demon to reach for medication, activists, becoming lay experts, lobbied and forced the progression of the critical institutions that contributed to their oppression. Compromised by physical illness or the threat of persecution on account of other facets of their identity (i.e., being queer, socioeconomically

⁷² LeMoins, Nancer. Interview. Conducted by Paul Sendziuk. 22 May 2004.

⁷³ Epstein, S. (1996). *Impure science: AIDS, activism, and the politics of knowledge* (Vol. 7). Univ of California Press.

disadvantaged, and/or a person of color), they advocated for themselves while under the ‘grip’ of society’s prejudice. *Exit*, with its references to the politics of drug discovery and common antiretroviral therapies, suggests LeMoins took on the role of both a patient and lay expert to create their work.

A second, temporal dichotomy within the work toys with depictions of night and day as represented through line. Specifically, line is used to create a ‘sun’ which radiates upward, drawing the viewer’s attention to a crescent moon between ‘&’ and ‘d4t’ in the frame of the work. Through this visual linkage, LeMoins depicts an interdependence of the two central subjects on the same celestial bodies. Angular lines representing rays of sunlight materialize a cosmic connection between the deity and the animal-demon, or in LeMoins’ view, the divine and the scientific. The medication which is ‘protected’ (or gatekept) by the halo of the deity becomes an elixir of life, a ticket to survival that is physically linked to the feline-demon, a surrogate for drug companies. The artist’s composition and use of line is a declaration of the inseparability of people living with AIDS, institutions researching AIDS, and uncontrollable factors (divine authority). The proportionality of the figures, relative to the renderings of the celestial, echoes this idea. The same relative area occupied by the central figures is also given by the artist to depict clouds, which repeat across the top of the landscape, weaving above, below, and between the central figures. Visually and symbolically, the same clouds immerse the deity and the animal-demon. As such, the figures, much like the stakeholders of the HIV/AIDS epidemic, cannot be divorced from their shared context. Drug companies and people with HIV/AIDS looking for therapies are bound by a dwindling sense of time.

A third dichotomy, that between fire and water, is established using line and triangular forms in Lemoins’ piece. At the feet of the deity, line is used to convey both water (curling

horizontal lines) and seaweed (upward-pointing triangular forms). As one's gaze travels to the right, the form used to convey seaweed bends and contorts; The tips of the triangular forms grow larger, and the lines within them, become closer. The brick building with the sign that reads, 'EXIT' appears to be consumed in flames. The artist's slight contortion of the same visual form contrasts two powerful forces of nature—fire, and water. The same general form changes its nature—water, a life-sustaining force becomes fire, a destructive and uncontrollable element of nature. At the interface of this transition between fire and water, another miniature human figure is portrayed in the nude, with one arm outstretched toward the deity. The figure, presenting with more biologically female features (i.e., long hair, breasts), is caught in the transition between life and destruction. Women with HIV/AIDS too exist in an intersectional, or transitional space. Just as the figure is caught between fire and water, HIV+ women are caught between the forces and institutions of society.

A final dichotomy is portrayed using lines to depict order and chaos. *Exit*, consisting largely of organic, curvilinear lines, reflects the fluid status of the epidemic. In stark contrast to the rest of the piece, the brick building titled 'EXIT' has a dominant, fixed presence in the lower right-hand corner of the work. Amid representations of chaos—fire, water, clouds, demons, and deities—the 'exit' is a representation of order. Disorder, here depicted as flames, blocks the entrance. In doing so, obtaining order, or rather escaping to it, becomes an impossible feat.

***Exit* (1997) As Illness Narrative**

LeMoins' *Exit* identifies the state of the HIV/AIDS epidemic as an inescapable consequence of the existing social and political landscape. Devoid of places of refuge, the figures in the image are at the will of worldly and out-of-worldly powers, much like people living with HIV/AIDS in the artist's perspective. Without a mechanism of control, chaos replicates and

amplifies its presence, both in the depicted scene and the real-life circumstances encountered by LeMoins. Considering the medium of the work, the fate of individuals with HIV/AIDS appears to be permanently ‘carved’ or predestined. LeMoins’ fate replicates the fate of other women with HIV/AIDS; the artist’s situation, is in many ways, communal. Devoid of color, the narrative that LeMoins ‘signs’ in ink is a testament to the ‘black and white’ reality of their situation. The depth and dimension which the artist creates in their work is merely an illusion of depth that ceases to exist outside of a two-dimensional plane. This illusion mimics the illusion of complexity of the United States’ response to the HIV/AIDS epidemic. In LeMoins’ view, the situation of HIV/AIDS, and as such, its solution, is black and white. The policies and procedures needed to confront the pandemic have been voiced but not executed.

LeMoins appropriates war terminology, portraying a ‘hero’ (the chimeric deity) and a villain (the feline-demon). The artist’s depiction, however, redefines the roles of the ‘war on AIDS’ narrative perpetuated by the public. In LeMoins’ war image, the enemy is not the AIDS virus, but the very institutions (drug companies, the federal government) who first employed war terminology to discuss HIV/AIDS. The AIDS war metaphor is externalized, i.e., stripped of its associations to bodies affected by HIV/AIDS, and recontextualized as a war between institutions and bureaucratic forces. The hybrid figures in LeMoins’ piece gesture to HIV/AIDS as an intersectional crisis of biomedicine, political agendas, and societal values. LeMoins’ work visually renders the HIV/AIDS epidemic through the ‘syndemic framework’. Affrekka Jefferson’s *Violation of Africa* (1984) depicts an intimate picture of HIV/AIDS, which, like LeMoins’ piece, notions towards an intersectional understanding of HIV/AIDS.

Affrekka Jefferson

Paula (Affrekka) Jefferson was born in Brooklyn, New York in 1950. The artist took on the ethnic moniker, “Affrekka”, at the age of thirteen. Jefferson obtained a formal art education at New York’s School of Visual Arts and took a special interest in painting and construction technology. They primarily worked in relief printmaking but often incorporated other techniques like oil on canvas. Jefferson’s practice centered around their African heritage and family history; the artist had an ancestral relation to one of Thomas Jefferson’s slaves. On the significance of the artist’s cultural identity in the work, Jefferson once shared, “African art remains a most important influence on my life and work, a central theme which permeates my very existence and everything I have to contribute”. Though Jefferson lived with HIV, they remained an influential presence in New York City’s Black artistic community. Jefferson was a lifetime member of the Arts Students’ League of New York, a centuries-old art institution in Manhattan, and held a community-facing role as the former art director of the Jamaica Arts Council. Jefferson cites their HIV status as a catalyst for their growing curiosity and willingness to achieve. Before the artist’s passing due to AIDS-related causes in February 2004, Jefferson shared, “I cherish the time I have on this earth. I want to resist every attempt to limit my possibilities and to diminish my growth so that I am able as a creative woman to say something beautiful, worthy, and new.” Today, Jefferson’s work remains on permanent display at the Bedford-Stuyvesant Restoration in Brooklyn, a community organization working to resolve financial inequities along racial lines in the low-income neighborhoods of Central Brooklyn⁷⁴.

⁷⁴ “Affrekka Jefferson.” *Visual AIDS*, <https://visualaids.org/artists/affrekka-jefferson>.

Jefferson's *Violation of Africa*, a linocut, directly calls upon the artist's African heritage and experience with HIV/AIDS.

Violation of Africa (1984)

Affrekka Jefferson's linocut, *Violation of Africa* (1984), depicts a woman's torso with a multiplicity of hands grabbing over the breasts. The artist uses angular marks and black contours to outline the chimeric figure's breasts and four hands, two red-colored hands placed directly on the breasts, and two blue hands placed directly beneath. The torso of the figure is colored red above the nipple line, and blue below, corresponding to the colors of the hands and blurring distinctions between 'self' and 'other'. The long, sinewy fingers of the four hands emerge from the left and right edges of the print, concealing most of the body shown beneath. The breasts, having little space between them are rendered as if they have been 'pushed together' towards the body's central axis; the curvature of the fingers reinforces this 'grasping' gesture. While on the left side of the image, the red (top) and blue (bottom) hands are placed at a distance, the hands and fingers of the hands on the right side of the image are more proximate and intersect. The asymmetry between the left and right sides of the piece is most evident on the index finger of the hand in the lower right quadrant of the work. This index finger shifts from blue (at the base of the finger) to red (at the tip of the finger) where the finger touches the figure's left breast. Jefferson's use of color in *Violation of Africa* reinforces the hybridity of the figure and can be understood as referential to multiple contextual dichotomies.



Paula (Affrekka) Jefferson. *Violation of Africa*, 1984. Linoleum print on paper. 15 ¼ x 15 ¼ in.

Red, White, and Blue

Violation of Africa is separated into registers by horizontal ‘bands’ of color—red, white, and blue. When these colors are read representationally through a sociopolitical lens, the work engages in a discourse on the global AIDS response and the ramifications of a post-colonial world.⁷⁵ Jefferson uses these specific colors to conjure the flags of several European countries, including the Netherlands, Luxembourg, and France (when rotated clockwise). Global history has played an oppressive role in the social, economic, and political infrastructure of Sub-Saharan Africa.⁷⁶ The title, ‘Violation of Africa’, may be a reference to the enduring impacts of colonialism on global health.

The artist’s composition, placing red and blue ink on the body of the central figure, assigns blame to colonizing powers for the high incidence of HIV/AIDS. In the case of Sub-Saharan Africa, these powers were Britain, France, and Germany. The colonizers of these regions weakened the existing trade-based economic infrastructure in the regions they colonized by forcing the production of goods for the European market;⁷⁷ the strain this placed on colonized parts of Sub-Saharan Africa radically impacted its future economic and technological advancement⁷⁸. The lingering effects of sustained colonial presence are several under-resourced, economically underdeveloped communities. Transmission of infectious diseases like HIV can occur more easily in communities with compromised immunity as a symptom of poverty. Malnutrition, parasitic diseases, and access to healthcare services play a significant role in the

⁷⁵ Danil, L. R. (2021). Queerphobic immunopolitics in the case of HIV/AIDS: political economy, the dark legacy of British colonialism, and queerphobia in Sub-Saharan Africa. *Sexuality & Culture*, 25(2), 377-395.

⁷⁶ Hickel, J. (2012). Neoliberal plague: The political economy of HIV transmission in Swaziland. *Journal of Southern African Studies*, 38(3), 513–529.

⁷⁷ Settles, J. D. (1996). The impact of colonialism on African economic development.

⁷⁸ Boahen, A. A. (2020). *African perspectives on colonialism*. JHU Press.

immune function and as much, the transmission of HIV by sexual contact.⁷⁹ The literature has historically dismissed these structural barriers which prevent Sub-Saharan African countries from mounting an effective response towards the pandemic.⁸⁰ Though accounting for only 12% of the global population, people of Sub-Saharan Africa carry 71% of the global disease burden of HIV/AIDS.⁸¹ Within this group, African women are disproportionately impacted because of biological susceptibility, patriarchal systems, and colonialism.^{82,83} In superimposing the colors of European colonizing powers on the body of the figure, Jefferson illustrates the ways colonization has literally and systemically violated the bodies of African women, including the artist themselves. Alternatively, if the colors of Jefferson's piece are read as the colors of the American flag, the 'violation' the artist refers to in the title of their piece regards the actions of the United States. Jefferson notions towards the systemic failure of the U.S. government to promptly address the HIV/AIDS epidemic, under the Reagan administration. The most impactful HIV/AIDS legislation, including the Ryan White CARE Act,⁸⁴ the AIDS Drug Assistance

⁷⁹ Stillwaggon, E. (2002). HIV/AIDS in Africa: Fertile terrain. *Journal of Development Studies*, 38(2), 1–22.

⁸⁰ Stillwaggon, E. (2005). *AIDS and the ecology of poverty*. Oxford: Oxford University Press.

⁸¹ Kharsany, A. B. M., & Karim, Q. A. (2016). HIV infection and AIDS in Sub-Saharan Africa: Current status, challenges and opportunities. *The Open AIDS Journal*, 10, 34–48.

⁸² Mojola, S. A. (2014). *Love, money, and HIV: Becoming a modern African woman in the age of AIDS*. Berkeley: University of California Press

⁸³ Siplon, P. D., & Novotny, K. M. (2007). Overcoming the contradictions: Women, autonomy, and AIDS in Tanzania. In P. G. Harris & P. D. Siplon (Eds.), *The global politics of AIDS* (pp. 87–107). Boulder, CO: Lynne Rienne

⁸⁴The Ryan White CARE Act is the largest federally funded program aimed at meeting the needs of low-income people with HIV/AIDS, including medical care, treatment, and support services. *Ryan White HIV/AIDS program legislation*. Ryan White HIV/AIDS Program Legislation | Ryan White HIV/AIDS Program. (n.d.). Retrieved February 3, 2023, from <https://ryanwhite.hrsa.gov/about/legislation>.

Program (ADAP),⁸⁵ new protections under the Americans with Disabilities Act (ADA),⁸⁶ the President's Emergency Plan for AIDS Relief (PEPFAR),⁸⁷ and the National HIV/AIDS Strategy (NHAS)^{88,89} would not be established until the time of Jefferson's death in 2004.

Another reading of the red and blue delineation in Jefferson's piece may understand the depicted scene as biological, referencing the blood-oxygen interface at the capillaries. In this paradigm, the sinewy, vessel-like blue fingers of the lower hands are deoxygenated blood, where at the centerline of the composition, especially at the right index finger, a moment of transition occurs. Anatomically, the transitional space in Jefferson's composition, represented in white, aligns with the position of the lungs below the breast tissue. The lower pair of hands, lying below the interface of oxygen exchange, remain blue. In contrast, the upper pair of hands have been transformed into a bright red after oxygen exchange above the physical threshold where oxygen

⁸⁵The AIDS Drug Assistance Program (ADAP) falls under the Ryan White CARE Act Part B and provides FDA-approved HIV treatment to low-income individuals. Funding may also be used to provide eligible people with health insurance or services that improve access to drug treatments. *Part B: AIDS drug assistance program (ADAP)*. Part B: AIDS Drug Assistance Program (ADAP) | Ryan White HIV/AIDS Program. (n.d.). Retrieved February 3, 2023, from <https://ryanwhite.hrsa.gov/about/parts-and-initiatives/part-b-adap>

⁸⁶ Under the American with Disabilities Act (ADA), people with HIV, symptomatic or asymptomatic, are considered as individuals with 'physical impairments that substantially limit one or more major life activities' and thus eligible for protections under ADA. This policy also includes protection against denial of employment or education based on HIV-status. U.S. Department of Justice Civil Rights Division Disability Rights Section. (n.d.). Questions and Answers: The Americans with Disabilities Act and the Rights of Persons with HIV/AIDS To Obtain Occupational Training and State Licensing. Retrieved February 3, 2023, from <https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/specialtopics/hiv/factsheethivlicense.pdf>

⁸⁷ Under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the federal government pledged \$100 billion in the global HIV/AIDS response and an investment in creating lasting healthcare systems for global partners facing the HIV pandemic. U.S. Department of State. (2023, January 31). The United States President's Emergency Plan for AIDS relief - United States Department of State. U.S. Department of State. Retrieved February 3, 2023, from <https://www.state.gov/pepfar/>

⁸⁸ The National HIV/AIDS Strategy aims to address issues related to HIV, including preventing new infections, improving health outcomes in people with HIV/AIDS, reducing HIV-related disparities, and achieving a coordinated response to address the HIV pandemic which serves all interested parties. The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC.

⁸⁹ Watkins-Hayes, Celeste. *Remaking a life: How women living with HIV/AIDS confront inequality*. Univ of California Press, 2019.

exchange has taken place. This ‘transformation’ from blue to red parallels the transformation of a healthy individual after HIV infection. The figure’s noble ‘blue blood’ has become an ‘ordinary’ or ‘lesser’ red.

An additional interpretation emerges if one considers the multiplicity of hands placed on the central figure as belonging to the figure itself. HIV/AIDS diagnosis ‘bleeds’ into many facets, or limbs, of the artist's life. In acquiring the infection, the parts of the figure ‘become’ red, the color commonly used to represent HIV in awareness campaigns; the figure’s HIV status begins to permeate their identity at various levels. The transition from blue to red suggests a transformation from ‘self’ (blue) to ‘other’ (red). The visual transformation of the figure through color suggests the body’s original quality has been transformed, or perhaps, violated. Although the figure grasps their own body in a gesture of protection, the transformation is inevitable. Biologically, the bodies of women diagnosed with HIV/AIDS take on a chimeric form; host cells infected by the virus are simultaneously their own and foreign. The constructs of ‘self’ and ‘virus’ have become forcefully interconnected by both biology and societal stigma. Here, the chimeric body characterized by a multiplicity of hands in Jefferson’s piece can be understood as a battle between self and other. Two hands of the figure defend HIV+ women, while two hands violate their bodies. Jefferson’s piece shows the body of an HIV+ woman, as it attempts to fortify itself against both biological infection and societal stigma.

Violation of Africa (1984) As Illness Narrative

Affrekka Jefferson’s *Violation of Africa* portrays a critical transition in the illness experience of HIV/AIDS. First, the bodies of the affected are ‘seized’ by the world. As the grasping gesture in the image suggests, the bodies of HIV+ women have been, and become, vulnerable to circumstances outside of their control. In the case of women who bear the greater

burden of HIV/AIDS in Sub-Saharan Africa, patriarchal norms and government policies dictate the trajectory of their illness experience.⁹⁰ The segmented coloration of the piece reinforces the historical origins of these disparities. Jefferson's piece then literally 'narrows' the discussion of HIV/AIDS to that of an embodied, individual experience by rendering the human form as merely a torso. The narrative Jefferson materializes in this work discusses the bodily transition which occurs at the time of HIV infection. The nonconsensual melding of 'self' and 'virus' is demonstrated by Jefferson's deliberate use of color.

Jefferson's piece, like the work by Nancer LeMoins, visually appropriates the 'self' vs. 'enemy' terminology of war to first globalize, and then individualize their discussion of AIDS. When read through a colonial lens, Jefferson identifies the 'war' as a war between colonial powers, fought on the 'soil' of African women's bodies. In doing so, the artist positions women with HIV/AIDS as casualties of a larger, broken sociopolitical context. Read more intimately, when the blue and red areas of the print are used to define 'self' vs. 'virus', Jefferson notions towards the idea that multiple marginalized identities are relevant to the syndemic framework. The multiplicity of hands affected by HIV/AIDS diagnosis are proxies for aspects of the individual's life that have been 'recolored' or recontextualized by HIV/AIDS diagnosis.

CHAPTER 5: CONCLUSIONS

Nancer LeMoins and Affrekka Jefferson create rich visual narratives about their experiences living with HIV/AIDS, unearthing the realities of HIV infection and treatment through artworks like *Exit* (1997) and *Violation of Africa* (1984). Their work challenges existing models of understanding the illness experience of HIV+ women, like the 'war on AIDS'

⁹⁰Siplon, P. D., & Novotny, K. M. (2007). Overcoming the contradictions: Women, autonomy, and AIDS in Tanzania. In P. G. Harris & P. D. Siplon (Eds.), *The global politics of AIDS* (pp. 87–107). Boulder, CO: Lynne Rienne

metaphor. Using chimeric iconography, both artists point to the intersecting social forces which act on both the biological and ‘social’ body in the syndemic framework. The artwork of LeMoins and Jefferson thus serves as a tool for reframing the ‘war on AIDS’ as a war between institutional stakeholders, fortifying HIV+ women against societal stigma.

References to time—through the mention of combination therapy in LeMoins’ work and the transformation of a body from blue to ‘AIDS’ red in Jefferson’s work—reflect a significant advancement in the history of HIV/AIDS in the United States; therapies have radically improved the lifespans of people living with HIV/AIDS in communities with access to care. Through strides in HIV/AIDS research and medical technology, including new preventative therapies like preexposure prophylaxis (PrEP),⁹¹ the virulence of human immunodeficiency virus is more clinically manageable. The slowed replicability of HIV in the twenty-first century lies in stark contrast to the replication of imagery in a growing visual world through avenues like printmaking. Human immunodeficiency virus, a replicable entity, conveys a replicable fate, which both artists bring awareness to through a replicable medium. By carving their images in linoleum blocks, LeMoins and Jefferson create messages that are intended for distribution and permeation; their existence is inextinguishable because of their ability to be copied and multiplied. The irrevocability of the image becomes the message, making printmaking a powerful vehicle for communication and advocacy, like print media more generally.

Although both LeMoins and Jefferson work in a common artistic medium, the differences in their visual representations of HIV/AIDS reflect how their diverse identities inform their illness experience. LeMoins and Jefferson’s distinct use of visual imagery and appropriations of ‘war terminology’ convey stages of the HIV/AIDS illness experience. LeMoins creates a visual

⁹¹ Riddell, J., Amico, K. R., & Mayer, K. H. (2018). HIV preexposure prophylaxis: a review. *Jama*, 319(12), 1261-1268.

illness narrative using a dense, black-and-white composition. The artist's mark-making is their primary vehicle for expressing dichotomies, i.e., secular vs. divine, night vs. day, fire vs. water, order vs. chaos, and hero vs. villain. These dichotomies are references to opposing societal forces (activists, biomedicine, drug companies, politicians) in the 'war' on AIDS. LeMoins suggests that it is necessary to consider HIV/AIDS in an intersectional context to begin to confront the ongoing health crisis. Jefferson instead approaches their visual narrative using color. Areas of red and blue define dichotomies—colonized vs. colonizer, deoxygenated vs. oxygenated blood, self vs. virus, and self vs. enemy. Like LeMoins' piece, these dichotomies reinforce the syndemic framework in which HIV/AIDS exists.

The visual narratives created by the two artists parallel stages of the illness defined by the sociological literature. LeMoins addresses the experience of HIV/AIDS across social, political, and economic lines. Through explicit references to life-saving pharmaceuticals and drug companies, LeMoins' narrative centers around the 'contact with medical care' stage of illness, where the patient navigates a relationship with professional health services. LeMoins' piece makes evidence of the loss of autonomy that occurs at this stage, where patients are dependent on therapies requiring physician approval, but receive no guarantee that the therapies they begin will be effective. The many antiretroviral regimens referenced in the piece, including AZT, DDI, and D4T, provide the patient with 'options', although access to therapies and their efficacy are controlled by time.⁹² LeMoins' image can be rationalized as an image of battle, where, at the height of conflict, strategy and time are of the essence. Jefferson's illness narrative takes a more personal and emotive approach, illustrating how the virus acts on the body of an individual HIV+ woman and aligns with the 'symptom onset' stage of illness. Using color, the

⁹² Gibas, K. M., Kelly, S. G., Arribas, J. R., Cahn, P., Orkin, C., Daar, E. S., ... & Taiwo, B. O. (2022). Two-drug regimens for HIV treatment. *The Lancet HIV*.

artist makes visible the unseen process of infection and the replication of the virus throughout the body of an infected individual. Jefferson's process parallels studies on illness meanings elucidated through visual methods in the sociological literature.⁹³ Jefferson's visualization of the HIV infection process reads as an image of a 'wounded soldier'. The body of a healthy woman has been overtaken, irreversibly, by HIV. The multiplicity of hands acting on the central figure allude to the social and biological forces acting on the individual. Taken together, the work of LeMoins and Jefferson addresses two separate but intersecting facets of the illness experience—the emotional turmoil and the upheaval of individual identity after HIV infection and the difficulty navigating the changing sociopolitical landscape in pursuit of effective, life-sustaining therapies.

In the context of the existing literature on art activism and the HIV/AIDS patient illness experience, this work aligns with the ideologies of scholars like Mechanic, who theorizes about individual and collective restorative illness behaviors and how people living with HIV/AIDS respond to and evaluate their condition. When art is understood as a vehicle for social change, Mechanic's argument supports Crimp's assertion regarding art and its life-saving capacity. In making art about their experiences, LeMoins and Jefferson bring visibility to their challenges and reclaim power over them. Their chimeric visual representations of HIV/AIDS in the body reframe the enemy of the 'war on AIDS' from the bodies of HIV+ women to the institutions that have failed for decades to protect HIV+ women from other biological vulnerabilities and the disapproving gaze of the U.S. politicians, the mass media, and the public. In the face of the ongoing U.S. HIV/AIDS epidemic, LeMoins and Jefferson use their visual art for something

⁹³ Scott, A. (2009). Illness meanings of AIDS among women with HIV: Merging immunology and life experience. *Qualitative health research*, 19(4), 454-465.

greater than merely a platform for expression. They reimagine their illness experiences in their artwork, validating and healing themselves and other HIV+ women who have been rendered invisible. These artists arm themselves with an arsenal of tools, including their art, forming their own, fortified chimeric corpus with other HIV+ women, able to withstand the social and biological forces acting on them. The artwork of HIV+ artists is an enduring proclamation of their undeniable presence, resilience, and relentless determination to bring justice to themselves and women like them, even after their bodies cease to exist.

ACKNOWLEDGEMENTS

I would like to thank my project advisors, Dr. Deborah Barkun and Dr. Catherine van de Ruit, for their guidance, and continuous encouragement. This project is a product of their professional expertise and mentorship. I would also like to acknowledge Dr. Rebecca Lyczak for serving as a member of the honors committee for this project. This work would not be possible without the support of these mentors and the Art & Art History and Health & Exercise Physiology Departments at Ursinus College. I sincerely thank Dr. Barkun, Dr. van de Ruit, Dr. Lyczak, and the faculty, staff, and peers who instilled in me the courage and curiosity to step outside my zone.