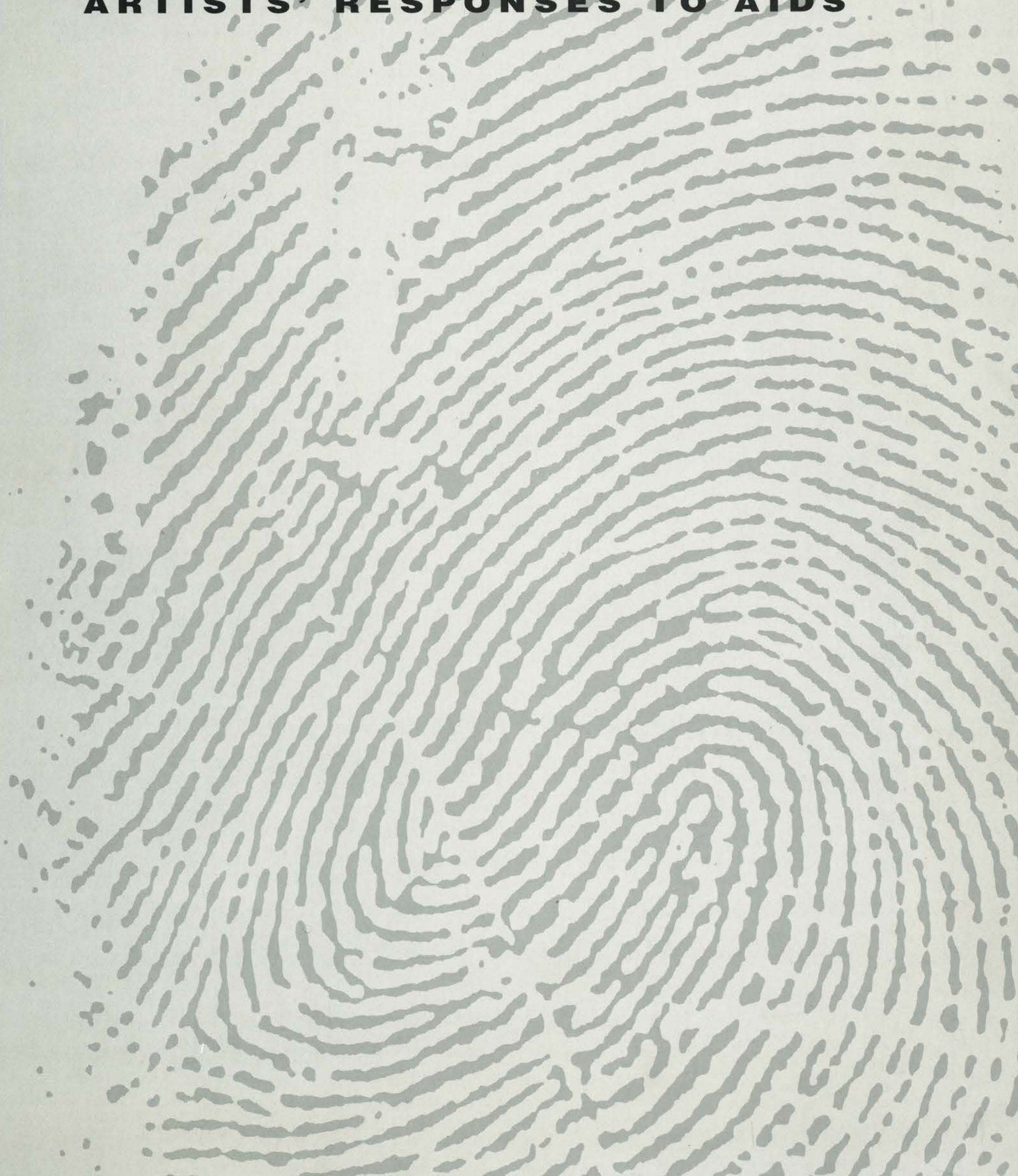


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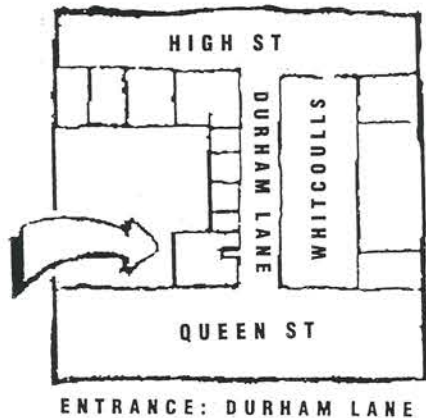
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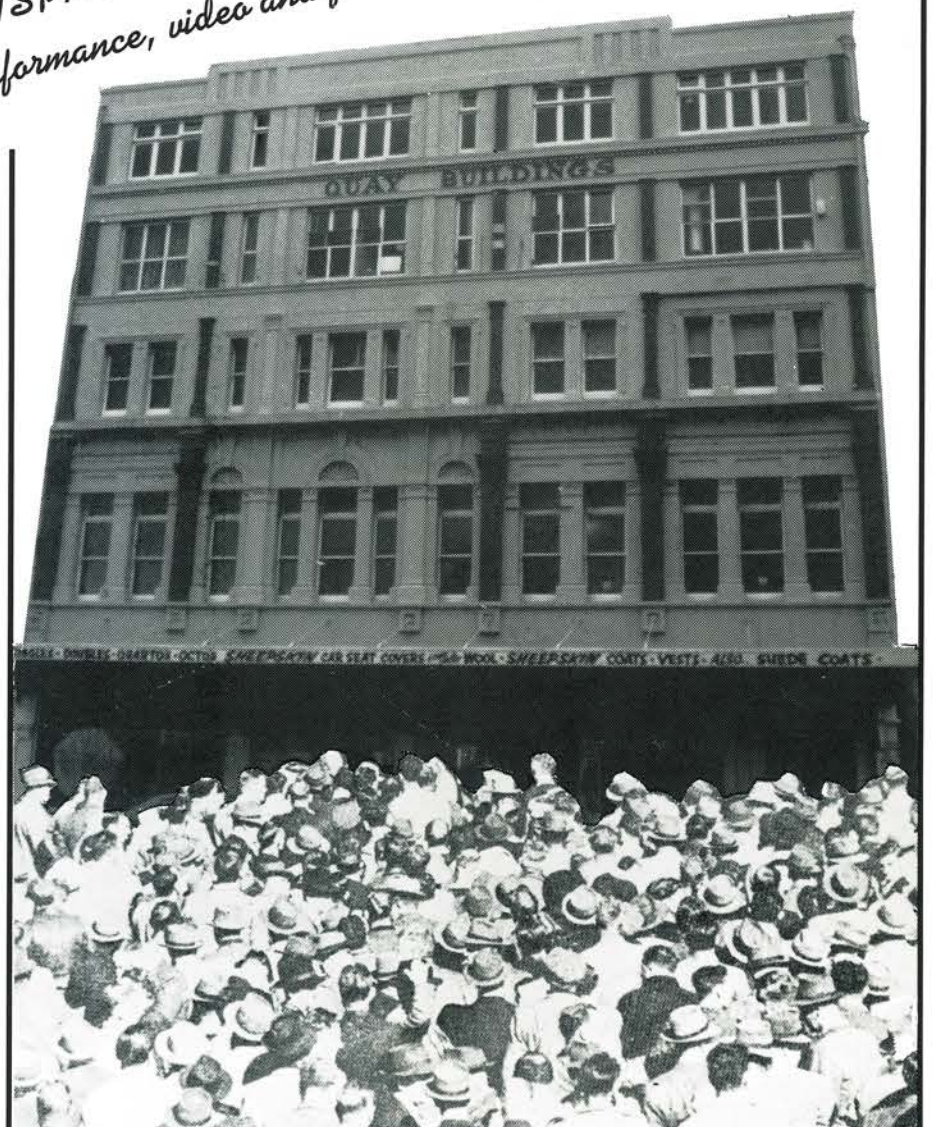
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**I M M U N E**

**ARTISTS' RESPONSES TO AIDS**

**FISHER GALLERY**

Pakuranga, Manukau City

Aotearoa New Zealand

Dedicated to David  
and all those lost to aids

Gallery curator: Louis Johnston  
Project manager: Lennid Taku  
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Cover: Tim McDowell *Senses*

The hegemony of vision is further challenged by a queing of other senses – eg. an etching of the author's finger print (a sign of touch) burnt/projected onto selected surfaces. This also recognises the inevitable projection of the author's biases and prejudices.

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## CONTENTS

1	<b>FOREWORD</b> Warren Lindberg
3	<b>INTRODUCTION</b> Louis Johnston
6	<b>AIDS, ART AND SOCIETY</b> Tim Walker
9	<b>PERFORMANCE</b> Nigel Gearing
12	<b>A DEATH IN THE FAMILY</b> John Carbutt
14	<b>LITERARY AIDS</b> Michael Byrne
28	<b>ARTISTS' STATEMENTS AND PHOTOGRAPHS OF WORKS</b>
36	<b>QUEER CULTURE AND AIDS</b> Rex Pilgrim
38	<b>THE NEW ZEALAND QUILT PROJECT</b> Darren Horn
40	<b>THE BODY POSITIVE ART GROUP</b> Jonathan Else
41	<b>NZAF SAFE SEX POSTERS</b> Reece Meredith
42	<b>TIMELINE</b>
44	<b>PAGWORKS CATALOGUE/CONTACTS</b>

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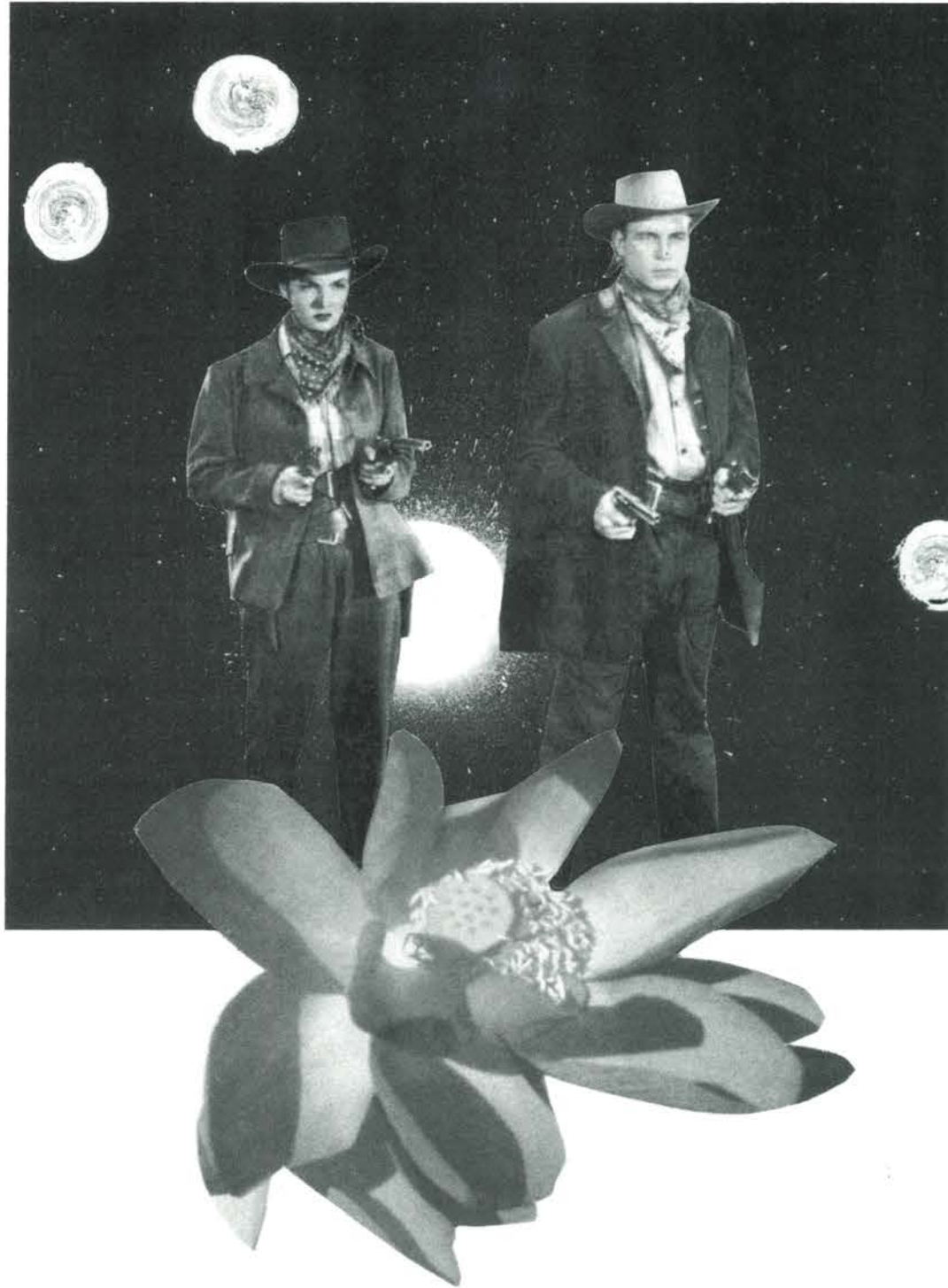
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Louis Johnston  
Curator  
Fisher Gallery



# foreword

Warren Lindberg  
Director, New Zealand Aids Foundation

In 1981 the aids epidemic burst into our newspapers and our consciousness as the 'mystery killer disease'. Eleven years later it continues to evoke powerful fears, suspicion and, often, anger.

In this time there have been thousands of deaths around the world – 245 known to have died in New Zealand – and millions of dollars spent on medical research. A whole industry has grown up to provide information, educational programmes, and community care. Whereas in the early eighties, anyone who cared for a person with aids was a hero akin to the missionaries who once worked in the leper colonies, now caring for people with aids is commonplace.

On the whole, I think New Zealanders are compassionate people. In a 1988 Health Department survey, most people said that if they knew someone with aids they would want to do their best to help. Only eleven percent said that they would be disgusted. Most New Zealanders living with aids are cared for by their families. We do not find, as you do in New York, people dying from aids in the subway. And yet, this year, in Taranaki, I met nurses who believe that they have the right not to provide care for a person with aids because they don't approve of the 'lifestyle' that led to the infection. I wonder if they apply the same criterion to people whose illness is the result of affluence?

Thinking and acting are only loosely connected. But if we want to make our response to aids intentional rather than accidental, then we need to become more aware of the metaphors through which we construct the epidemic and the people it consumes.

The propaganda of aids prevention often evokes the 'disease' metaphor and its associated ideas: dirt and germs, contagion and death, the Grim Reaper. This imagery turns individuals into ciphers – 'victim', 'carrier', 'risk group': the faceless and nameless of the 'out-of-control iceberg'; those who live a life of 'Russian Roulette'. With this conflation of disease and the people who suffer it, it is hardly surprising that nurses are confused about a condition that brings them face to face with vice in human form – the stereotypes and skeletons of homosexuality, prostitution, and injecting drug use – variously defined by our culture as sin, crime, and mental illness.

The disease metaphor also evokes images of surgical intervention of the 'If thy right hand offend thee cut it off'

variety. Thus the urge to solve problems with coercion is acted out from time to time by the social hygienists, who want to trace contacts, round up carriers, and quarantine victims, as they did (to no avail) in response to syphilis during the First World War.

In her 1988 essay, *Aids and its Metaphors*, Susan Sontag urges us to retire the other very popular war metaphor, on the grounds that 'We are not being invaded. The body is not a battlefield. The ill are neither avoidable casualties nor the enemy. We – medicine, society – are not authorised to fight back by any means whatever... About that metaphor... I would say... give it back to the military.'

But more young Americans have died of aids than died in the Vietnam War. For those of us closely involved, one never knows who will be next, our efforts are never enough, and others seem to control the resources. The Pentagon spends more in one day than the US government spent on aids research and education in the first five years of the epidemic.

If we are to achieve a compassionate response to aids in New Zealand, we need to reconsider the metaphors that inform our actions. As a community we need to exorcise the image of people with aids as 'Other'. We need instead a genuine partnership between science and art, medical profession and community, men and women, gay and straight, Maori and Pakeha, to care for the people affected and to confront the long-standing underlying problems that give rise to risk behaviour.

On behalf of the New Zealand Aids Foundation I take this opportunity to thank the artists who, by contributing to this exhibition, are contributing to the way we think, feel and act in response to aids. And I thank the Fisher Gallery for its initiative, courage, and commitment in putting it together. A lot of work has gone into bringing together the disparate elements of science, medicine, education, community activism, and the arts. I believe that the collective impact of these individual perspectives will help us to understand that we are all implicated, and none of us is immune.



PHOTO :

ZUSTERS .

" We all have AIDS ! As AIDS is here it belongs to us all and it is not just the problem of those experiencing the symptoms of it . " Richard Clayton Dec 1989 .



# introduction

Louis Johnston

*Implicated and Immune: Artists' Responses to Aids* is one of the most ambitious projects that the Fisher Gallery has undertaken within its short history. One of the many roles of a gallery in the community is to reflect artistic, social and political change. The exhibition and this publication are a culmination of an exploration by artists and writers of the impact of aids in our society.

There has been a virtual absence of exhibitions in public galleries or museums in Aotearoa New Zealand that have sought contributions by artists on this issue.<sup>1</sup> As an isolated event, AIDS NOW at the Dowse Art Museum addressed aids education in a didactic manner.<sup>2</sup> While there has been a continuing and popular awareness relating to such political issues as the environment, nuclear energy, gender and race in Aotearoa New Zealand, few artists have actively tackled the policies, mythologies and issues relating to aids. So, one of the motivating factors in initiating *Implicated and Immune* was to ascertain how artists and writers would respond.

Aids is not just a sexually transmitted disease that has no known cure. Rather it is an epidemic, a movement, a friend's death.<sup>3</sup> How an individual comes to understand the effect of aids is through a variety of information, images and interpretations. For many people it has come to mean fear, anger, suspicion and confusion. Encounters with aids have remained removed from close proximity or have been experienced in a reflected way, through the media. While there may be criticism of government or health agencies to respond to the impact of aids, there has been little involvement by artists and writers to articulate the signs of the disease, as it spreads into our collective subconscious.

An initial assumption can be made that the nature of a gallery is to collect things from society and make them available to people in an environment of equality that dissolves differences and brings together diversity. A further assumption can be made that an arts audience is more receptive within the confines of a gallery. It is only within these sheltered, but perhaps still isolated venues of theatre, dance, fiction, and art, that stories surrounding aids have been and can continue to be told.

Galleries and museums must remain as forums for artistic debate by artists on a broad range of social issues. In conservative times, institutions must also recognise that risks need to be taken by challenging larger social issues. This would not be to cause controversy intentionally but would rather show an appreciation for and reflect a diversity of opinion.

Those who view *Implicated and Immune* will be receptive to these conditions. Unlike dominant museum practice which consciously segregates and defines particular audiences for a particular cultural or promotional event, no specific audience has been defined for this exhibition. The underlying condition of this exhibition is to provide the circumstances for artistic discourse to occur. No audience is excluded. One audience will implicitly learn and share from another.

In many ways, because of the apparent scarcity of previous artistic responses in Aotearoa New Zealand, this exhibition had to provoke a response for cultural activism from the artists approached. The insularity of the art-world has refused to address or become involved in cultural activism or aim to promote survival, the reduction of stigma or the demystification of aids. There has been little activity by those who perceive themselves risk-free.

Participants were chosen in order to represent a wide spectrum of artistic response. This was considered in terms of media, with reference to past exhibition work, and the consideration of how various sections of the artistic community and the public would respond to such a selection. Part of the consideration was given to those artists that had specific stakes in the issues and not only those that were perhaps worthy or obligatory. The debate relies on the differences to be acknowledged and confronted; not to make them invisible and therefore pretend they don't exist. But the effects or the impact of aids must be represented by the wider cultural context in which we live and for which we must all take responsibility.

*Implicated and Immune* presents works by a range of artists. It makes no attempt to be either definitive or to articulate specific positions. Predominantly, this issue centred on the inclusion of gay and straight artists; whether or not sexual orientation established inclusion; in what proportion this could occur; or whether – by including a larger proportion of gay artists – the myth that aids is a gay disease would be reinforced and thus increase the existing sense of marginalisation.<sup>4</sup> The determining factor became the outcome of the works by the artists and how they could speak to the widest possible audience, given their diverse backgrounds. This is an exhibition about artists' responses to aids. *Implicated and Immune* began and continues with this motivating force.

Through a series of informal discussions, the Gallery brought together aids agencies and the participating artists. This process was primarily an introduction to share and address ideas in a collective way. The crossovers and discussions that resulted were beneficial; articulating feelings and fears and a consensus for action. The exhibition was to be the principal outcome from this process, but additionally the discussions cemented a cohesiveness of thought to positively address responses to identifiable issues. There was no intention to develop a single voice to represent any single interest group.

The work in *Implicated and Immune* therefore continued to present a wide range of expression. This could reinforce such crossovers by inclusion of gender, sexual orientation, race and artistic background. In deciding on a non-interventionist approach it was acknowledged that not everyone would agree with this view. This however provided a platform for debate on what at once liberates mythologies but also harnesses them within a gallery. Each of the contributors was ensured the right to be heard in order to maintain the validity of this stance.

However, that said, one of the most consistent conclusions to emerge from overseas exhibitions and writings on art and aids is that any cultural activity relating to aids will vary from country

**Get the facts**  
**Educate others**  
**Show you care**  
**Contribute financially**  
**Speak out**  
**Fight prejudice**  
**Protect yourself**  
**Respect others**  
**Remember<sup>9</sup>**

to country and from city to city. Consequently, this exhibition will provide only one possible representation of a response.

Richard Goldstein defined cultural responses as emanating from the causes and the consequences of HIV infection:

'The first, located in the arts, is focused on people with aids, portraying them with a nuanced complexity intended to compensate for social stigma by 'implicating' its audience in the epidemic. The other carries the perspective of the mass media; it presumes to be objective or, in terms of this discussion 'immune'. The mass cultural response is largely concerned with the society surrounding people with aids; the spouse, children, family, friends, and colleagues of the infected.<sup>5</sup>

The words 'implicated' and 'immune' belong to the language of the dominant majority, commandeering a discursive space around aids. This sets up an exclusionary barrier between those that are apparently safe – the immune – and the other – those implicated by aids.

What previous artistic production that has occurred around the issue of aids has largely been limited to those artists closely affected through their own lives or a friend's death. Artmaking practice that has addressed aids has been virtu-

ally invisible in mainstream art. The domain where it has been visible is in popular culture and marketing, in advertisements and television. It has had little in common with contemporary artmaking practice because it returned to conventional figurative forms of the portrait and memorial.

These were archetypes, prefigured by the images created by aids agencies and others and have been used to draw attention to safe sex practice in the form of videos, and ephemeral items such as posters, cards and pamphlets. In terms of audience they are marketed towards specific groups and have been carefully considered in relation to language, its appropriate use, and the distribution strategies established for them.

The historical parameters of the exhibition are introduced and located by Philip Kelly's *Timeline*. Here he documents the progression of aids reportage and imagery in Aotearoa New Zealand since 1982.

One traditional art form that has been re-evaluated is that of the memorial. This is the most direct and practical artistic urge to honour those that have died.<sup>6</sup>

This memorial motif is found in the dedication works of Stephen Lovett's *Wish you were here* and Richard McWhannell's *This man shriven*.

The subject of aids and photography is complex and not without controversy. Few photographers, with the exception of Fiona Clark in her landmark photo-documentary albums in *AIDS NOW*, have reported a face of people living with aids. Here she managed to probe beneath the surface rather than to stress a voyeuristic spectacle. While portraying people living with aids as other than specimens Clark attempted at the same time to document how aids manifests itself physically as well as removing preconceptions – rather than reinforcing stereotypes.

A self consciously subjective analysis of presentation is seen in the work of Jack Body and Fiona Pardington. The status of the artist is willing to be included in the material. Both Body and Pardington have used the male nude to challenge and invert convention. Jack Body's *Figure in darkness* series of cibachrome photographs assert and glorify the male figure. Through this reconstruction, at a time

of loss, the figures identify and liberate a restoration of the ideal. Pleasure and danger in Fiona Pardington's photographic depiction of physical arousal *Relâche* both tantalises and taunts us. But it is a non-performance – the English translation of the title. If Pardington is reviewing sexuality and practice she does so by confronting the sexual on its own terms.

When the 'Black Plague'<sup>7</sup> swept through Europe it was justified as an act of God. A substantial amount of work was commissioned by the church to comprehend that epidemic. This historical decimation also provides an artistic context to identify contemporary artistic production as artists seek some comprehension of the crisis. Lesley Kaiser and John Barnett's framed work *Blind acts of faith/Blind axe of fate* reconstructs images from that period which interpreted the impact of a previous holocaust around the title text. This is contrasted to an LED sign repeating the same title and incorporating quotations from recent discussions with agencies and facts relating to aids awareness.

Richard Killeen's painting *Burial Mound* configures the burial shape in cutouts on the wall. The cutout, as an inherently open form, makes a conceptual shift to practically construct solidity – an object which presents permanence. Thus the black mound is a site for memorial of the dead and a signification of passing. John Reynolds' elegiac *The Cause of the Movement of the Heart* reinforces the conditional functions of the body. His is a drawing on/of the past: a quotation from a chronicle by Leonardo da Vinci. Reynolds reconfirms an historic as well as a visceral continuum.

Malcolm Harrison's *HYGIENICALLY SEALED/LETTING THE SPIRIT GO* questions how assumptions are justified at the same time as contrasting the practical limitations and fragility of the body. He challenges the uncertainty of death but strengthens its transcendence by implying a surety of faith in the face of the unknown. Lily Lai'ita's diptych *Malosi* and *Whakapono* substantiates the continuity of faith and strength contained within people. Even though there may be distance – spiritual or physical – between individuals there is still assurance within these voids for compassion and caring.

Such confidence is also found in Fear Brampton's diorama *Sojourn*. He

constructs a series of images of a lone figure walking through an emptied land. Through the constancy of the land *Sojourn* invariably celebrates this passage towards a destination. In contrast, Jane Zusters' diptych painting *Don't Stop Keep Going* locates aids within a city view. A universal journey, it affirms the progression and continuity of life in spite of aids; in spite of implied caution and risk of any activity. This is Zusters' affirmation for action in time of uncertainty.

In *Cactus Head* and *Cactus Heart*, Paul Rayner uses traditional still life to describe an emotional conflict between thought and desire, restraint and will. *Cactus Head* cautions the mind against the physical dangers of impetuous activity while *Cactus Heart* imagines an ideal – albeit at a distance. This dualism is also articulated in the sculptural work *Touch* by Richard Wearn. Here the unassuming pointed conical form delicately seduces while contrasting its disquieting latent potential to inflict harm. This is an object that must be treated with care.

Lillian Budd's laconic *Aids Bag* iconoclastically usurps the given seriousness of the issue, positing instead a mordant critique of domestic sanctity. Housewives remember: you're soaking in it too!

What role, then, can art play in addressing the aids crisis? Douglas Crimp's remark remains the most pertinent conclusion that 'art does have the power to save lives, and it is this very power that must be recognised, fostered, and supported in every way possible. But if we don't do this, we will have to abandon the idealist conception of art. We don't need a cultural renaissance; we need cultural practices actively participating in the struggle against aids. We don't need to transcend the epidemic; we need to end it.'<sup>8</sup>

**Louis Johnston**  
Curator, Fisher Gallery

1 The major exhibition on aids was AIDS NOW initiated by the Dowse Art Museum in 1989. One earlier exhibition, *Queer Pictures*, dealt with gay and lesbian issues but was not specifically aimed at seeking responses to aids. *The Face of Aids* exhibited during HIV Alive Week at Chiaroscuro Gallery, Parnell, and *Dedication* at Rita Webster Gallery, Parnell in October 1991, were dealer gallery exhibitions. More recently there has been the Hero Art Exhibition coinciding with HERO 2 (1992). These events could be categorised as outside mainstream public gallery exhibition spaces. They have however enabled gay men to declare their artistic, cultural, communal and personal solidarity.

2 Other activities directly associated with galleries have been art auctions. These have been held at Artspace, Auckland, in which artists donated items but did not necessarily produce works relating to aids issues.

3 Meyer, J. 'Aids and Postmodernism', *Arts Magazine*, April 1992, p 65

4 I have used the term 'gay' in this text. 'Queer' has always been a more provocative title. According to the Oxford English Dictionary it means 'strange, odd, eccentric, of questionable character' and thus deprecatory of homosexual men. The word is now being reclaimed by gay activists who are converting the previous accusation into an empowering acknowledgment of status. This use of the term is also beginning to indicate that there is a pluralism within the gay community.

5 Goldstein, Richard 'The Implicated and the Immune: Responses to Aids in the Arts and Popular Culture' from *Disease in our Society*, p 20

6 Straightforward remembrance is made through the depictions in the Quilts Project which are discussed more fully in the essay by Darren Horn. The quilts, evolved from traditional craft practices, suggest comfort, care, community, and continuity. As a response to a social stigma, the group of quilts describes and commemorates individuals into a collective.

7 One of the early descriptions of aids in America was to report its existence as a 'plague'. By 1982, the term 'gay plague' was already connected in the public mind as implicating gay men.

8 Douglas Crimp, 'Aids: Cultural Analysis/Cultural Activism'. *October* 43, p 7

9 Slogans from Day Without Art, A Project of Visual Aids, New York, 1991



## aids, art and society in new zealand

**A**rt is sometimes a communication, to establish oneself, to uncover, declare or recover identity. Sometimes it's a statement, a political point of view; confrontational, inescapable. Sometimes it's no more, no less than a release, a chemical / physical / emotional action or reaction, the clearing of a way through. Sometimes it's a cry of protest, of admonishment, of pain. Sometimes it's a consciously provocative declaration, aimed at unsettling or forcing a re-evaluation of current ideas and understanding. Sometimes it's a singing within, a feeling whole, on the edge of your life, of something new. Sometimes it's pure pleasure, a celebration of the aesthetic, of light, colour and form. Sometimes it's a declaration, the revelation of a deeper than conscious process, offered up for analysis, for clarity. Sometimes it's a joke, a lampoon, a satire. Sometimes it's an exploration of aesthetic principles and philosophical ideas.

It can question and break down laws and rules which have become obstacles. With anything like luck it can elucidate and teach, assert and construct useful new senses of value and meaning. It's an outward expression, a generous act, a making new, a making real. Sometimes it's a projection of the individual, their society; at other times it's a challenge to society and all that it holds dear.

What it is and what it isn't; what it can do and what it can no longer do; how it functions within a world dissolved of simple focus and absolute moral codes – art lies in the centre of dispute, discussion and doubt. While some artists focus on this impasse, others – in different social and cultural 'moments' – continue to search for viable, effective means of constructing statements, in response to the histories they live within. To an extent, this multiplicity of directions leaves the 'art world' in a quandary, perhaps reinforcing the need to choose the 'best' artists and leave out the rest. The traditional avant garde ethos of being 'ahead of the game' has, in some instances at least, made it impossible to negotiate such tricky terrain with any certainty. By being aware of the 'game' and consciously positioning ourselves 'ahead'

of it, we allow ourselves to be determined by or in relation to it. And we bring the game down on top of ourselves, art becomes politically and stylistically mannered, limp. This headlong rush towards a stripped down, self-conscious art has delivered us to a shore where nothing is what it appears to be, where 'value', 'truth' and 'meaning' are uncertain, suspicious qualities, where, in the words of the African-American rock group *Living Colour*, 'everything is possible but nothing is real'. Ironies and distortions abound as art which focuses on this vacuum maintains market and critical centre stage, while statements of others attempting to positively contribute to or construct new cultural and social meaning are often ignored as being too direct, unsophisticated or simple to be taken seriously. To add to the confusion the market, which increasingly plays a part in the definition of 'good' and 'bad' art, is aligned with the market which determines our health policies, our media diet and Government attitudes to the delivery of welfare services. 'Market-driven' in newspeak service-delivery rhetoric is curiously linked with 'letting people decide their own priorities'. Something is wrong somewhere.

'Bertha'. Photo: Hero II Trust



# art

TIM WALKER

6

# S p i r i s

**T**his virus has changed our understanding of life; it has changed our lives. It has brought with it waves of fear and shame, of anger and lives ended too early. It has brought with it the almost palpable presence of death as part of life, written across fate, indiscriminating and unwanted. It has robbed us of friends, lovers and relations; cast its mantle of anxiety over us, changing forever our relationships with ourselves and the vicissitudes of our health. While death can, at times, affirm life, the presence of such widespread infection within gay and other communities around the world has undermined any redeeming sense of equilibrium or justice.

There is no way this virus can be accepted: it can be dealt with and, to an extent, managed (because we have no choice). But its presence is under-

mining, evil; its progress into individual and collective psyche seemingly inexorable.

On top of physical and emotional trauma, affected people – who continue to come largely from communities of gay men and IV drug users – have had to deal with societal judgement; a medieval clamouring, a failure or refusal to understand. Undoubtedly motivated by a fear of the unknown (of the virus, of homosexuality), this lack of outward support, taken together with a misunderstanding of gay life and culture, has removed HIV positive people from the support and sympathy society usually accords its afflicted. We can, as well, only lament and protest the silence of Government and the media (when was the last time any of us saw or read a positive, real, account of a gay man living comfortably, optimistically, healthily with HIV?) Whose interests does this silence protect? It's hard to comprehend.

Yet from these blackest of years has come much to be thankful for. People with the strength of having nothing to lose and of knowing what is valuable, motivated out of their commitment to life, have, individually and collectively, contributed so much. An outpouring of extraordinary energy, courage and love. There is a real need to acknowledge and cherish contributions made by those living with HIV and those living with them. Society's failure to do so unconditionally amounts to an inability to deal with itself, to accept its fragility, its humanity, its vulnerability. And, confronted with that knowledge, it seems inevitable that the only thing which will change that attitude is a deepening of the tragedy – until we, collectively, come to our senses.

The storms of judgement, blame and division need to end, they only fuel the fire. Paradoxically, remarkably, it is within the communities worst affected, those exhausted by the shock of dying and loss, that the storms have abated. Blame and judgement need to be replaced by unconditional love, respect, support and caring; the lesson we all need to learn is that this love is not just for those afflicted, it is for ourselves – it cannot be beyond us.

It is difficult to imagine a phenomenon which more directly calls for the response of artists, writers and all creative people, which more urgently calls for those responses to be educational and affirming. The myriad of new understandings of human life introduced into society by the presence of aids requires identification and expression. In our struggle to declare ourselves against the virus and the general societal silence which accompanies it; in our need to find ways to express ourselves, our love, our anger and our pride, to honour and remember those who have died, aids challenges us. It challenges us to find a means of sharing experiences so that they might empower and inform others; it challenges us to find the strength to give voice to perspectives and cultural ideas previously unheard. It has changed the agenda for art, removed the navel-gazing uncertainty and doubt – there is no place, no time for any of that. The power of people to speak, to express themselves and show their support for others is all that matters in these circumstances.

The response of artists has been definite and increasingly direct and open. From the outset the fact that the virus was centred in communities ostracised from general societal support and understanding has meant that artists have had to fight their own marginalisation – just to get their voices heard, their contributions accepted.

Pioneers such as Peter Wells – whose film *A Death in the Family* appeared in 1986 – the organisers of the ground breaking *Queer Pictures* touring exhibition and all those who organised and contributed to the Dowse Art Museum's AIDS NOW project have made extraordinary, brave contributions. And the achievements of these and other individuals have paid dividends, creating a more open and accepting audience for those who have followed – as evidenced by the current exhibition and the well deserved accolades for Wells' 1992 book of short stories, *Dangerous Desires*. But, as *Implicated and Immune* may well prove, we are not out of the woods yet.

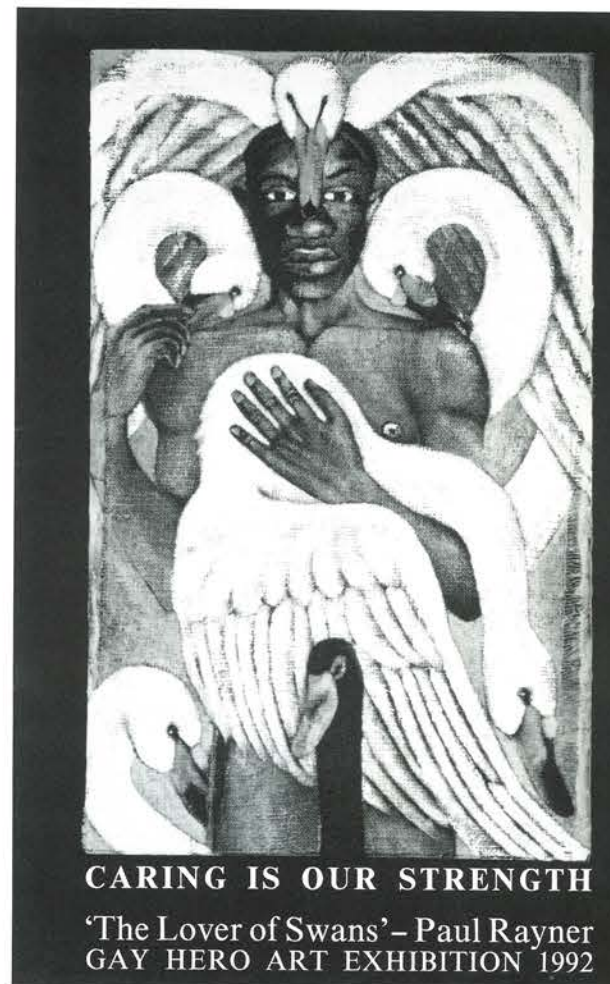
More than this, however, aids has seen an increase in the number and range of community art projects; has led many to new uses of art practice – to heal, to build self knowledge and esteem. Through projects such as the Quilt Project, the HERO and DEVOTION parties and the extraordinary 1992 candlelight memorial in Wellington, the power of 'art' to bind people together, to facilitate the expression of grief, of pride and support in the face of adversity has been re-asserted, rediscovered. In some cases doctors working with HIV positive patients have begun to use art as a means of analysis and healing, the Auckland *Body Positive* group exhorts others to 'express yourself' – to build and rekindle energies and esteem.

This renegotiation of collective art projects brings with it an understanding of the truly radical role and nature of art too often diminished and lost sight of. It brings with it, as well, a renewal of the relationship which exists between art and the community it grows from and refers to. In other contexts such a reminder may, perhaps, be resisted or mistrusted; here, however, it is to be celebrated. When there's so much against us, we just have to emphasise and be grateful for the positive.

**Tim Walker**  
**Senior Collection Curator (Art)**  
**Museum of New Zealand**  
**Te Papa Tongarewa**

*He aha te mea nui?*  
*he tangata, he tangata, he tangata.*

*What's the most important thing?*  
*It's people, it's people, it's people.*



Poster by Paul Rayner

he would call them: and whatsoever Adam called every living creature, that was the name thereof.

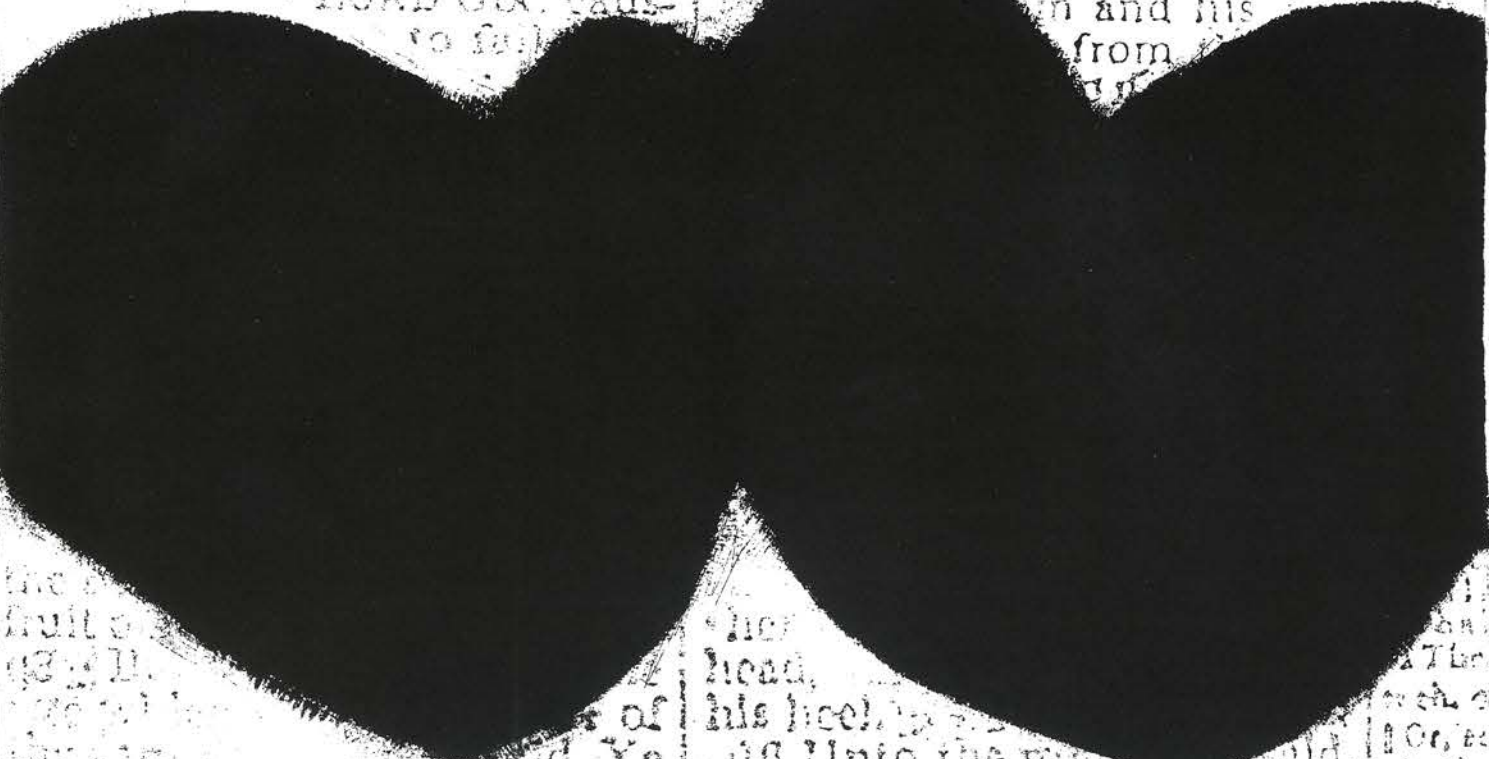
20 And Adam gave names to all cattle, and to the fowl of the air, and to every beast of the field; but for Adam there was not found an help meet for him.

21 The Lord God caused a deep sleep to fall upon Adam, and he took one of his ribs, and closed up the flesh again.

her husband with her, as he did eat.

7 And the eyes of them both were opened, and they knew that they were naked: and they sewed fig leaves together, and made themselves aprons.

8 And they heard the voice of the Lord God walking in the garden in the cool of the day: and Adam hid himself from the Lord God.



the fruit of the tree of life.

19 And the serpent said unto the woman, Ye shall not surely die.

20 For God doth know that in the day ye eat thereof, then your eyes shall be opened, and ye shall be as gods, knowing good and evil.

21 And when the woman saw that the tree was good for food, and that she might be as gods, she took of the fruit thereof, and she gave also unto Adam her husband, and he did eat.

his heel.

23 Unto the woman she said, I will greatly multiply thy sorrow and thy conception;

in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee, as the Lord God doth rule over Adam, whom he hath created.

27 And unto Adam he said, Because thou hast hearkened unto the voice of thy wife, and hast eaten of the tree, of which I commanded thee, saying, Thou shalt not eat of it: cursed is the ground because of thee, which shall bring forth thorns and thistles.

28 And Adam shall eat of the dust of the ground, and his wife shall bring forth children unto him, as the serpent hath done, for thou art like the serpent.

# Performance

NIGEL GEARING

Performance art, like any art form provides social and political expression. It entertains, enlightens and in response to the aids crisis, saves lives by raising awareness and money to support and educate.

The biggest dance party in New Zealand's history was held on Anniversary weekend in Auckland on Princes Wharf. Overnight the 4,000 strong crowd raised \$56,000 – to be divided between aids prevention and aids support groups in Auckland.

HERO 2 was the culmination of hours and hours of hard graft, the presentation of a mythical journey of gay discovery, struggle and victory. Similar events were staged at Easter in Wellington (DEVOTION) and in Auckland a year before in a disused railway shed.

The HERO 2 extravaganza began with a Maori opening, representing the tangata whenua led by entertainer Neil Gudsell's troupe and led on by San Francisco performer Keith Hennessey.

Neil Gudsell's support for the aids crisis has taken him into secondary schools spreading the safe sex message and on stage nationally as Mika in *Juiced*, flinging condoms on his startled audience. Neil's message has this year travelled to America and Europe – the finale of his tour being a 2am performance at a Barcelona fringe festival – part of the Olympic Games celebration.

The man hired to put together HERO 2 was Warwick Broadhead, a stage director with 20 years experience. Although he had been nervous about presenting his work 'to a largely gay audience because of the particular gay sensitivity,' preparation for the show and warehouse refurbishment took place in less than three weeks and when presented it was a visual masterpiece. Almost all those involved worked voluntarily. People were recruited through advertising at gay venues and on gay radio. Word spread quickly through the community.

HERO 2 highlight was a masterful performance by Wellington-based choreographer, Michael Parmenter, defying the 1989 HIV positive diagnosis which gave him a few months to live. Often suspended high above the warehouse

audience, he had the support of 150 people on his journey as a hero.

The mythical journey was conceived by Rex Halliday, the Prevention Projects Co-ordinator for the New Zealand Aids Foundation.

Said Warwick Broadhead: 'Mike was the natural selection and I loved working with him'. This was not his first aids associated project. Of his costumes for Michael Parmenter's show presented to the 1990 Festival of the Arts in Wellington it was said, 'some of the pieces in his show could be viewed as being about aids'.

Michael Parmenter's work, like his life, is about metamorphosis and transformation. *The Race*, a full length dance being his response to *Awakenings* by Oliver Sax, presented an imaginary society experiencing division, struggling to come to terms with this and to restore stability. In July he dedicated *Allergies*, performed with the Royal New Zealand Ballet, to his friend Paul Noble, whose attitude to his own diagnosis was so positive. 'Recently diagnosed myself, I hadn't had much experience with dying men before. We just sat and watched some silly cartoons on TV and talked about a holiday I was planning. He lived his life fully and there were no regrets. He will be a hero to me for a very long time.'

In 1991 the Douglas Wright Dance Company did a dress rehearsal of *As It Is* to a sold out Aids Foundation Benefit concert in Auckland University's Maidment Theatre. Said

Douglas's manager Carla van Zont: 'The show toured nationally and the response from the benefit audience was fantastic' – a nice way to start a tour by New Zealand's best known choreographer. The theme was about life and its cycles and in Douglas's own words, 'the things we formed are what you see. Where you see it from must be your own discovery.'

Although unheard of a decade ago, aids is becoming one of the most widely dramatised of all modern occurrences. And whereas it took writers many years to respond to their experiences in Vietnam, the aids crisis has been chronicled in theatre almost from its beginnings.

The most famous of the so-called aids plays is undoubtedly *As Is* (1985). It tells the story of a man's lover, family and friends responding to his diagnosis. Written by Lillian Hoffman, *As Is* was staged in Auckland by Theatre Corporate and in Wellington at the Circa Theatre.

The play has a hard-hitting theme and is written accordingly. It explores the bewilderment caused by the initial appearance of the disease and the confusion surrounding its transmission. In doing so it was able to chart the histories of the two men and to encapsulate a history of the New York gay community.

From the days of heady sex and promiscuity, Rich, played by John Brazier, moved into a more permanent relationship with his supportive, but worried Jewish lover, Soul (Lloyd Scott).

The Race (Michael Parmenter) Photo: Sarah Hunter





Neil Gudsell at the Wellington Arts Festival 1992 Rep Theatre Show. Photo: Sarah Hunter

As Maurice Wodder wrote in *Pink Triangle* 'a sizeable house at Circa was good to see. Whatever discomfort the predominantly straight audience experienced was relieved whenever an overtly camp character made an appearance. This did nothing to detract from the emotionally charged scenes which provide the conclusion to this well-crafted play'.

*The Normal Heart* by Larry Kramer was first staged in New Zealand in Auckland at the Gods Mini Theatre. In July this year it was produced by the Hagley Theatre Company in Christchurch.

The play follows the efforts of Neal Weeks, as his friends become ill and die. It charts his attempts to break through the conspiracy of silence, indifference and hostility surrounding the disease, and to gain recognition for the seriousness of aids. The two other main characters are Neal's lover, Felix Turner and Dr Emma Brookner, who fought to establish the USA's first aids clinics and who was instrumental in bringing the disease to the attention of the authorities. At the centre of these public battles to get aids noticed is the love story between Neal and Felix.

Sam Beveridge who directed the Christchurch production said he was determined to mount this production 'because we can't continue to bury our heads in the sand over aids.'

But the most prolific showcase is Auckland's Galaxy Theatre, this year staging four shows with relevance to the aids crisis beginning with *Sacred Boy* from Keith Hennessey, who was flown out from San Francisco for HERO 2 Week. To primal choreography that could have been set 500 years ago, Keith acted out his visual prose to musical accompaniment.

The *Sacred Boy* which included nudity, explored a vast range of issues from love, aids, anarchism, sexual, spiritual and cultural repression, to family and state dysfunction, forgiveness, the men's movement, cross-dressing, faith and even the gods.

Two months later audiences were treated to a double bill from Canadian and New York performers who were in Auckland to attend the HIV/aids Conference at the invitation of Te Roopu Tautoko Trust.

*Snapshots* was a powerful and tragic drama of two sisters and a brother, Canadian Indians living on a reservation. One sister, the traditional Indian, began the day with gifts to the gods; the other spent her days and nights at the cafe with truckies. Having left for New York the gay brother contracted aids. It is a story of confrontation – with the disease and his sisters.

*Hot and Soft* is a funny, extraordinary and very New York work from Muriel Miguel, a North American Indian lesbian and resident of the Big Apple. She plays the role of Coyote – mythical to the Indian.

*Back to Back* was powerful drama and humour from a North American perspective. Audience response was extremely good, but when Muriel did a special show just for women, the tickets sold out at record pace.

Lyricist-composer Rob Shannon died in September 1991 but his first work as a writer, *Fallen Angels*, following a distinguished career as an actor, gives some powerful insights into the issue of rejection.

The unlikely setting of a treatment centre at Hanmer Springs for drug and alcohol abuse cuts a slice of life out of New Zealand and presents both pain and laughter, as the unholy alliance of 'fallen angels' battle for their lives.

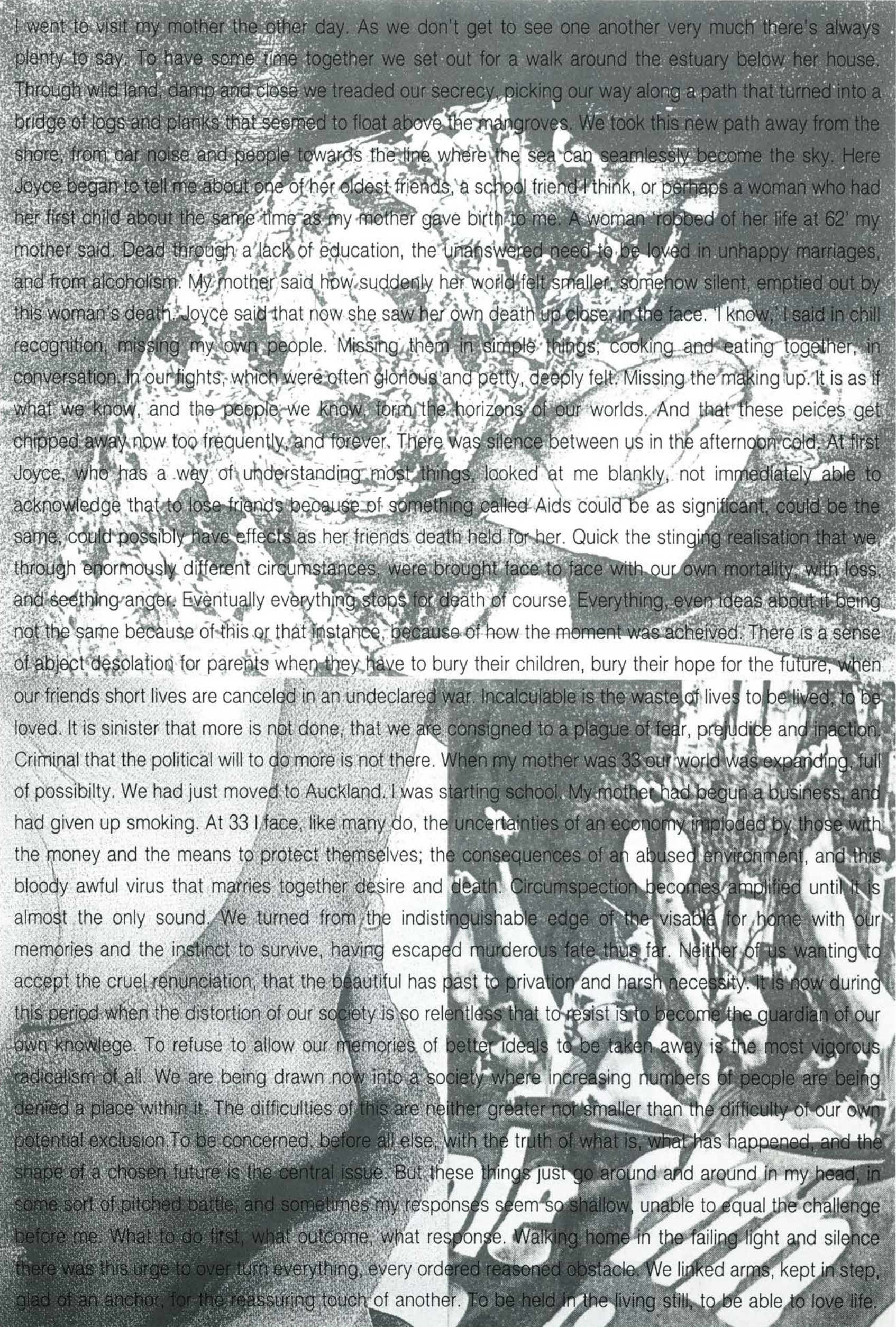
One of the eight characters is Peter, played by Kelly Johnson, best known for his manic performance in *Goodbye Pork Pie*. He is an alcoholic, a gay man who left New Zealand with aids. Rejected by other characters his ally is Grant McFarland who plays the Maori alcoholic. He too feels an alien in his own country.

*Fallen Angels* played its first season from late May to early June this year, and due to public demand a second season in July.

The New Zealand response from the performing arts to the aids crisis has been powerful and varied. It's been rich, educative and has brought people together – it has also raised money to save lives.

**Nigel Gearing**  
Freelance writer  
Auckland





I went to visit my mother the other day. As we don't get to see one another very much there's always plenty to say. To have some time together we set out for a walk around the estuary below her house. Through wild land, damp and close we treaded our secrecy, picking our way along a path that turned into a bridge of logs and planks that seemed to float above the mangroves. We took this new path away from the shore, from car noise and people towards the line where the sea can seamlessly become the sky. Here Joyce began to tell me about one of her oldest friends, a school friend I think, or perhaps a woman who had her first child about the same time as my mother gave birth to me. A woman 'robbed of her life at 62' my mother said. Dead through a lack of education, the unanswered need to be loved in unhappy marriages, and from alcoholism. My mother said how suddenly her world felt smaller, somehow silent, emptied out by this woman's death. Joyce said that now she saw her own death up close, in the face. 'I know,' I said in chill recognition, missing my own people. Missing them in simple things; cooking and eating together, in conversation. In our fights, which were often glorious and petty, deeply felt. Missing the making up. It is as if what we know, and the people we know, form the horizons of our worlds. And that these peices get chipped away now too frequently, and forever. There was silence between us in the afternoon cold. At first Joyce, who has a way of understanding most things, looked at me blankly, not immediately able to acknowledge that to lose friends because of something called Aids could be as significant, could be the same, could possibly have effects as her friends death held for her. Quick the stinging realisation that we, through enormously different circumstances, were brought face to face with our own mortality, with loss, and seething anger. Eventually everything stops for death of course. Everything, even ideas about it being not the same because of this or that instance, because of how the moment was acheived. There is a sense of abject desolation for parents when they have to bury their children, bury their hope for the future, when our friends short lives are canceled in an undeclared war. Incalculable is the waste of lives to be lived, to be loved. It is sinister that more is not done, that we are consigned to a plague of fear, prejudice and inaction. Criminal that the political will to do more is not there. When my mother was 33 our world was expanding, full of possibilty. We had just moved to Auckland. I was starting school. My mother had begun a business, and had given up smoking. At 33 I face, like many do, the uncertainties of an economy imploded by those with the money and the means to protect themselves; the consequences of an abused environment, and this bloody awful virus that marries together desire and death. Circumspection becomes amplified until it is almost the only sound. We turned from the indistinguishable edge of the visable for home with our memories and the instinct to survive, having escaped murderous fate thus far. Neither of us wanting to accept the cruel renunciation, that the beautiful has past to privation and harsh necessity. It is now during this period when the distortion of our society is so relentless that to resist is to become the guardian of our own knowlege. To refuse to allow our memories of better ideals to be taken away is the most vigorous radicalism of all. We are being drawn now into a society where increasing numbers of people are being denied a place within it. The difficulties of this are neither greater nor smaller than the difficulty of our own potential exclusion. To be concerned, before all else, with the truth of what is, what has happened, and the shape of a chosen future is the central issue. But these things just go around and around in my head, in some sort of pitched battle, and sometimes my responses seem so shallow, unable to equal the challenge before me. What to do first, what outcome, what response. Walking home in the failing light and silence there was this urge to over turn everything, every ordered reasoned obstacle. We linked arms, kept in step, glad of an anchor, for the reassuring touch of another. To be held in the living still, to be able to love life.

# a death in the family

John Carbutt

**F**ilm and television are powerful media which reach large audiences. They can either reinforce fearful stereotypes or encourage people to re-think their assumptions. This is especially true when the topic is as emotionally laden as HIV/aids. *A Death in the Family*, directed by Peter Wells and Stewart Main, is a humane drama about a group of people caring for a friend dying of the terminal illness. It confronts our fears about HIV/aids and encourages us to re-examine them. While it uses some documentary methods it is not a cool, clinical, objective medical documentary. It is a study, rich in human details and emotions. Its central concern is aroha. Its presentation is warmly personal and emotional. It is made for a straight as well as a gay audience – inevitably, as television always aims for a large audience. It seeks to demystify public stereotypes about HIV/aids and gay lifestyle.

Simon, Ursula, Pam, Matt, Mark and Paul care for Andrew in a Grey Lynn home where he is dying. When Simon first arrives at the house he avoids drinking a cup of tea offered him and he washes his hands with vigour – two things a newcomer approaching aids might do. But Paul's wink (implying 'Don't worry; everything will be alright; I understand how you feel') and Andrew's unexpected interest in the Ranfurly Shield are wry touches of human interest that help to get the audience involved. The viewer who is nervously approaching the situation of aids can empathise with Simon. The hope is that those fears will fade.

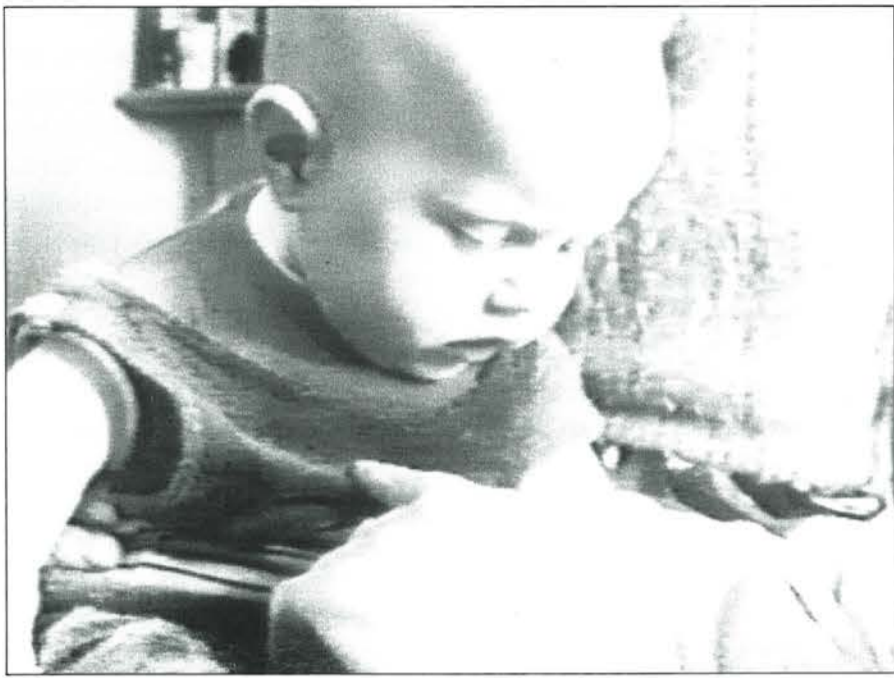
A cosy domestic warmth is established by a shot of Aunty Pam's knitting while chatting with the other caregivers. This familiar domestic reality contrasts with the strangeness, fear and distress of a new terminal disease. The feeling of aroha is reinforced in the scenes of Andrew being showered by his friends. There is a strong sense of pleasure and togetherness in a series of hand-held close-ups. There is no music, only the sound of gently running water. The sequence is neither clinical nor sentimental. There is a feeling of love and respect. Instead of sentimentality there is humour: 'He says he's in a hospital full of drag-queens'. The films of Wells and Main and other New Zealand gay film-makers such as Garth Maxwell are notable for the humour they contain. They challenge the stereotype that gay films must be anguished and turgid – even when dealing with HIV/aids.

In a sequence of Andrew with the doctor and her baby we see more loving care. Ursula gives Andrew a medical examination with one hand and strokes his face with the other. Her approach is personal and emotional rather than coolly clinical. She is a caring person as well as an efficient professional. She sits her baby on Andrew's abdomen. The joyful interplay between the two is a particularly effective detail. If anything is going to demystify aids this scene will.

Along with the warmth and humour there is conflict too. Andrew's biological family – mother, father, brother Cal and sister-in-law Maureen – come to visit him. Their visits are almost a film within a film. The family are conservative farmers from rural New Zealand who had effectively sent Andrew into exile (to Australia) because he was gay. This section of the community had expressed intense opposition to the Homosexual Law Reform Bill being debated at the time the film was being made. At its worst – in the form of politicians such as Norman Jones – this group was a hotbed of bigoted reaction. Wells' initial drafts of the script, which portrayed the family in a more negative way, made the funding bodies unhappy about the 'stereotyping' of the family members, which led him to modify – or was it dilute? – this part of the script. A tricky political issue was involved here. His original portrayal of the family could easily be justified by reference to rural New Zealand attitudes. But, since the film was trying to reach a large audience including many straight viewers, it probably was crucial to portray the family in a more rounded way. Realism is not necessarily the final criterion, since a film is also a form of political and cultural intervention. Decisions have to be made strategically. This is the sort of political complexity that Wells and Main had to deal with as they negotiated with funding bodies and attempted to balance the opinions of those bodies against their own aims. In the final film the family members became more individualised, with a mixture of sympathetic and unsympathetic traits. Straight viewers were now likely to find them limited but credible and even



FILM AND HIV/AIDS IN NEW ZEALAND



to feel sorry for them. Opposition to the Homosexual Law Reform Bill had brought many such people into the public eye – fundamentalist Christians and conservative rural New Zealanders – exposing the depth of fears about gay sexuality and aids.

Even in its less conservative form, the family is clearly contrasted with the support group around Andrew. The gay, urban young men and the straight, farming people are established as two ‘families’ with contrasting commitments and lifestyles. The two groups were even rehearsed separately and did not meet until they encountered each other in the film. One group is shown to have a carefully regulated, uptight, ritualised way of life; the other has a more free-wheeling, relaxed style that incorporates hugs, spontaneity and emotional warmth. Cal dresses formally in a suit, white shirt and tie, has a stiff bearing and is immaculately polite. The ‘boys’ wear casual t-shirts and jeans and are quick to express their emotions physically and verbally. Andrew’s relatives also have strong feelings but they find it hard to express them and fall back on small talk about the weather and their farm: ‘Looks like rain’. Around the ‘boys’ they are on foreign territory and feel ill at ease. Slowly and dramatically they break out of the constraints of their propriety. The mother bursts into tears and hugs each of the boys. Of Andrew’s gayness she confides: ‘Every mother knows her son’. The father cries too while Cal confesses: ‘I said he wasn’t my brother’. These scenes are

powerful yet unlike many television dramas about illness they avoid sentimentality.

This portrayal of family behaviour has some clear implications. Many gay sons, like Andrew, have found their families shocked and unsupportive when they ‘come out of the closet’. The fundamentalist moral condemnation of homosexuality in New Zealand stands in the way of coming to terms with aids. Fundamentalists have sometimes cited aids as God’s way of punishing gays. It is not surprising that the film’s clear critique of such attitudes upset some straight viewers, but many were won over by its sheer warmth and humanity, a sense of aroha overcoming the fear of aids.

A scene where Simon and Matt caress continues the mood of tenderness evident throughout the film. The image of two men kissing was unfamiliar to many straight viewers when screened by TVNZ in 1987. Some viewers were able to empathise with the affection expressed but others were shocked. Hopefully this scene would excite less comment today. It is important to show gay life frankly, with warmth and humour, if stereotypes are to be challenged.

*A Death in the Family* is an impressive work of art. TVNZ found it so realistic they screened it in their Tuesday ‘documentary’ slot! The use of dialogue and music on the soundtrack are spare. Instead of orchestral violins whipping up emotion there is a quiet, contempla-

tive harmonica. It is filmed in flowing panning shots, intercut with extreme close-ups and point-of-view shots. The lighting is rich and dramatic. The narrative is a mixture of centripetal and centrifugal forces – that is, it ‘loosens’ and ‘tightens’. It is sufficiently relaxed to incorporate some breathing spaces, quiet experiences and details, moments of pure immediacy that are not necessarily links in the narrative chain of cause-and-effect. It is a relief to see a film that does not rush along like a rollercoaster. The richness of human detail makes *A Death in the Family* more reminiscent of European films than many television dramas or indeed many New Zealand films. It has a subtlety and a spiritual dimension that recall Fassbinder’s *Querelle* and Carlos Saura’s *Spirit of the Beehive*.

The documentaries about aids shown on New Zealand television have tended to heighten the horror, and thus further stigmatise the illness. They have failed to rid the disease of its connotations of guilt. By contrast, after seeing Wells’ and Main’s film the viewer is better able to put the illness in perspective. *A Death in the Family* also dispels the stereotypes surrounding a gay lifestyle. In terms of the widespread fear of aids, this was the right film in the right place at the right time.

**John Carbutt**  
**Guest Lecturer in English**  
**University of Auckland**



# LITERARY AIDS

Michael Byrne

Statistically the chances of your contracting HIV/aids from having casual sex in the afternoon with a complete stranger are remote. But by the time you have finished reading this article the chances will be less remote and therefore the more probable – a worry, especially if this is how you enjoy your afternoons. On the other hand you may have nothing to worry about. Perhaps the above is true only in so far as you believe what you read and all this talk about aids is nothing more than a carefully crafted literary invention.

Aids is not an invention of course, much less a literary one, but any issue that requires critical understanding does have a lot to do with what we read and believe. Part of the process through which we have come to know about aids is the credibility we extend to what is written on the subject; the suspension of disbelief and the interpretation of statistics into a literate and believable form.

This form has been slowly evolving in (New Zealand) literature for some time now and has recently begun to find a focus in that genre most people like to read: popular fiction. It's ironic then that while statistics do not lie they do tell many tales, so the best way to bring attention to the inherent message that statistics represent is to include them in the form of popular fiction. What we are being asked to believe here, among other things, is that if correctly understood, the disciplines of statistics and literature need not be mutually exclusive.

On the contrary, the two disciplines seem to need each other very much. If statistics are ever to mean anything to us they must become what science once was to fiction: the raw material from which truly great and even prophetic stories emerged. Likewise fiction. That perennial debate about whether the novel is dead is really about how relevant literature is to the important social issues of our time. Literature – and those who practise it – take themselves very seriously (if the amount of money spent on promoting and sponsoring it through the numerous Book Awards is anything to go by), so the idea that it might not be relevant or responsive to the social issues of our time directly challenges the practitioners of what is called 'post-modern' writing.

So what about aids and literature? Let's take the former first. While the percentage of people infected with aids in this country is statistically small – something like 10 per 100,000 as of March this year – what is certain is

that this is an underestimate because not all people who are at risk will have been tested. What statistics also point to is an increase in the cumulative notification of people with aids. This increase has been both annual and cumulative since 1984 so it seems unlikely to diminish in the near future. On the contrary, given the nature of the virus and its ability to spread once established in a culture, it seems more reasonable to expect a sharp, if not dramatic, increase.

What's important for the literary response to aids here is that it should be more than the mere understanding of a virus or the measurement of its behaviour. It should be the interpretation of those things into a plain language so that they are not otherwise abstract and numerical. It's more than that too: plain language is plain so most of us can pick up on the emotional significance of the message. There seems to have been a big gap in the literature about aids between the meaning of the message and the literary means by which it gains the attention of the popular imagination.

If what we know about aids is that it will affect us all one way or another soon and that this knowledge is information based on statistics, why hasn't the issue become enshrined in our culture as one too serious not to be addressed by the literary arts? Why, when the group of people who are perhaps the best equipped to interpret the message to us are our artists and writers, is there apparently so little to see and read at the level of popular imagination?

This is a contentious question because there are those both within the artistic community and outside it who would disagree that too little is being done to get the message across. The point is of course, how best to interpret it. Alan Duff politicised opinion about violence in our community with his novel *Once Were Warriors*. The effect was a little like the late Sir Robert Muldoon's acting (sic) in the *Rocky Horror Picture Show*; the ghoulish realism was so affecting that the appeal was compelling. For those who don't already know it Duff, for all his reactionary attitude and muscular style, socked home the message that we are a very violent society.

There is an interesting parallel here which may help to explain the apparent lack of – or slowly evolving – response to aids in popular literature. To the extent that the warriors of Duff's title were Maori, the author's credentials were politically correct; Duff is part Maori. Does it follow then

that one must be gay, HIV positive or both in order to give a response to aids that transcends the politically correct? With an issue no less threatening than violence in the community, it has so far been left to gay writers to inform the rest of us about this immanent threat.

There would seem to be a cultural bias operating here, one which inhibits the literary response to aids. The bias sees it as reasonable to expect that those most at risk should assume responsibility for writing a bestseller on the subject. Operating the other way the bias allows the larger group of (heterosexual) people to believe that aids is not really their problem. The cultural bias reinforces the old prejudice that associates the victim with the punishment – homosexuality with sex and death via aids.

It may be timely then that Peter Wells' collection of stories, *Dangerous Desires* has scooped up a prestigious award. Transcending the cultural bias at least, the content of Wells' book, for the most part incorporates rather than directly addresses aids. In doing so the author treats the issue as just one human condition among many described in the work.

It is tempting to ask whether the success of this work is the result of literary sponsorship or a reaction against it. Why is it that the marginalised groups in our society (Alan Duff won a similar award last year) must produce writers whose work is exceptional before receiving recognition for their response to important social issues? To be fair, the effect of winning an award does mean that more people will read the books chosen. But what price the double standard? Can we afford a cultural bias which sanctions selective responsibility? Alan Duff and Peter Wells, like Keri Hulme before them, have had to transcend the cultural bias operating against them in order to point it out. They have had to do this on terms not their own but rather have had to become part of the very system which clobbers people for their difference.

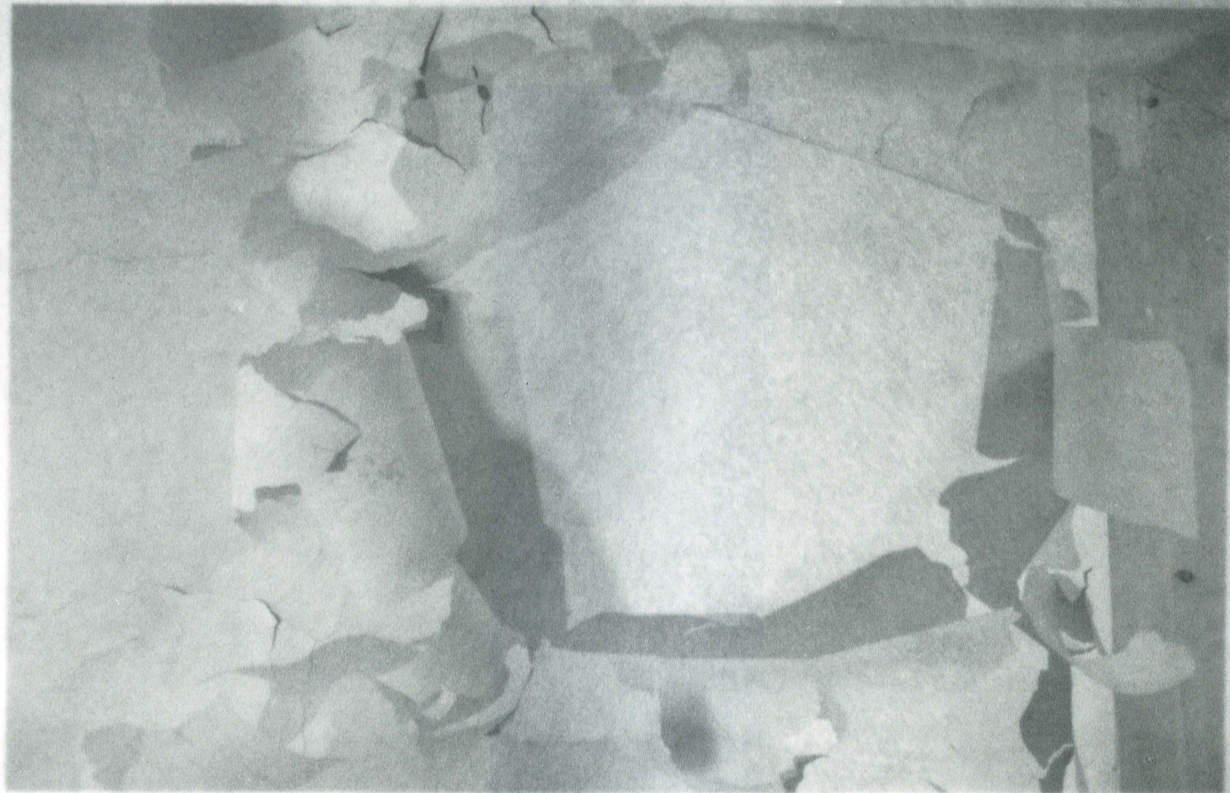
**Michael Byrne**  
**Art Critic**  
**Auckland**



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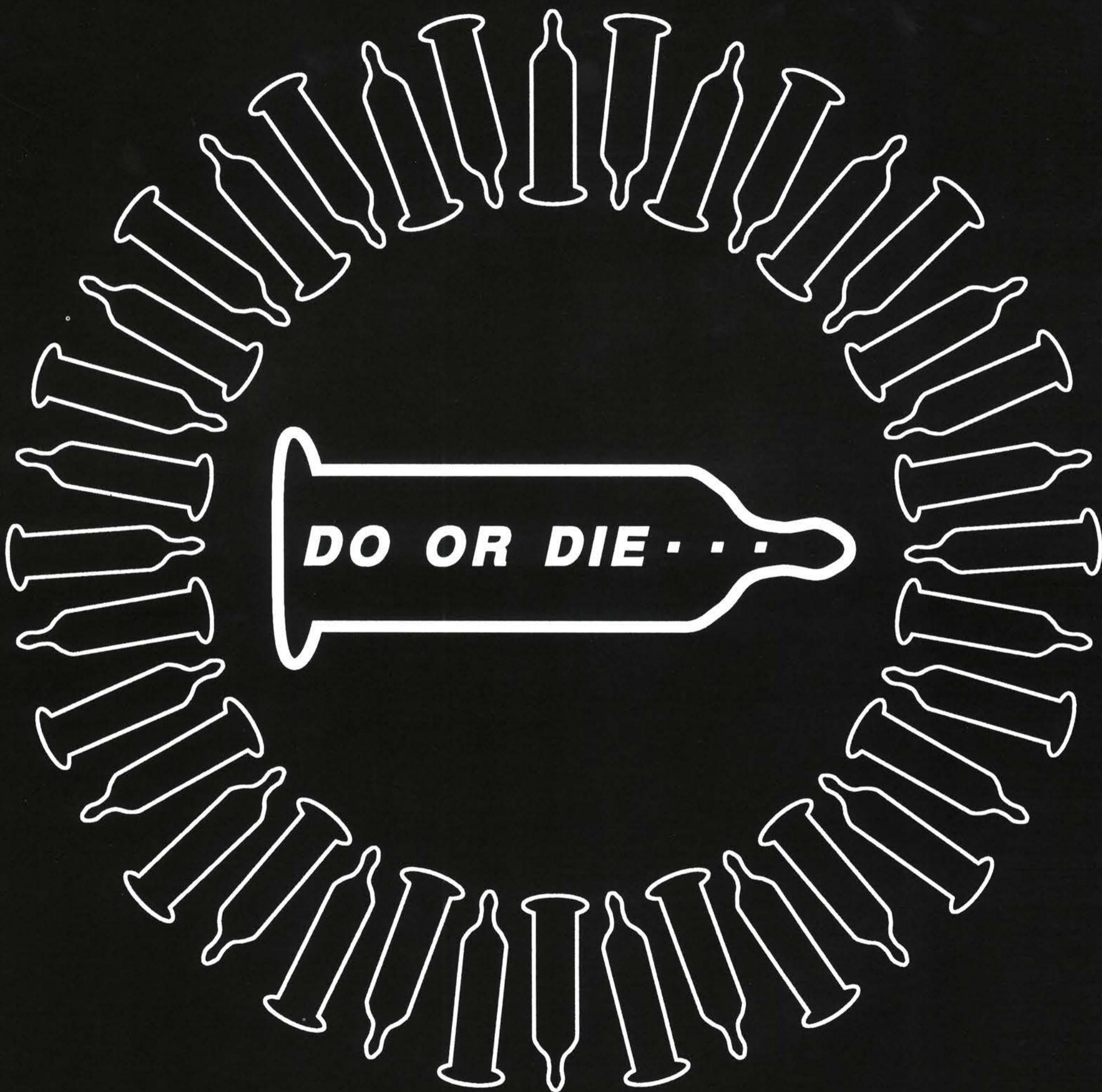
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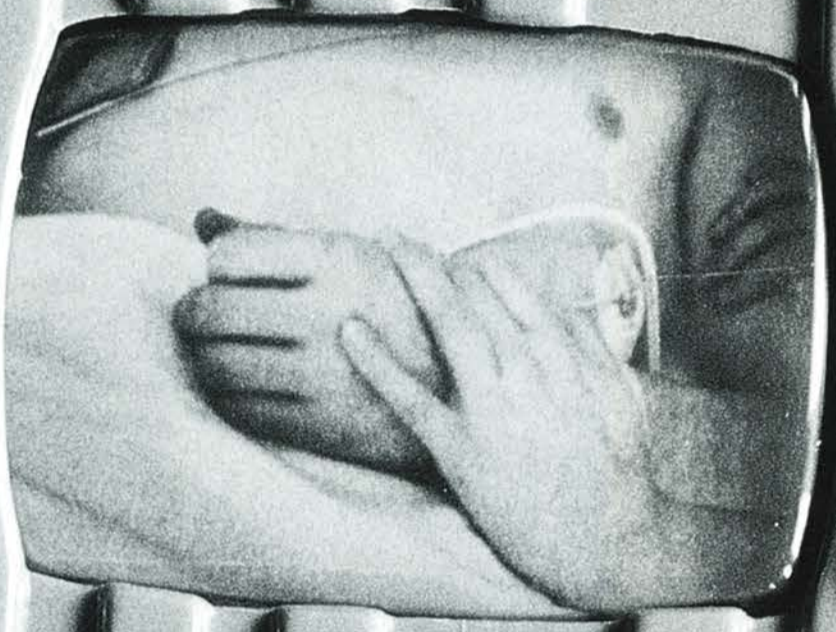
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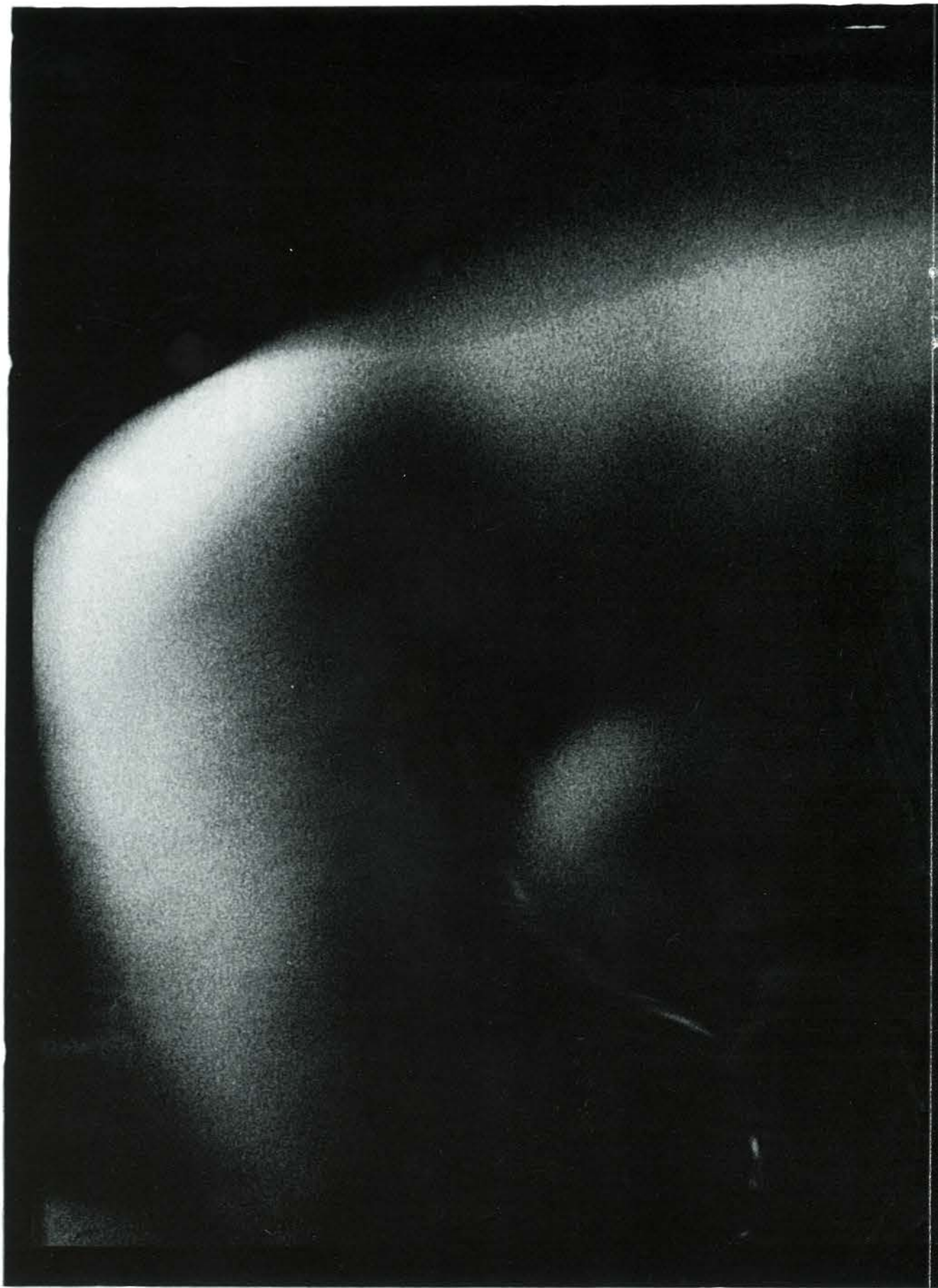





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ADULTS

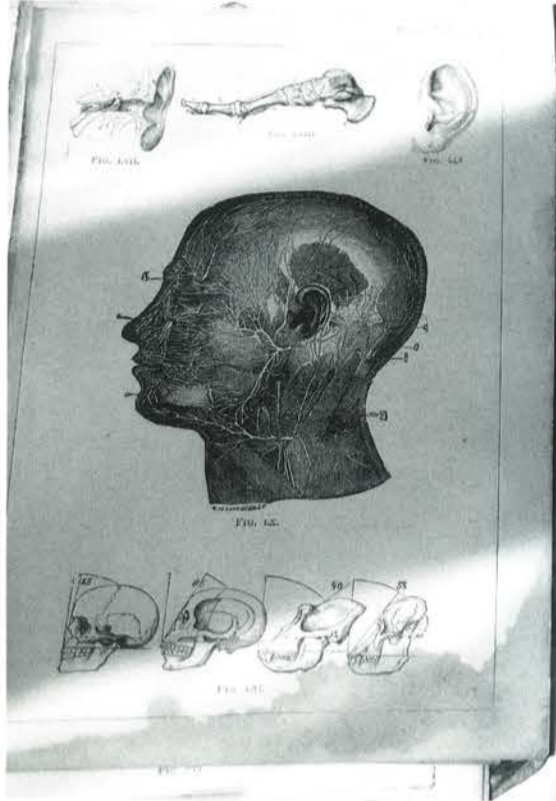


Beginnings & Endings — I used to lust after Thomas, he would arrive at The Empire, he was too good looking for me to ever speak with him. He disappeared for a decade & 1984-85, and it encapsules another age/lifetime for me when the worst I could get from screwing intercourse is not an option for me now. The loss I feel about it still is interwoven with group we gay men were first flexing our collective muscles & pushing back sexual long cock swaying along a hallway towards me & past. When I was seated with a group After we had cleaned his body we filled the room with flowers. Those days we had looked after moment for me. It has come to represent to me the best possible response a group can make unconditionally care for friends, lovers & brothers with AIDS. It speaks highly of us as Of course most people affected by HIV are living with it not dying from more alive. This seems the best possible response an individual can make & this choice response one we have to make individually & as a community if we wish to recreate our



beard full, moustache luxuriant & all eyes would follow him. I was too shy &  
when I saw him again it was to work with him as he neared death.  
of a series I did celebrating the love & intense erotic passion I felt for my lover of that period  
someone without a condom could be fixed by a visit to the S.T.D. clinic. Unprotected anal  
the loss of freedom & limitless possibilities I felt in the '70s & early '80s when as a  
boundaries.  
& my first memory is of him walking naked & handsome (he claimed an affair with Nixon)  
of his friends moments before he died an old man arrived who had been present at his birth.  
him were the most intense I had ever experienced. Our shared love for him heightened every  
when one of its members is facing death. One I have seen repeated many times as gay men  
a community that we can respond to loss with so much love.  
it. Working with AIDS has taught me that facing the possibility of death can force us to become  
is one I see friends take daily to be more alive than they were. This seems ultimately a heroic  
selves in the 90s.

gary locker '92



**EVERYONE SANG**

Everyone suddenly burst out singing;

And I was filled with such delight

As prisoned birds must find in freedom,

Winging wildly across the white

Orchards and dark green fields:

On — on — and out of sight.

Everyone's voice was suddenly lifted;

And beauty came like the setting sun:

My heart was shaken with tears;

And horror

Drifted away... O, but Everyone

was a bird;

And the song was wordless;

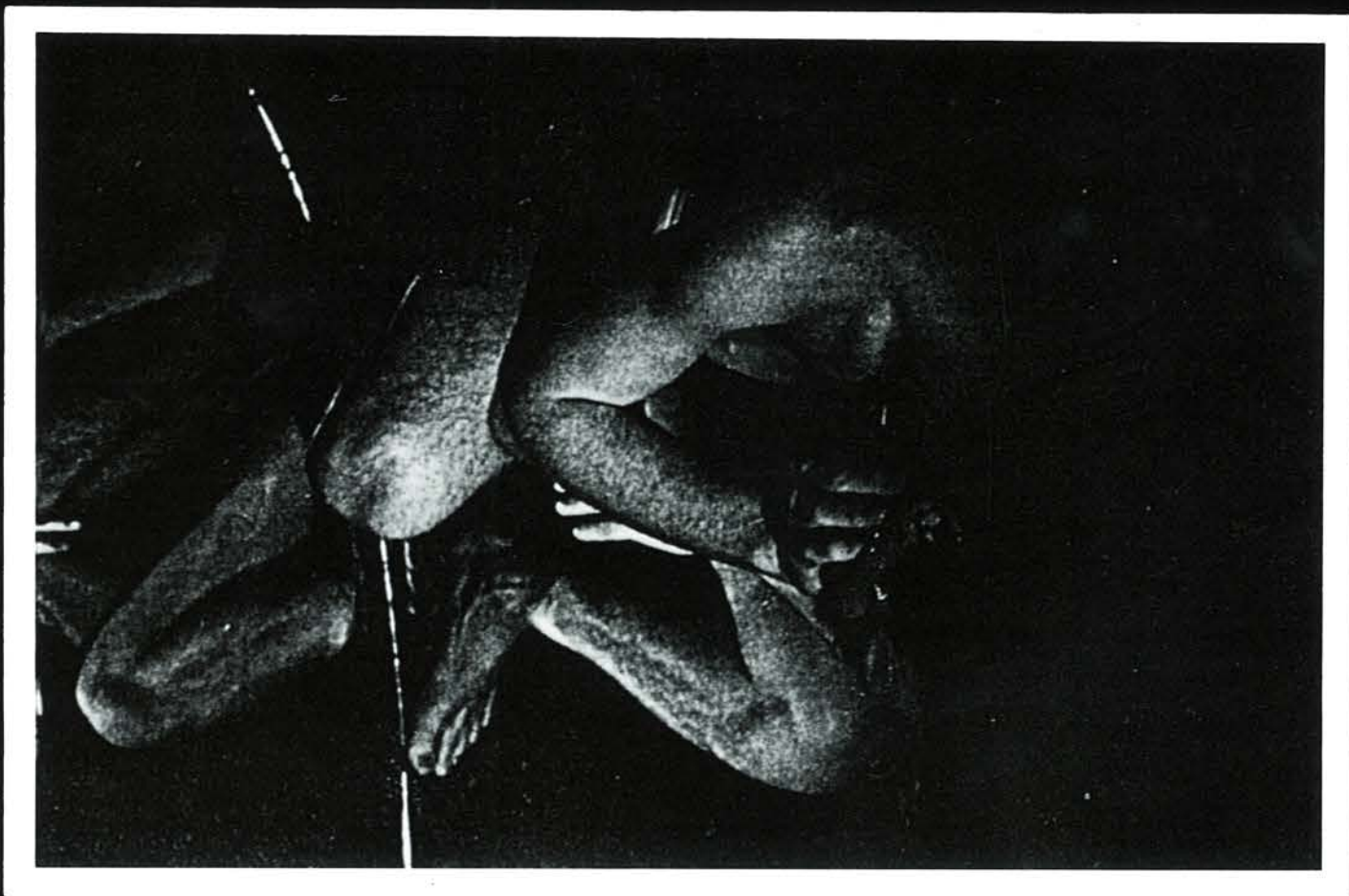
The singing will never be done.

Siegfried Sassoon



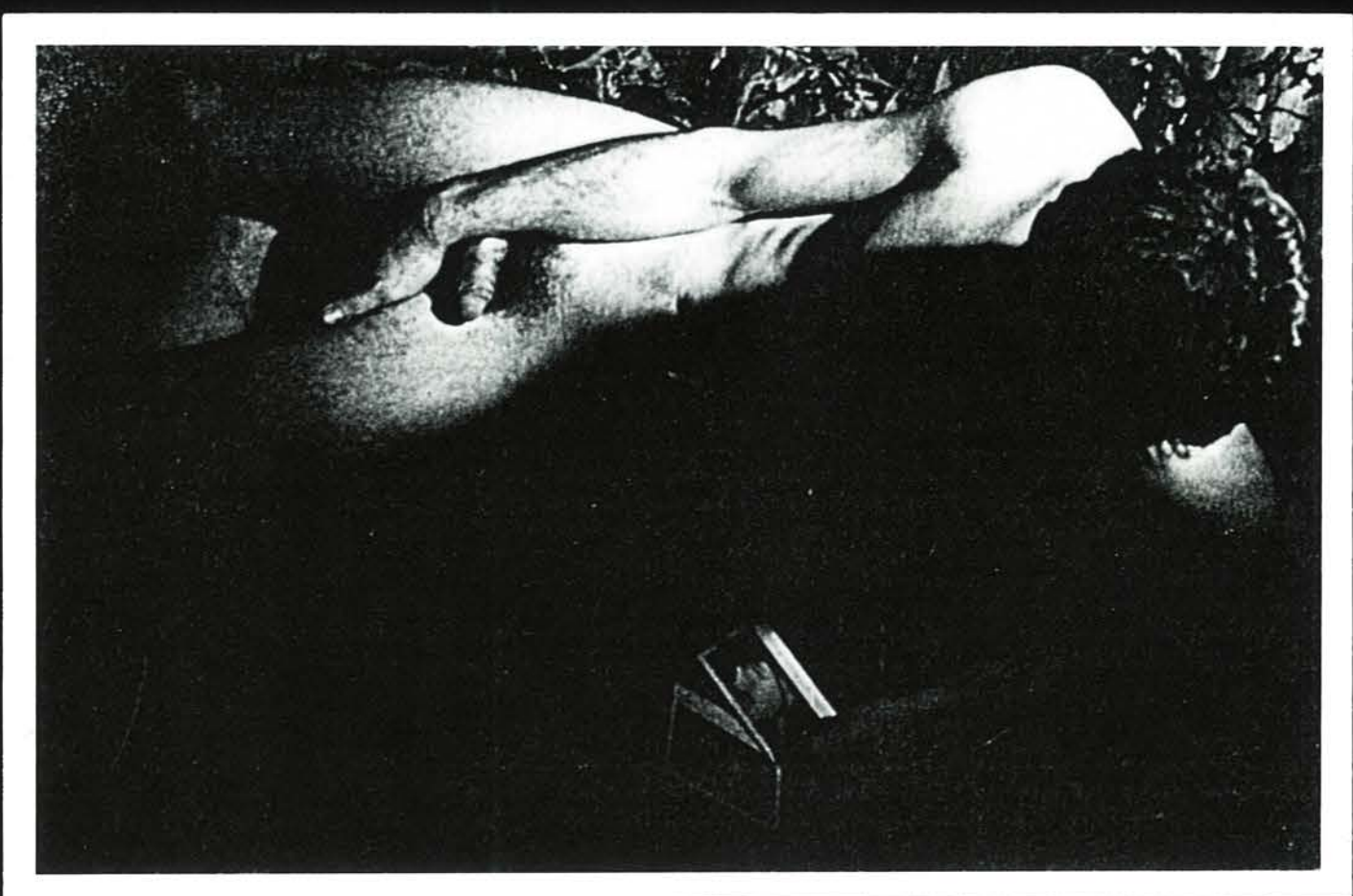
**LOVE**

**YOURSELF**



**PROTECT**

**YOURSELF**



**PRIDE == POWER**

IS COMPASSION  
NOT A COSMIC  
LAW?

• MATTHEW FOX



*Matthew Fox*

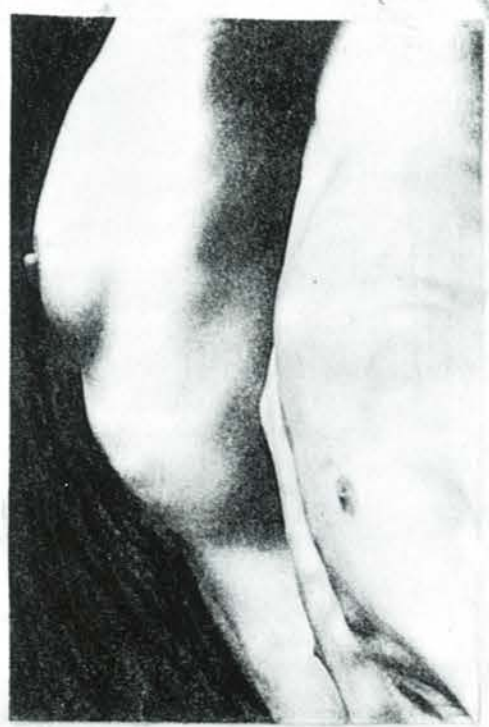
I DIDN'T KNOW TERRY



I DIDN'T KNOW STEVEN

I DIDN'T KNOW

I DIDN'T KNOW



*no i didn't know iosi*



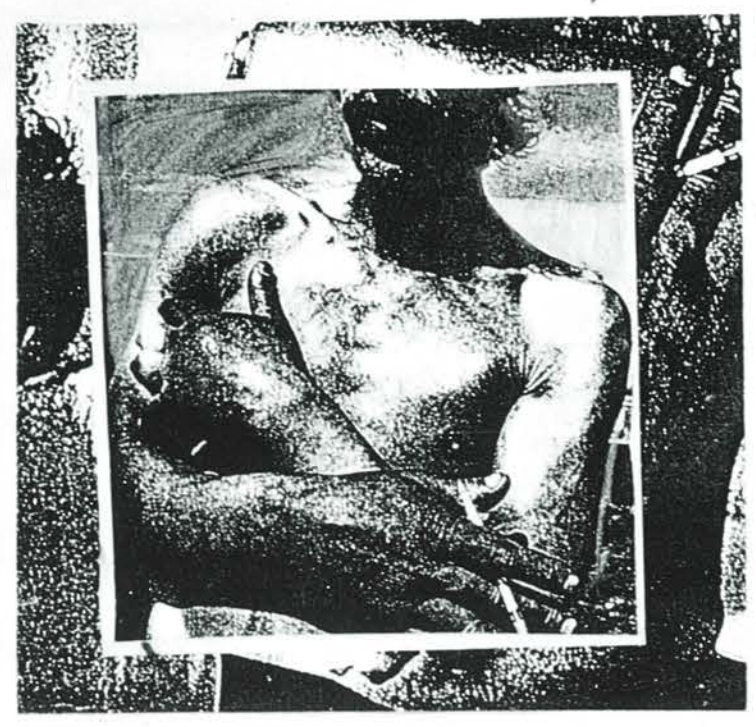
I DIDN'T KNOW KEITH



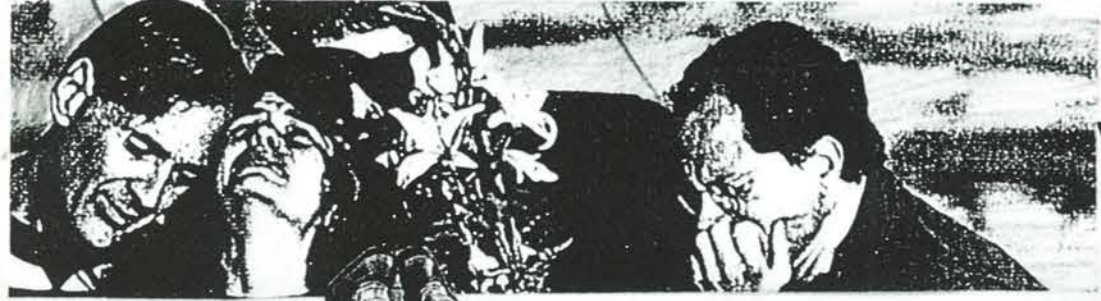
I DIDN'T KNOW SHANNE



I DIDN'T KNOW ALLEN



I DIDN'T KNOW



I DIDN'T KNOW EVE

I DIDN'T KNOW DOUGLAS



I DIDN'T KNOW CHRIS



*Jacob*





# Catalogue

## JACK BODY

*Figure in darkness* 1992

cibachrome photographs,  
series of seven images  
each image 405 x 305 mm

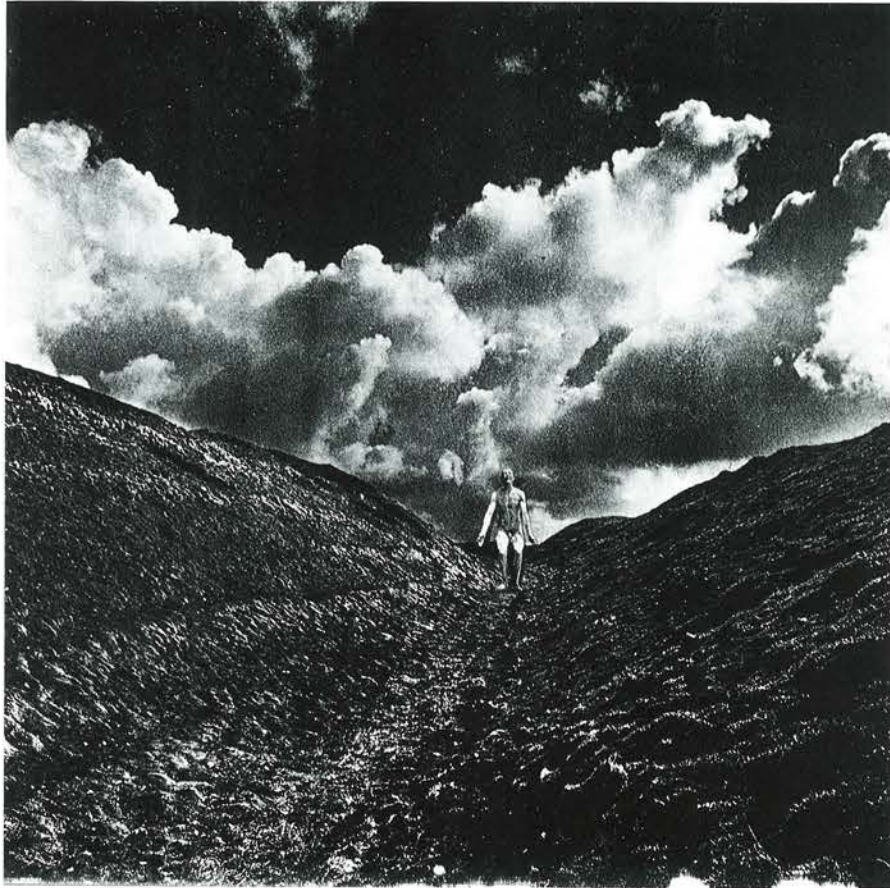
collection of the artist

### Statement

If anything is sacred  
then it is the human body



*Figure in darkness* 1992 (detail)



*Sojourn* 1992 (detail)

## FEAR BRAMPTON

*Sojourn* 1992

mixed media installation  
1220 x 1520 mm

collection of the artist

### Statement

Behind the designation antibody positive and PWA a person is human. For a short while we span time. This is our life's time, our span of being. Meditation and feelings, hopes and portents, loves and lusts, friends and strangers, joy and loss, fears and danger, symbols and meanings – the journey is the measure.



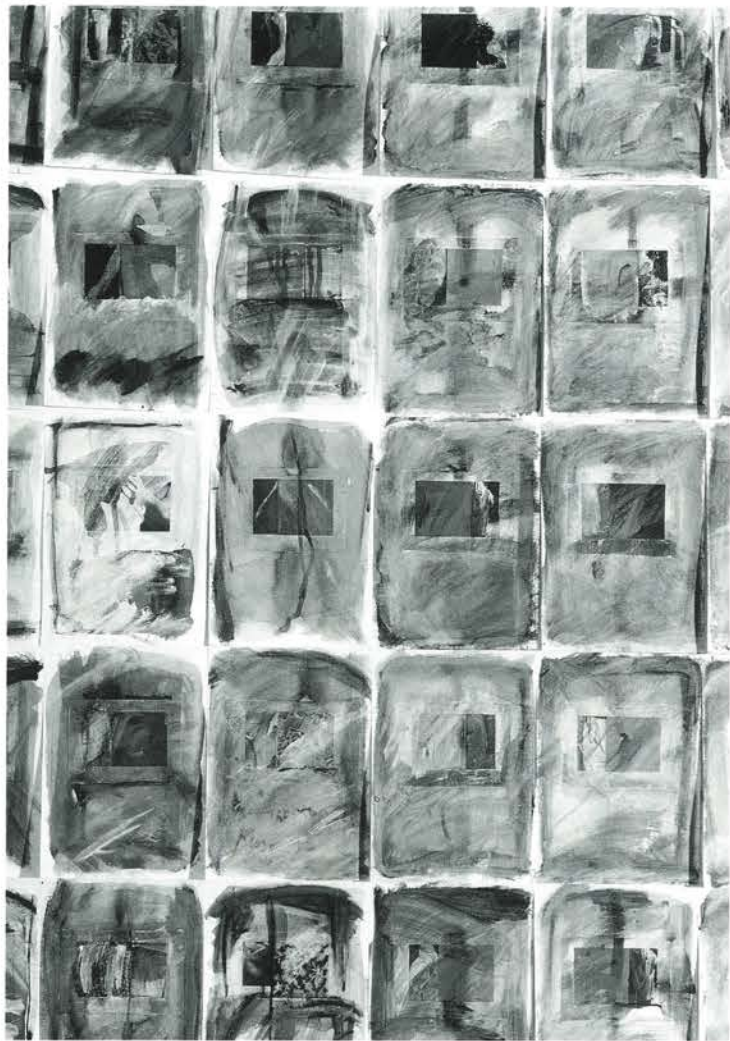
*Aids Bag 1990*

**LILLIAN BUDD**

*Aids Bag 1990*

photocopied text, epoxy resin on hand bag  
230 x 270 x 50 mm

courtesy of Budd Archive, Cubewell House,  
Wellington, and Gregory Flint Gallery, Auckland



*HYGIENICALLY SEALED/LETTING THE SPIRIT GO 1992 (detail)*

**MALCOLM HARRISON**

*HYGIENICALLY SEALED 1992*

*LETTING THE SPIRIT GO 1992*

420 x 297 mm, 84 pieces  
gouache, collage on paper

collection of the artist

**Statement**

*HYGIENICALLY SEALED* is a work about how quick value judgements can be made, compartmentalised, and sealed away.

*(blame it on the bossa nova)* it is easier to allot blame than give compassion.

*(homage to the mosquito)* it was once thought mosquitoes would spread aids. it is thought aids was introduced into the human system by experiments with injecting monkey-blood serum in victims of malaria to prevent a high mortality rate.

*LETTING THE SPIRIT GO* is the companion piece to *HYGIENICALLY SEALED*. aids is not about dying, but is of life, of living. this work is about dying; about letting the spirit go.

**PHILLIP KELLY**

*Timeline 1992*

mixed media  
site specific installation  
7000 x 1500 mm

collection of the artist in  
association with Wellington  
Media Collective



PHOTO: MICHAEL EASTON

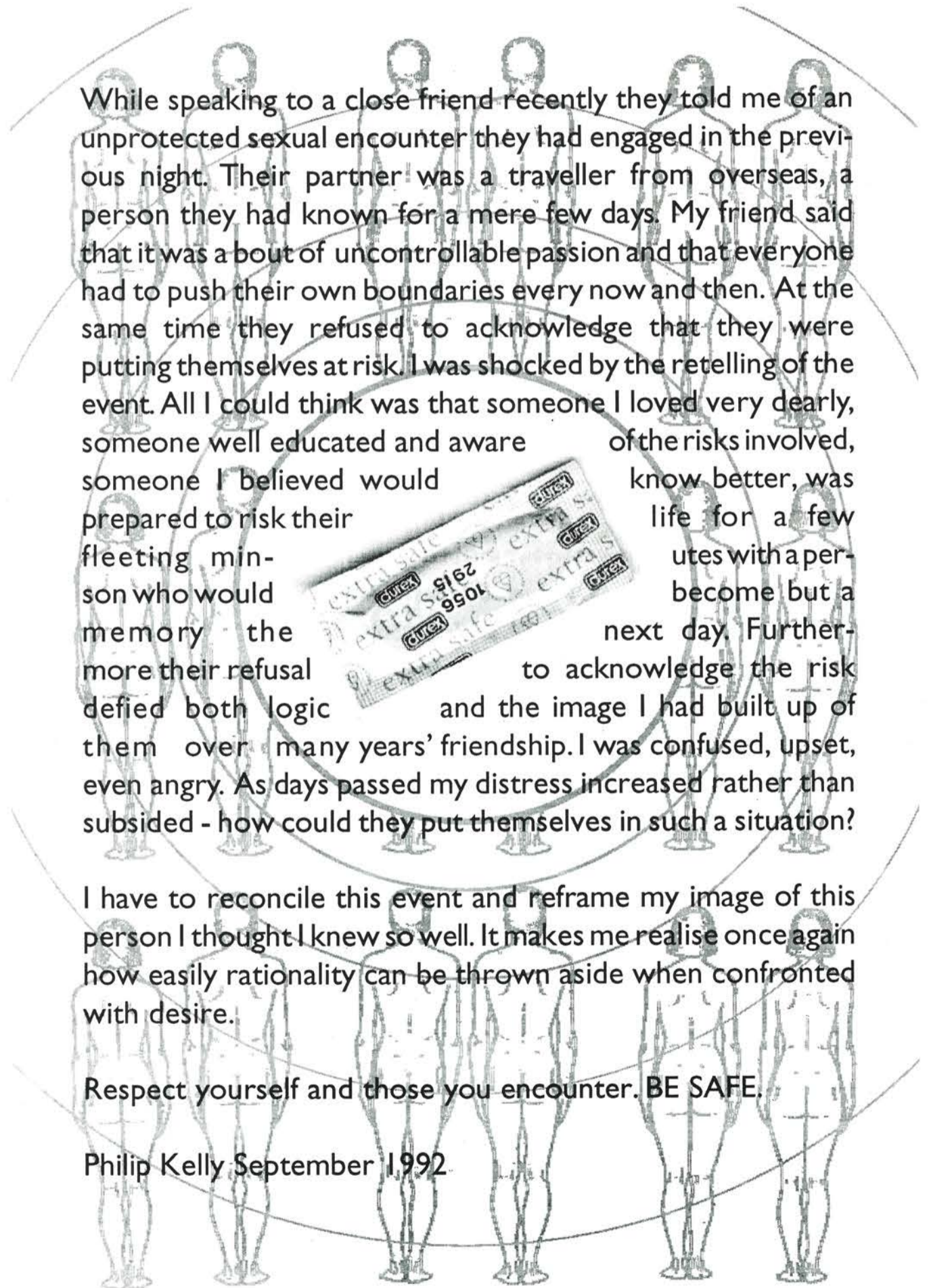
*Timeline 1992 (installation)*

While speaking to a close friend recently they told me of an unprotected sexual encounter they had engaged in the previous night. Their partner was a traveller from overseas, a person they had known for a mere few days. My friend said that it was a bout of uncontrollable passion and that everyone had to push their own boundaries every now and then. At the same time they refused to acknowledge that they were putting themselves at risk. I was shocked by the retelling of the event. All I could think was that someone I loved very dearly, someone well educated and aware of the risks involved, someone I believed would know better, was prepared to risk their life for a few fleeting minutes with a person who would become but a memory the next day. Further- more their refusal to acknowledge the risk defied both logic and the image I had built up of them over many years' friendship. I was confused, upset, even angry. As days passed my distress increased rather than subsided - how could they put themselves in such a situation?

I have to reconcile this event and reframe my image of this person I thought I knew so well. It makes me realise once again how easily rationality can be thrown aside when confronted with desire.

Respect yourself and those you encounter. **BE SAFE.**

Philip Kelly September 1992





(i) *Blind acts of faith/Blind axe of fate* 1992

**LESLEY KAISER AND JOHN BARNETT**

(i) *Blind acts of faith/Blind axe of fate* 1992

mixed media  
495 x 560 mm

collection of the artist

(ii) *Blind acts of faith/Blind axe of fate* 1992

LED sign

collection of the artist

(iii) *Blind acts of faith/Blind axe of fate* 1992\*

LED sign

collection of the artist

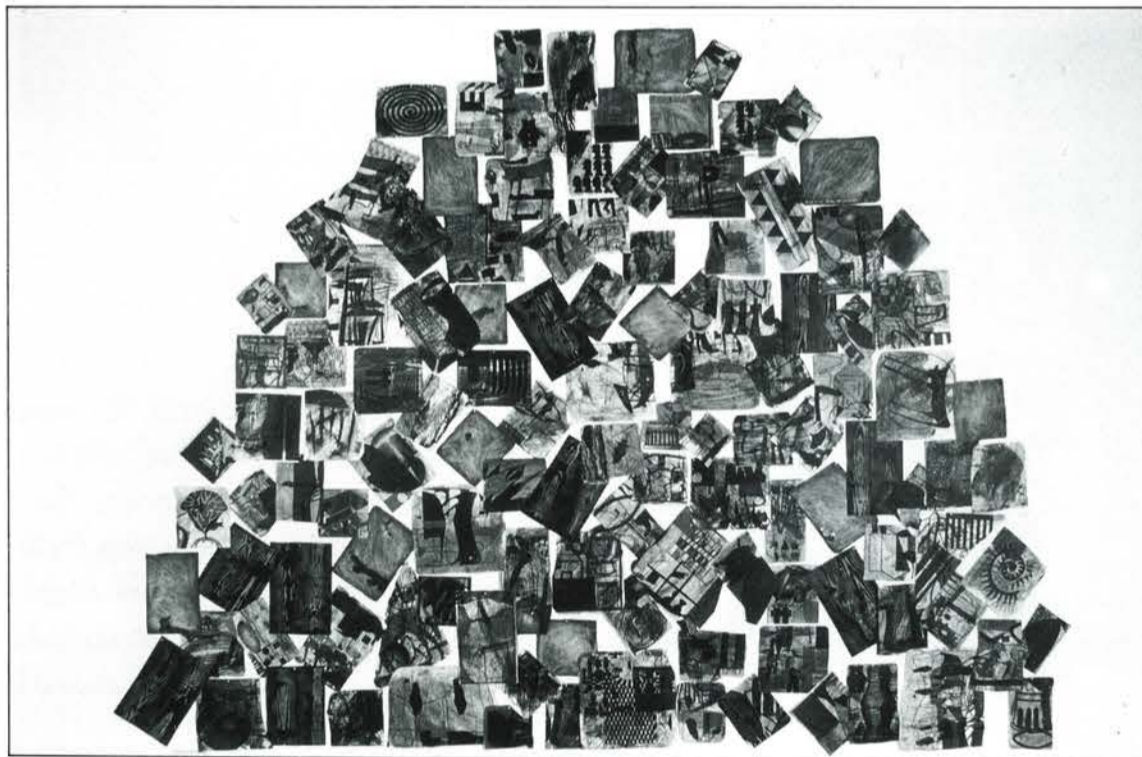
\*located for the exhibition at Unity Books, Auckland

**Statement**

... that which cannot be represented. No one is immune.



(ii) *Blind acts of faith/Blind axe of fate* 1992



*Burial Mound* 1992

**RICHARD KILLEEN**

*Burial Mound* 1992

acrylic and collage on aluminium  
120 pieces  
approximately 2700 x 3200 mm

collection of the artist

**LILY LAI'ITA**

*Malosi* 1992

acrylic, oil stick  
on builders' paper  
1850 x 1250 mm

collection of the artist

*Whakapono* 1992

acrylic, oil stick  
on builders' paper  
1880 x 1250 mm

collection of the artist



*Malosi* 1992



*Whakapono* 1992



*Wish you were here* 1989

**STEPHEN LOVETT**

*Wish you were here* 1989

acrylic on paper collage  
590 x 820 mm (irregular)

collection of the artist

**Statement**

*Wish you were here*. And I still do, Simon. The thing about shows like this one, or AIDS NOW (Dowse Art Museum, 1989) is that they create the impression that we still live in a caring society. The very existence of a one-off like this sets and distracts us from the facts. We face the systematic dismantling of the health, welfare, education, and service sector in New Zealand. Perhaps this exhibition and future events that make public welfare a private responsibility should be prefaced with...

... 'because we face continuing government inertia and ineptitude this event is necessary'...

No amount of nostalgia can return our loved ones, or restore things once valued and now lost; but direct action and personal involvement can prevent further erosion. No time is ever perfect. We do however, have around us an autonomous infra-structure that this crisis is strengthening. What ever doesn't kill you makes you stronger.

## FIONA PARDINGTON

*Relâche* 1992

sepia and selenium toned photograph in lead frame  
405 x 508 mm (image) 655 x 755 mm (overall)

collection of the artist

### Statement

*Relâche* is a French word which means literally 'no performance' or 'closed'.

According to Egyptian myth, Seth, the brother and enemy of Osiris, tricked Osiris into getting into a lead coffin, locked him into it, and in this manner caused his death. 'The grave of Osiris' in Egyptian lore, and also in the view of early alchemists, is the mysterious place whence new life arises once again, a process which at the same time somehow repeats the process of a creation of the world itself. So Seth's lead, which kills and causes things to dissolve, mysteriously enough also 'preserves' the individual's identity from being dispersed into the totality of nature. The lead coffin, which felt initially restrictive and confining, transforms itself into a mystical vessel; into a feeling of being preserved and contained.

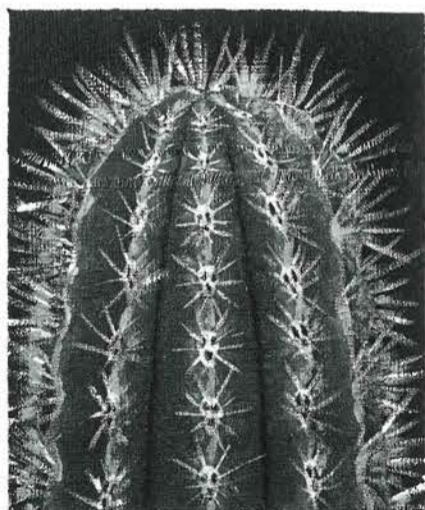
Isis, the sister and wife of Osiris, mourned the death of her husband. She travelled the length of the land of Egypt, collecting the dismembered parts of Osiris that Seth had strewn widely about, except for one part, his penis. She fashioned a replacement out of gold. Osiris was then revived. There is a healing mystery which begins in the remains of the physical body. The final result of this process of

distillation, like the alchemists, is symbolised as gold by the Egyptians. Gold was called by the same word as their name for God. Something divine was concentrated out of coarse material, something which continued the life of the individual. Resurrection, therefore for them, is not a simple matter of restoring the dead body to life, but of a complete reconstruction of it, which however, had the old body as a point of departure.

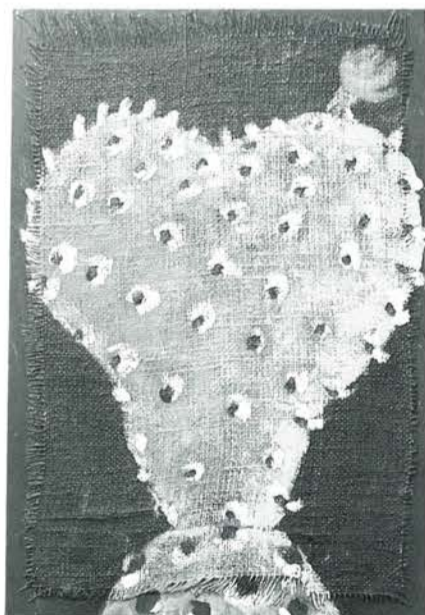


PHOTO: THE ARTIST

*Relâche* 1992 (detail)



*Cactus Head* 1992



*Cactus Heart* 1992

## PAUL RAYNER

*Cactus Head* 1992

acrylic on hessian on board  
560 x 460 mm

courtesy of Aberhart North Gallery,  
Auckland

*Cactus Heart* 1992

acrylic on hessian on board  
560 x 460 mm

private collection, Auckland

### Statement

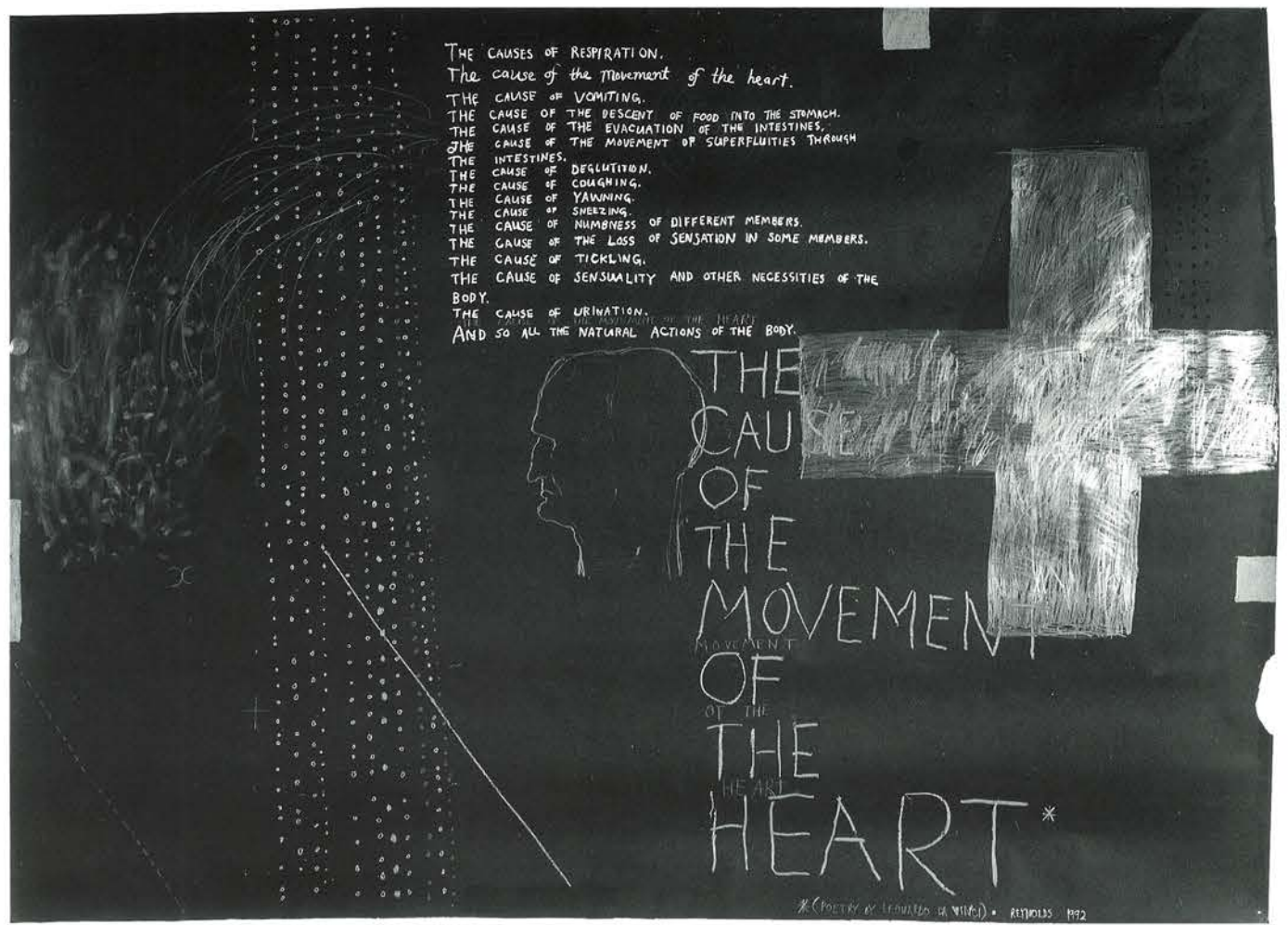
One thing's for sure, if it weren't for aids there'd be no Liberace pictures or little men encased in condoms coming from me! Maybe there'd be no snakes, cacti, rockets or orchids either – though I suspect my sexual preference would have loomed large as an issue anyway.

**JOHN REYNOLDS**

*The Cause of the Movement  
of the Heart* 1992

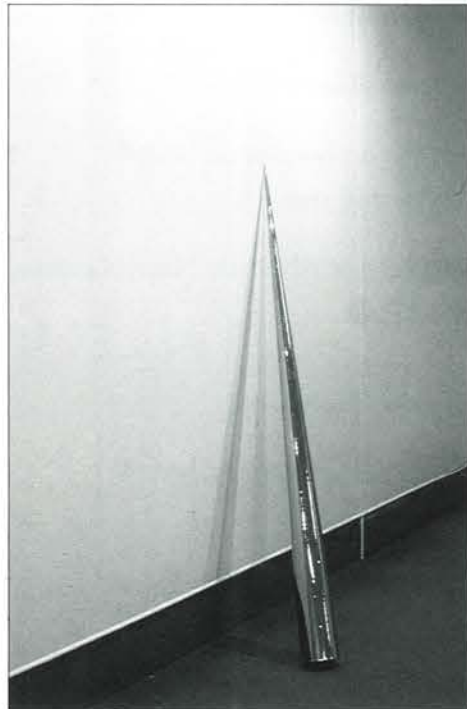
mixed media on paper  
2000 x 2720 mm

collection of the artist



*The Cause of the Movement of the Heart* 1992

PHOTO: LENNID TAKU



**RICHARD WEARN**

*Touch* 1992

chrome plated wood  
120 (diameter) x 1650 mm  
collection of the artist

**Statement**

My work is concerned with the connection of separate entities, meeting points that almost always are initiated or affirmed by touch. I endeavoured to design a piece that encapsulates the essence of this connection, a unified symmetrical whole. The work may also be seen as possessing an element of danger and having the potential to be harmful. As AIDS is a disease communicable through intimate meeting I see my work as alluding to the possible dangers extending from the initial touch.

*Touch* 1992





*This man shriven* 1989

**RICHARD McWHANNELL**

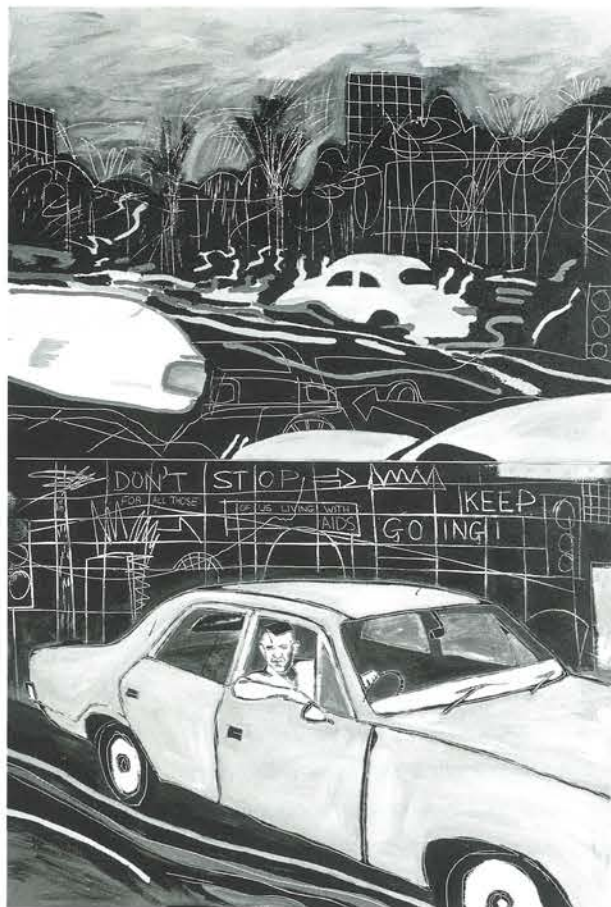
*This man shriven* 1989

oil on canvas  
335 x 670 mm (irregular)

private collection, Auckland

**Statement**

This was painted after a visit to Russell Wells mid-1989. He was, at the time, in the late stages of HIV illness and had requested that I make him a door plate inscribed with the phrase kororia harirua (Glory Hallelujah) and containing the comets from the Bayeux tapestry. When I delivered the plate to him he was feeling particularly wretched and asked me in his terms, to call father so and so for he had 'great need of being shriven.' The phrase stuck in my mind and either later that day or the next I began the little painting *This man shriven* as a contemplation of it and in respect of his desperately feeble state.



*Don't Stop Keep Going* 1992 (detail)

**JANE ZUSTERS**

*Don't Stop Keep Going* 1989

acrylic on stretched canvas  
diptych each 840 x 1120 mm with construction

collection of the artist

I made *Don't Stop Keep Going* in 1989 when the reality of friends of mine living with and dying of the aids virus first started to touch me. I was impressed with the courage with which some of those who were HIV positive were embracing their lives in the present and with the way gay men were changing their lifestyles.

# Queer culture and aids

REX PILGRIM

It's worth noting I think that there is a great deal of variation in the kind of contact we have with aids and the meanings we give to aids. And the same sort of variation occurs in our understanding of Queer culture. What the term itself defines is never simply understood.

However we understand 'Queer culture', its meanings have certainly been engaged and extended by our experience of aids. As one of the first things we learn about aids is that it is rarely the severity of the disease which is judged, but the social acceptability of the individuals affected with it, so any response to aids which might make it intelligible requires an understanding of that association. For the Queer community, understanding aids is inseparable from making its own identity intelligible. Where the Queer community does this it may be suggested that it is 'Queer culture' which is providing critiques for making aids intelligible. Not only upon the epidemiology of a disease and how to inhibit it, but also in exposing other (fatal) critiques on aids, ones which attack the idea of Queer community, Queer culture and identity.

There are some things I think that suggest Queer culture as an entity, and central among these is the idea of Queer community and the institutions of that community; like Auckland Community Aids Services, The Lesbian and Gay Archive, Body Positive groups, the People Living With Aids Coalition, the gay swimming and rugby and netball teams, Queer Speak, cruise clubs, saunas, bars and night clubs, the media. All these and the related body of theoretical work suggest that the idea of Queer culture is very influential and is, at least, a discursive space constructed from the meanings given to it. But still, whatever the meanings given it, and probably because of some of the meanings, I feel there is something unstable about it.

I feel this because it relies on a dichotomy of homosexual/heterosexual which suggests that they are mutually exclusive, each is easily identifiable, and that the difference attributed is valid, logical, maybe even immutable; when obviously the meanings surrounding identity resist such simplification. Nevertheless it is within the parameters of such thinking that aids and Queer culture find an important engagement.

What is certain is that one side of the sexual dichotomy, the heterosexual, has benefited a lot from the meanings and identity defining itself, and that we, the Queers, have not. Because it has not only been a matter of difference at stake, but value. We have been devalued. We as Queers are constructed as Different, Other, Outside, Unnatural – all negative qualifications. And the negative assumptions about us are used to conclude the heterosexual value as Normal and somehow given, True, Natural and Immutable. All positive qualifications. What is obvious here but never stated is that heterosexual identity is heavily implicated by the identity it attributes to Queers. It defines itself against it.

And the point is that: in all that we do within our Queer community and in responding to aids, educating ourselves about Safe(r) Sex and the epidemiology of HIV and suppressed immune systems; in all the ways which we have networked our care systems and consciousness raising groups and spirituality groups and fundraising groups; in all the work we have done producing manuals and newspapers and posters and parties; in all the challenges we have made concerning our representation in law and medicine and religion; in all the therapy we have done for ourselves combating abjection from internalised homophobia; in all the sex we continue to have and the relationships we continue to embark on; and in all the ways we refuse to lie down

and die; we are resisting the devalued identity given to us by straight society, strengthening our idea of community, strengthening ourselves individually. And doing this contests fundamental assumptions about contemporary culture because it contests the devalued identity given us by, and which helps define, heterosexual identity.

This happens partly because heterosexual society has chosen to confuse the category 'person with aids' with 'gay man'; choosing to see the Queer community as the precinct of aids, (often with the corollary that we are the cause of aids). And this means that the public response to aids is largely indistinguishable from its response to homosexuality. Aids too is Other, Outside, and is contained along with the category Queer in some removed, external place resembling death and in which there is a refusal to be implicated. The immediate effect of this is the reluctance of homophobic society to respond to aids. The Queer community on the other hand has had to respond urgently, not only to the medical threat aids has for us, but in assessing our worth as a community against the myths about homosexuality as they are used to amplify myths about aids.

I get a very clear sense of this in the way language links Queers to death; images of barren, non-procreative lives; images of the anus as failed vagina. It's fascinating and lurid and suggests aids-as-Death is merely a logical and literal conclusion of homosexuality. And shows the extraordinary way heterosexual assumptions underpin the epistemology of our society: that Queers are largely excluded from consideration because we are believed doomed anyway. Our exclusion is profound. It is not merely literary but extends to the social and political functions of society. We know this because the medical treatments and care are not there where they should be, we have had to invent them or hijack them for ourselves. We know that the judicial processes of our country will not always protect us in the way they should. We know that the negligence and invisibility accorded us isolates and excludes us from sharing in policy and decision making and this contributes to a sense that ideas like democracy, pluralism, consensus and even compassion are for us largely myths: they exclude us. We know the idea of containment found a literal correlative in the threat of quarantine.

Whatever our responses have been to this trenchant exclusion they are generated by that exclusion and the need to undermine it. They contribute to our definition of our exclusion, to our defi-

tion of ourselves. This represents the construction of Queer community and (possibly) its ghost, Queer culture. They exist in response to homophobia. To secure the appropriate and necessary influence we need in developing strategies for inhibiting aids, we insist on legitimising and making visible our being Queer. We struggle to do this in a society which would rather we remained invisible and maligned in order to maintain its political and social functions.

A large discourse has grown up around this. And not in isolation. A large part of the framework which our critique of aids in society comes from was already established before aids appeared. Many of the models we use in aids care and activism had been established earlier, during the development of the Queer community, of Gay Liberation. To some extent activism was visible then, centring around the analysis of oppression, the logic of which led liberation into an alliance with the 'Left' where it remained until the 'Left' was dismantled. But it's an alliance which at least developed a criticism of the 'Right', especially conservative churches. It bequeathed us strategies, particularly in the area of health, for lobbying for resources and quality medical care. It taught self empowerment and insisted on involvement in decision-making bodies and forums. I doubt that without the idea of Queer community we could ever have withstood aids. It is also obvious that this connection with an earlier community, before aids, suggests an idea of history: an historical development which should emphasise the historical links connecting, say, Stonewall to Homosexual Law Reform to the NZAF and to HERO. This is one method of demonstrating the nature of our exclusion in the dominant culture which has no account of our history.

Whatever has been done by the Queer community has always been against the shroud of containment that society imposes upon it. At every turn this has meant exposing those discourses which have mystified aids, – the ones which identify aids exclusively with the Queer community or individuals, and do not comprehend aids as a collective calamity; or seal its meaning in a world of alienation and death; or imagine that there are innocent victims, and victims who aren't. Discourses which surround sex with dread; or exclude dialogue on private behaviour and sexuality from public policy and debate and advertisement; or insist that aids is being dealt with effectively. Discourses which sensationalise individuals or illness but fail to link these stories with demonstrations, treatment advances, insurance

and legal issues, funding and policy inadequacies, and thereby limit the understanding which comes with such links. Discourses which imagine that anyone is immune from the implications of aids.

If the language of heterosexual discourse on homosexuality links it to death, interring us from the start (and requiring us to recover our grief and loss in death from the category of deserving victim), I can easily accept the idea that it is a language which can persuade us to kill ourselves. The mystification of aids amplifies this, resigning Queers to an unresisting contemplation of the disease and contributing to the persistence of unsafe sex and suicide. Maybe it's not too outrageous to say that it is implicit within heterosexual discourse to use aids against the wellbeing of the Queer community. But this is not overcome by seeking to separate homosexuality from aids, seeing aids *only* in terms of a public health issue. The Queer community *has* suffered most from this epidemic. To avoid this truth is to deny the burden of loss and grief and fear which the Queer community has borne, and the expertise it has had to develop to protect the health and welfare not only of Queers but, of the whole community. Denying this is to repeat earlier containments of homosexuality which demanded we be invisible and remain quiet about our legitimate and undeniable claims for the sake of some mythical 'general' good.

It has never been especially acceptable for the Queer community to represent aids in such a critical fashion. One need only recall that in the early eighties when homosexual men were asked not to donate blood to blood banks, this request was contested by some with an argument stating that we were being asked to exercise a social responsibility; but that without civil rights why should we assume such civil responsibilities? Of course the bludgeoning the Queer community received for this act of 'terrorism' was as much for the threat to blood supplies as for what doubts it cast upon the 'true' and 'noble' values of the social order. Not surprisingly, the Queer community retreated from this confused confrontation avoiding further controversy and critical response.

Obviously to have any substantial political power has meant being presentable and respectable. To have power has meant down-playing differences, 'normalising' the Queer community. In some respects this occurs not only as a response to severe (threatening) criticism from society but also as a

response to the disease itself. As a direct physical biological threat, illness – and more so death – threaten social relationships and shatter social networks. Aids has raised questions about sexual practices, encouraging re-evaluation of intimacy and relationships. Monogamy is now more frequently validated and more emphasis is placed on connecting socially rather than sexually.

Rereading my preceding paragraphs, however, convinces me an intelligibility is being given to aids and Queer culture which resists normalisation. The scholarship which is making aids understandable demonstrates both the need to organise ourselves against victimisation and punishment, and demonstrates that we are doing this. This scholarship can be separated from neither the activism which has been – and still is – necessary in making visible the issues surrounding aids and Queer culture, nor the experiences of people living and working with aids. Much changes when we claim our proficiency developed in tackling things like the medical lobby or government, and by claiming our proficiency as care-givers and educators. We diminish the isolating fear of aids, demystify it, and find there is much to be reclaimed from all we had abandoned in fear (in order to become respectable). We learn to change the comprehension (and the spectacle) of aids from that which confirms the abjection of homosexuality to that which deconstructs the basis of that assumption and becomes both a cause and an effect of claiming a joyous and affirmative view of sex, Queer pride, and visibility.

One perplexing thing is the uncertainty about what provides sufficient cause for creating the kinds of activism, particularly radical activism, which have (or have not) arisen around aids, as these differ from city to city and country to country. It is not merely the saturation of a community with HIV infection. It probably has a little to do with the ratio of action to reaction, which can mean small efforts and limited resources may translate into results of disproportionate resonance: recall that New Zealand leads the way in producing explicit information to help combat HIV and aids, as the London magazine *Rouge* noted. Each is affected in accord with the history of activism in each Queer community and the structure of containment modifying it; and these in turn are affected by the understanding we have of Queer identity and community and the role we believe these have in society.

It seems we cannot advocate the overthrow of the social order and its

representation of sexuality which excludes us for our difference, without defining and using our difference as the basis for change. We do that. We insist on our difference; our Queerness. And this represents our best protection from victimisation and the negative uses and meanings of disease. I guess aids makes the Queer community more thoughtful; it has made us look for immortality in places besides Youth and Beauty; it has made us think more about our identity, despite ourselves; and it has given a resurgence to Queer history as we take solace and seek a context for ourselves among who and what have gone before.

The Queer community changes the spectacle of aids: with the invention of new and challenging images (the Quilt Project), in direct activism, and in the value ascribed to caring, each contests, explicitly or implicitly, the negative use of aids and its political regulation (myopic neglect by Government, the medical profession and society), and reveals that its meanings are linked to the construction and representation of sexuality in our society. Villains are identified and indicted.

The aids crisis is not over. It continues to be conducted against containment. The need is to deconstruct current notions about identity and gender and provide a critique to resist the victimisation and punishment which those notions sustain so that we might promote a new cultural security and strength.



# The New Zealand Quilt Project

DARREN HORN

The concept of the Quilt originated in San Francisco as a small local initiative that grew into a nationwide movement called 'The Names Project'.

Based on folk art traditions of quilting and sewing bees, quilts are sewed to promote awareness, education and understanding of aids.

The quilt is a magnificent collage of hand-made remembrance panels, made for people affected by the virus. The panels bear the names of the affected persons in personalised styles, decorated in colourful and symbolic designs. The panels are stitched together to form twelve foot by twelve foot displays. These displays have been shown in a variety of venues through the world including museums, art galleries, conference centres, churches and community centres. The effect on the viewing public has been invariably profound and stirring, making it impossible to leave the exhibition without being moved. The Quilt's non-threatening nature allows people from all walks of life to view and learn about the aids epidemic from its human side. Its artistic and creative approach enables accessibility to all regardless of literacy.

My first involvement with the Quilt Project occurred in Sydney in 1987 when a group of friends made a quilt for Charles who was the first born *korrie* to die of aids. The quilt was the first three dimensional quilt. At the time I was not affected by the virus, my life was to change later. I was amazed how the quilt brought us

closer together and provided the opportunity to share our feelings. My next involvement was at an unveiling in Adelaide in 1990. I will never forget the personal loss and at the same time an overwhelming love that had been created by the personal and unique way that each panel expressed its message and was created. This experience inspired me to have a quilt unveiled here in New Zealand with the Australian Quilts, as there are a number of New Zealanders who were part of the Australian Quilts. With the help of others the New Zealand Quilt Project was established. I also made my second quilt at this point, for all the people that I have known intimately and personally through my line of working the HIV/aids field. The quilt is a bunch of sunflowers in a vase on a green background. On the petal of each flower is the name of someone that has been affected by the virus. There are some petals left but unfortunately these will be filled; about thirty-five names are on this quilt. Being involved with these individuals has helped me with my own grief. They were special and beautiful people.

The Quilt project is needed in New Zealand. There remains wide-spread ignorance of the extent of the problem and a general lack of awareness of the needs of those directly affected by it. The quilt aims to increase public awareness of HIV/aids in New Zealand.

The New Zealand Quilt Project is a living memorial to people who have died of aids. It keeps their names alive like music and art. Their names help us to remember that people die of aids. The New Zealand Quilt Project aims to provide a positive and creative means of expression for those whose lives have been touched by aids.



Washington DC, Capitol Hill

The quilts are built upon personal truths and anything built upon truth is strong. Aids gives us the strength to understand the experience of living and dying. All the quilts speak of love, compassion and memories. Each is composed of recollection, sadness, acceptance and letting-go. The quilts help us to learn and accept. They are a guide to the future of coming generations. They are stories for the telling. In the midst of the epidemic the quilt helps us to look at our past, to signify our common links in this global epidemic. The Quilt Project is a fabulous bridge between different communities.

So much has been achieved in the name of aids in the last decade, but so much more remains to be achieved. Official predictions are that the crisis will worsen through the 90's.

The quilts represent the healing qualities of art and creativity. The New Zealand Quilt Project has become one of the nation's most valuable resources for promoting a compassionate and educated dialogue about aids.

In the absence of a cure, education remains our most powerful tool in fighting the epidemic. The New

Zealand Quilt Project powerfully demonstrates this. Each panel is a master-piece, a work of art in its own right. The Fisher Gallery has given the New Zealand Quilt Project the opportunity to demonstrate this.

*'In art as well as in life anything is possible, provided there is love'.*

*Marc Chagall*

# the body positive art group

JONATHAN ELSE

## and a future for art therapy



This article describes the establishment of the Body Positive Art Group, a weekly series of art classes for gay men living with the HIV virus. It is my aim to describe how the present group operates and to suggest ways in which this kind of group could be expanded to fulfil future aims.

I began to initiate the Body Positive Art Group in early 1990, to express a personal need to contribute to the HIV community. Though I was not HIV positive, the crisis had impacted on me, first in the form of my own fears surrounding the virus, second in the experiences of people that I knew who were having to deal with their awareness that they were HIV positive. After I began to expand my self knowledge through my sexuality as a gay man and to deal with the issue of HIV in the community around me, I felt a need to contribute in whatever way I could to the HIV community itself.

Although I had little experience of teaching art (I was then in my second year of a Bachelor of Fine Art at Elam) I felt I would like to try teaching basic art techniques to Body Positive men. Art could offer these men recreational enjoyment, and a way to develop self-knowledge, which could relieve the tensions associated with living with HIV. The concept for the Art Group began to germinate as my own artistic and academic confidence grew.

When I first approached the New Zealand Aids Foundation, I had little contact with people working there, apart from one HIV positive man who helped me get the classes off the ground. In the second year this fact became even more apparent; that there was small practical support from the establishment, other than the granting of funds. The spadework for making the classes operate had to come from the men themselves.

The classes were designed wholly from intuition. I selected a choice of activities that would be enjoyable and challenging. Life drawing, self portraiture, colour-work, collage, were taught as techniques but allied to themes such as 'Sexual Fantasy', 'Fears and Dreams', 'Your Life Path' etc.

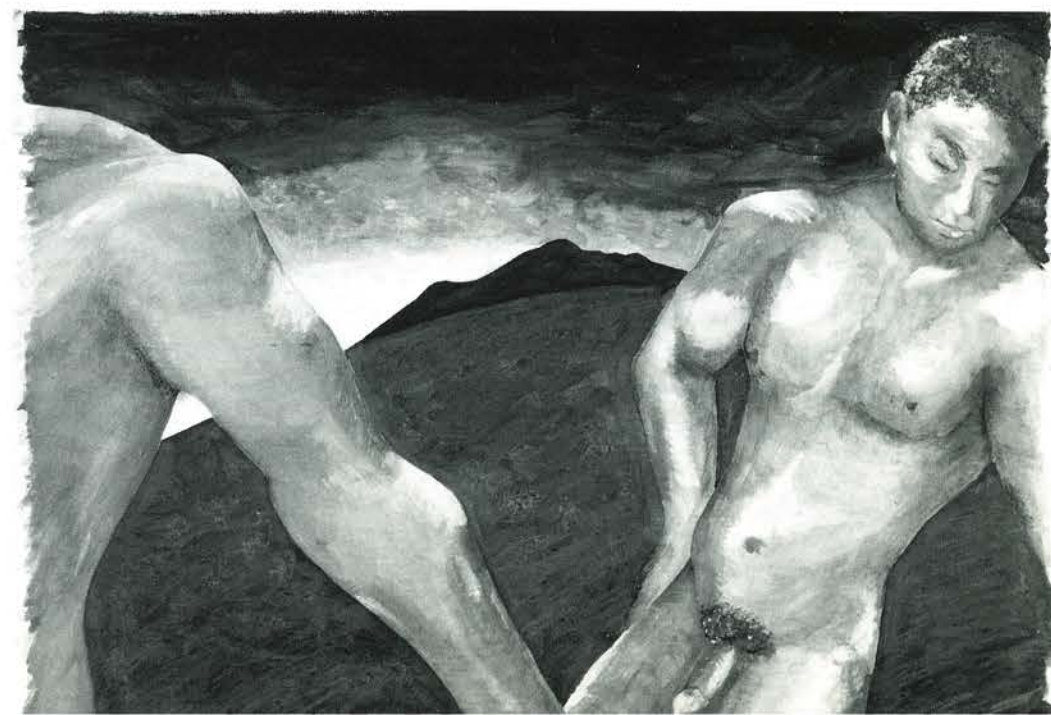
I was aware that many in the group had to be coaxed even to put pencil to paper, but I also believed strongly that a challenge was more invigorating than a watered-down 'exercise'. I was aware that I had no business analysing the work of participants on a psychological level. I had no experience to do so and therefore avoided providing art therapy in the traditional sense of the concept. My job was merely to facilitate self expression and to provide techniques to encourage the men to do this. Any self analysis was left to the men themselves.

Of even greater importance was the need to operate the group on a light-hearted social and recreational level, as fun. Fun is a quantity in rare supply for adults under pressure, and proves to be a vital ingredient in relaxation, and healing. At times it could be frustrating for me to realise that I could not penetrate the very real stresses that some men were under, that art classes could seem a frivolous extra, removed from the real events of participants' lives – or deaths. In other cases however I could witness a growth of expression and confidence revealed in work of amazing depth. Self portraits and collages in particular could be aesthetically rich, and vividly personal. (Unfortunately I am not able to reproduce the best examples of these with this article, out of respect for the privacy of individual men).

The best results of the classes convinced me that the act of creativity can promote creativity within one's psyche – to the extent of alleviating distress, and conceiving of the self in a new way. A creative life-enhancing psyche assists the body to heal itself.

For many participants the mere act of drawing and painting from the nude male model, provided opportunities for contemplation of the body, their own bodies, and their sexual selves.

I now feel I am reaching the limit of what I can achieve without formal training in the area of art therapy. I would like in the future to gain sufficient knowledge to initiate a large group of gay men into a significant self-confrontation through art.



# nzaf safe sex posters

REECE MEREDITH

The prevention programme of the New Zealand Aids Foundation (NZAF) has produced over the past six years a multiplicity of images and messages to the community of men who have sex with men as well as to the general public. A primary objective of the poster project is to heighten awareness of the HIV/aids crisis especially amongst men who have sex with men, who have consistently represented the overwhelming majority of HIV/aids cases in the New Zealand statistics to date.

## AT THE BEGINNING

Bruce Burnett, a gay man, was the first to realise the importance of raising aids awareness. Working as part of a PEP Health scheme, Bruce co-ordinated a programme of support for his friends, put together information articles for gay magazines and ran off photocopied safe-sex posters to be dropped at gay bars and nightclubs.

The Health Department, seeing the importance of this work and the likely outcome of the crisis if action was not taken, funded the organisation that became known as the New Zealand Aids Foundation. The brief was for the NZAF to work more intensely within the gay community, with the Health Department working within the wider community.

From the start the poster and advertising campaigns went very different ways. While the Health Department opted for mass media blitzes, the NZAF took a sceptical view of large-scale advertising to change sexual behaviour. As a result the NZAF advertisements were targeted toward the people who were most at risk, gay and bisexual men. Some of the material we produced was sexually explicit, in order to make an impact on the target. Strategies employed included explicit visuals and texts, with censorship of ads appearing in the *New Zealand Herald* and *Listener*. TVNZ refused to accept an ad for St Valentines Day 1989 showing two men embracing.

## THEN ...

In association with the advertising agency, MacHarmen Ayer, and Auckland photographer Albert Sword, a series of gay positive images including the Sandman poster (illustrated) were created for the Aids Foundation. Simple but direct messages such as 'Love Carefully' and 'If you fuck, use a condom' combined with mainstream images of men as well as contemporary gay culture images.

The Sandman safe sex poster, probably the most famous, examples a beach sand dune scene with a man lying in an erotic pose with the caption 'Safe Sex is Good Sex' beneath it.

As with overseas aids organisations some ideas were original and others borrowed, with the imagery chosen for its relevance to New Zealand circumstances or for its dynamic, whether of visual homo-eroticism or good turn of phrase. The essential purpose was to make the images relevant to the life of the target group especially their sexual culture whilst at the same time imparting a message that reflected behaviour appropriate in the age of HIV/aids.

To counter the fear with which the mainstream media painted aids and HIV, early prevention posters and advertisements from the NZAF featured healthy young men touching and hugging over the slogan 'Love Carefully'.

These images proved very popular and have been copied and reproduced in campaigns around the world, to vigorously promote and eroticise safe sex. The two men who feature in the posters, Raymond and Neil, are a real-life couple from Auckland.

The photographs of Neil and Raymond have drawn criticism of the Foundation for using beefcake to 'promote its messages'. But these images have generally been very popular.

## RELEVANCY CAMPAIGN

In 1990 a more shocking image was chosen. A thin man with Kaposi's sarcoma on his face and body, leaning on a healthier man, appeared in gay magazines and on roadside billboards.

The relevancy campaign aimed to address the denial of gay men who may not have had personal contact with someone HIV positive. The first poster was used on 20 billboards around the country. With little money or time spent on the campaign it attracted extensive media attention, receiving exposure on TV, radio and in daily newspapers. The poster was tied to a one-off newspaper, pamphlet and kitsets continuing the message.

The powerful image of a person with a terminal illness evoked some shocked reaction. While it carried an effective message for some people, HIV positive people were disturbed and offended by it. Although the image activated people's fear, this was not the unfocussed fear evoked in other campaigns by icebergs, tombstones

and the Grim Reaper, but a situation facing a real person, supported by another healthy figure.

A second poster in the relevancy campaign aimed to provide men whose sense of threat had been raised by the first message with an action plan: they might consider taking an HIV test, or seek counselling and support from NZAF clinics. The poster showed a group of men standing together. We are told some of them are HIV positive and some are not. You can't tell the difference. The slogan 'we're glad we know' is used – aimed at getting the wider gay community to be more accepting of men with HIV/aids.

The results say it all – an increase in requested information and HIV testing, an increase in demands for condoms at gay venues, increased volunteer involvement with NZAF and an increase in gay community involvement.

The culmination of the relevancy campaign was the staging of the first gay dance party, HERO, which was the celebration of gay heroism in this environment of aids.

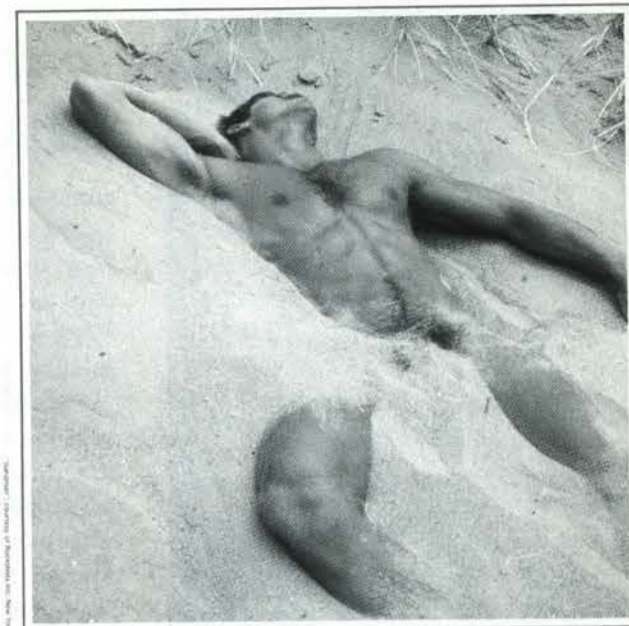
It is understood throughout the world now that maintenance – being able to maintain having safe sex with all your partners all the time – is hard to keep up in every situation, especially considering the dynamics influencing our sexual choices, such as the spurious assumptions we employ that diminish our ability to take responsibility for our health – for example 'If he's clean and looks healthy he's HIV free' or 'Our love is more powerful than aids' and 'We're in a monogamous relationship therefore we can have unsafe sex'.

These attitudes seldom bear much relationship to reality as HIV does not discriminate. So although gay men have an excellent record in terms of taking on safe sex we need to be aware of the difficulties in maintaining safe sex behaviour over longer periods of time. This is our challenge in the 90's – to keep the safe sex message alive and vigilant against the disincentives we have to maintaining safe sex, from low self-esteem to being in love or perceiving more pleasure in having unsafe sex.

## THE FUTURE

The future intention is to continue along the way of quasi-documentary presentation of gay-positive images including a limited number of more sexually explicit gay images as well as a range of materials eg. pamphlets, safe sex packs etc. designed to reach men not identifying openly as gay but who do have sex with men.

The connection between effective and appropriate imagery is the key to successful health promotion through the NZAF poster campaign. A recent example of this is the *Finding Out!* poster targeted at gay youth in the process of coming out.



Safe sex is good sex.

A Project of The New Zealand Aids Foundation STIP



**Over 1500 men  
in New Zealand  
have the virus that  
causes AIDS.  
Only 500 know it.**

**AIDS**

WHAT YOU DON'T KNOW CAN HURT YOU.

For confidential information and advice call the 24 hour national toll-free AIDS HOT LINE (09) 395-560

\*Official emblem of the NZ AIDS Foundation

## 1982

▲ 'In recent months we have been seeing in our newspapers reports of a gay plague that is sweeping America. This plague was at first thought to be restricted to young or middle aged gay men who are sexually promiscuous. More recently there was the report that it was spreading from gay men to heterosexual men and women. So far in our local press, we have only heard the worst of the theories that have been brought forward. We have heard that there are controversies overseas over causes and the incidence in the population.

However, whatever theory is finally accepted, it is an important issue that we have to deal with as a community. Whatever the cause, the gay 'plague' has already connected in the public's knowledge with gay men.

We do not know how this is going to affect other aspects of the gay movement ... law changes, public education, homophobia, etc. We must, therefore, be prepared to handle educating and supporting gay people, and handling the possible adverse public reaction if the diseases establish themselves in New Zealand.

So what are these diseases or plague? ... a syndrome, known in the USA as Acquired Immune Deficiency Syndrome (aids), which is a still-mysterious condition, involves a collapse of the body's defensive systems which allows 'opportunistic' infection such as KS and PCP to strike down individuals who are otherwise apparently healthy.'

*Out Magazine*, No 41, Summer 1982/83, p1.

## 1983

▲ Bruce Burnett returns to New Zealand and begins lobbying for a treatment and support prevention programme for Auckland aids sufferers using as a model the Shanti Project, San Francisco.

▲ National Gay Rights Coalition reconvened to promote blood donor self-deferral to combat likely transmission through the Blood Transfusion Service and to conduct information seminars on aids for the gay community.

▲ The first education leaflet, aids: *Choices and Chances*, is produced.

## 1984

▲ The National Lesbian/Gay Conference holds its first seminar on aids. This leads to a further meeting which sees the setting-up of the Aids Support Network, a national community-based organisation.

▲ Bruce Burnett is employed by the Department of Health to develop a community support programme.

▲ After three years of work, the Equality Bill Campaign is ready for introduction into Parliament. At the last minute lesbian activists mobilise to pressure Fran Wilde to remove the bill.

## 1985

▲ Twelve known instances of blood transfusion transmission of HIV occur prior to the introduction of routine screening of all donated blood.

▲ A trust board is established to receive funds for the network of aids Support groups. The trust board is renamed The New Zealand Aids Foundation (NZAF).

▲ Bruce Burnett dies in June.

▲ With funding from the Government the NZAF launches its first major public campaign in August. The aim is to prevent people from being infected by the aids virus. Full page advertisements give up-to-date information about the disease and how to avoid the risks of contracting the virus.

▲ Fran Wilde introduces the Homosexual Law Reform Bill into Parliament. The Bill aims to decriminalise male homosexual activity between consenting adults aged sixteen years and over. The Bill includes changes to the *Human Rights Commission Act* to outlaw discrimination on the grounds of sexual orientation.

▲ In September, amidst a welter of flag waving, gospel singing, and warnings to politicians that they would lose their jobs if they supported the bill, the anti-reform petition signed by a claimed 850,000 people is presented to Parliament.

▲ The largest ever show of public support for reform is demonstrated by massive street marches in all major centres including 5,000 marching in Auckland.

## 1986

▲ A Television New Zealand production *Love Life: Aids the New Zealand Story*, is broadcast on national television, bringing positive response from viewers. Promoted as not having the intention of opening debate on moral issues surrounding the disease, but rather to educate about the risks both direct and indirect and how to cope with those afflicted by aids, the hour-long documentary is seen as hard hitting, factual and educational.

▲ Political victory for the reformers of the Homosexual Law Reform Bill, which passes by a vote of 49 to 44.

▲ New Zealand is the first country in the world to give approval to the drug, Imunovir, for treating aids. Clinical results from the USA showed that around 70 percent of people suffering from aids and treated by Imunovir (marketed in the US as Isoprinosine) find their condition is improved or stabilised. Later opinion proves the drug useless.

▲ Three year old Australian. Eve Van Grafthorst is discovered to have contracted the virus from a blood transfusion at birth. Assurances from Australian state health authorities that she presents no health threat have little effect on the local community. After adverse public reaction the family moves to New Zealand.

▲ Following an arson attack which causes extensive damage to their premises, a nation-wide fundraising campaign to help establish a new national Lesbian and Gay Rights Resource Centre is made.

▲ Life Insurance companies begin screening clients who face a high risk of contact with the aids virus. New questionnaires require information on occupation, blood test results and if client has ever been rejected as a blood donor. Munichre NZ Service Limited sends a list of at-risk occupations to insurance companies. It was believed to include such occupations as ladies' hairdressers and florists. At the same time reassurances were given that no questions about sexual orientation would be asked.

▲ The first Peer Support Groups for people with HIV are formed in Wellington and Auckland under the name Body Positive.





## 1987

▲ Legislative changes come into effect with the *Misuse of Drugs Amendment Act 1987* legalising the possession of approved needles and syringes and allowing the sale of packs of needles and syringes through approved pharmacists

▲ A Maori community Trust, Te Roopu Tautoko is established to bring a Maori approach to preventing the spread of HIV.

▲ During his address to the National Conference on aids in Wellington, Warren Lindberg, Director, NZAF, said that the Medical Association is ill-informed in opposing calls to make possession of drug equipment legal. He told the conference that the Association's submissions to an amendment to the *Misuse of Drugs Act* and a subsequent proposal to consider compulsory testing of doctors for aids, showed 'ignorance, fear and Victorian morality.'

▲ Peter Wells' and Stewart Main's television film *A Death in the Family* receives appreciative reviews when screened at Toronto's Film Festival. The reviewer said the film 'cut to the bone, and made *A Death in the Family* a major achievement, perhaps the best film made to date about the aids crisis'.

▲ AZT, (a drug to stabilise conditions of HIV) is made available on a limited supply in New Zealand. The Aids Advisory Committee publishes criteria for its use.

▲ A policy for advertising condoms on public television and radio is adopted by the Broadcasting Corporation. Advertisements would appear on television after 9.30 pm and in adult viewing hours from noon to 3.00pm. Advertisements must carry the messages that condoms are only available to persons over the age of 16 and only the packaging would be shown.

## 1988

▲ Auckland hosts a memorial World aids day procession along Queen Street.

▲ Warren Lindberg called for more explicit use of condoms in advertisements for better and more effective aids prevention. Changes are called for in the *Contraception, Sterilisation and Abortion Act* which still restricts showing condoms on TV.

▲ A National questionnaire is prepared by the Health and Justice Departments to survey prisoners about sexual practices and drug use as a preliminary measure to prevent the spread of aids in prisons. The survey aimed to find out how much prisoners knew about aids, what their behaviour was and to form education programmes to target and prevent risky behaviour.

▲ The National People With Aids Collective, a group of people living with HIV/aids is established at the Lesbian and Gay Conference, Christchurch. As a first demand they required that PLWA be appointed to all executives, boards and committees.

▲ The People With Aids Collective, said that they are dissatisfied by treatment prescribed by doctors. One major illness Carinii Pneumonia (PCP) is avoidable by courses of preventative therapy, and recurrences of pneumonia can be stopped by the use of drugs.

## 1989

▲ 'This is the woman who married the man who slept with his secretary who'd been with a man who went on a business trip to Australia in 1985 and slept with a prostitute who shared a needle with a friend down the road who had aids'.

NZ Health Department, *Advertisement, 1989.*

▲ The book by Tom McLean, *If I Should Die: Living with Aids* is launched before Easter in Wellington. Gay activist Bill Logan spoke of McLean's contribution to the gay community, documenting his personal response to life with aids and his commitment to creating a wide understanding of what it meant to be gay. Tom McLean dies on Good Friday, three days after seeing his book launched.

▲ In August a dog show in Napier raised about \$3000 for the local branch of NZAF. Good prizes and trophies attracted a wide variety of breeds. Novel for such an event was a stall served by Aids Foundation staff who were surrounded by a display of the latest posters.

▲ Auckland Lesbian and Gay Youth group (ALGY) was established during the National Lesbian and Gay Conference at Easter. It aimed to provide a support structure, and is entirely youth-run.

▲ Quilt Project is launched by the PLWA Collective to heighten awareness of HIV. The Project originated in San Francisco by people who had lost loved ones to aids.

▲ The insurance industry's revised code of practice for dealing with aids is rejected by NZAF. The code has been heavily revised since aids groups voiced objection to an earlier version.

▲ One in five gay men responding to an Auckland survey reported being beaten up, physically abused or arrested for being gay. Of the sample a majority (56 percent) had reported verbal abuse or threats because of their sexual orientation. 93 percent reported the telling of anti-gay jokes in their presence. 64 percent have to work, live or socialise with someone who is homophobic.

## 1990

▲ In August the Dunedin Anglican Diocese Synod adopted a policy of non-discrimination against gays and people with HIV/aids. The Synod voted for a motion supporting amendments to the *Human Rights Commission Act*.

▲ The campaign for legal protection from discrimination took a blow when the Bill of Rights re-appeared in Parliament without any protection for lesbians, gays and people with HIV/aids. As a direct consequence Michael Hay, of the National People Living with Aids Union, said there will undoubtedly be unnecessary deaths from aids.

▲ In August, Wellington's Khandallah Scout Group ran an aids awareness programme for its members and other young people from the local community. The initial planning meeting for parents was followed by meetings over four consecutive nights for different age groups from eight to 19 years of age. Information was presented by the Family Planning Association and the Wellington Branch of NZAF.

▲ Widespread support for gay rights legislation is shown in recent Health Department Surveys. The Surveys, conducted in August, indicated that 69 percent of the population favour gay men having access to any kind of employment provided they are qualified for it. Even traditionally conservative sectors (rural, over 65, retired) showed majority support for gay rights. A second study showed that 73 percent believed gay men should be judged on their over-all personal merits rather than on sexual orientation alone.

## 1991

▲ The new Governor-General Dame Catherine Tizard, accepts an invitation to be NZAF patron. As mayor of Auckland, Dame Catherine had been actively supportive of the Foundation's activities in very practical ways. The previous patron was Sir Paul Reeves, the past Governor-General.

▲ In September NZAF mobilised support for Auckland Lesbian Gay Youth in response to attacks in the *Auckland Star*. This led to a complete apology and a \$4,000 settlement by the paper.

▲ NZAF Relevancy Campaign launched during August generates media interest and comment from the gay community it was directed at. The poster shows a man with KS (Kaposi's Sarcoma) being comforted by another who is well.

## 1992

▲ In a press release from Auckland's gay community, they express bitter disappointment at the failure of Auckland Mayor, Les Mills, to support HERO Project, the major fundraising event for HIV/aids services in Auckland. Project Organiser, Rex Halliday, writes to the Mayor seeking his endorsement of the project pointing out that this was the major promotion of self esteem and safer sex for the Auckland gay community. In subsequent correspondence with the Mayor, Halliday stresses the importance of the Mayor's leadership within the city most affected by HIV/aids and urges him to reconsider his lack of support.

▲ The HERO Project culminated with a huge dance party on January 26, with over 4,000 gays and their friends attending the biggest dance party ever.

▲ Auckland daily newspaper *The New Zealand Herald* chooses to ignore the recent HERO project, despite several personal approaches to editorial staff to publicise the event. Commenting on the *Herald's* inaction, gay leaders from the community said the paper showed the bigotry and homophobia that still surrounded gay issues in the 1990's and that the real purpose of the HERO Project, and the benefits it would bring to everyone had been completely overlooked.

▲ A series of anti-gay violence sees the setting up of self-defence workshops in Auckland.

▲ Latest statistical figures released show that the rate of increase for diagnosed HIV has slowed over the last two years.

# pageworks

## GARY COCKER (20, 21)

*Slow heat building in my loins – coming together* 1985

## BELINDA DRUM (15)

*Almost as though there were no future to be had* 1992

She'd stepped away from him to pick flowers. (*Songs of Solomon*, by Tony Morrison).

## SIMON ENDRES (18, 19)

*Do or die, virus crisis* 1992

Note: urgent

## LUISE FONG (iv)

*Untitled* 1992

## PETER LIGGINS (27)

*Untitled* 1992

Woman man child

Life death life

Joy

## STEPHEN LOVETT (11)

*Untitled* 1992

The human immunodeficiency virus has become, regrettably, a significant factor in our lives; entered our culture. We have been accelerated to the nexus point at which powerful and deeply entrenched social and historical meanings must be challenged. These contestations in personal and public arenas provide a frame work for broadened social analysis. We can shift the debate away from aids as one limited to a lifestyle issue, to examining its significance for this country, at this time. This nexus necessitates that we acknowledge, dissect, then militate against, the multiple ways in which social constructions shape our awareness of ourselves and others.

## LUCY MACDONALD (16, 17)

*Narcissism* 1992

## MARK McENTYRE (8)

*Untitled* 1992

My contention is that the church's slanted attitude towards sexual love provides us the opportunity to disassociate ourselves from the part we play in the aids crisis.

## VALERIE NIELSEN (22)

*Untitled* 1992

## SAFE SEX MEDIA (back cover)

*Untitled* 1992

## ALBERT SWORD (23)

*Untitled* 1992

## JOHN TARLTON (25)

*Untitled* 1992

## JACOB TOLO (26)

*Untitled* 1992

This piece is done in the memory of those that are still remembered by their friends, families and lovers. The piece is about their continuance in people's memories and how, even though I had not met them they had somehow come into contact within my life. I do know them now, through these people who remember them.

## PETER WADDELL (24)

*Untitled* 1992

## JANE ZUSTERS (2)

*Untitled* 1992

## contacts

### (freelisting)

#### AUCKLAND

##### **Auckland Drug Information Outreach (ADIO)**

Needle exchange  
HIV/aids information service  
for intravenous drug users

277a Symonds St  
phone (09) 309 8519

##### **Body Positive**

Support group for men with HIV

Burnett Centre  
phone (09) 309 5560

##### **Positive Women**

Womens support group  
contact Judith Ackroyd

phone (09) 379 9760

##### **Community AIDS Resource Team (CART)**

Auckland Hospital  
phone (09) 379 9760

##### **Tumanako Vitabank**

non-profit nutritional supplies

PO Box 691, Auckland  
phone (09) 828 4101

#### WELLINGTON

##### **Alcohol and Drug Centre**

265 Adelaide Rd, Newtown  
Information, support and  
counselling for IV drug users

phone (04) 389 8340  
or 389 8653

##### **HIV Peer Support Group**

Support and information sharing

Awhina Centre, Wellington  
phone (04) 389 3169

##### **Wellness Programme**

HIV/aids health support

Awhina Centre  
phone (04) 389 3169

##### **Awhina Massage Therapy**

Relaxation massage for HIV  
positive clients

Awhina Centre  
phone (04) 389 3169

##### **Gay switchboard**

phone (04) 385 0647

##### **Wellington Area Health Board Sexual Health Service**

Confidential testing, counselling,  
advice, and condom supplies

175a Adelaide Rd, Newtown  
phone (04) 385 5997  
or 385 5996

##### **Wellington Area Health Board Ward 26 Wellington Hospital**

Medical specialists available to provide  
care and treatment for PLWA in the  
hospital and in the community.

phone (04) 385 5999 ext 5203

##### **Mary Potter Hospice**

A variety of services for people  
living with HIV/aids, their friends  
and families.

phone (04) 389 7017

##### **Wellington Information for Drug Education (WIDE)**

Information, support,  
counselling, and needle/syringe  
exchange and bleach for  
injecting drug users

phone (04) 382 8404

##### **Wairarapa Aids Network**

Confidential information,  
support, professional help  
and referral

phone (04) 378 2099 ext 779

## SUPPORT AND COUNSELLING SERVICES

Free, anonymous,  
confidential and informed  
counselling and testing  
for HIV/aids

Counselling and support  
services for all people living  
with HIV/aids, their partners,  
families and friends

Counselling and support  
services for gay and bisexual  
men or for information  
about the same

**AIDS HOTLINE**  
National toll free  
Information  
**0800 802 437**

## *New Zealand Aids Foundation*

Wellington  
Awhina Centre  
(04) 389 3169

Auckland  
Burnett Centre  
(09) 309 5560

Christchurch  
Ettie Rout Centre  
(03) 379 1953

Hawkes Bay  
NZAF Office  
(06) 835 5554

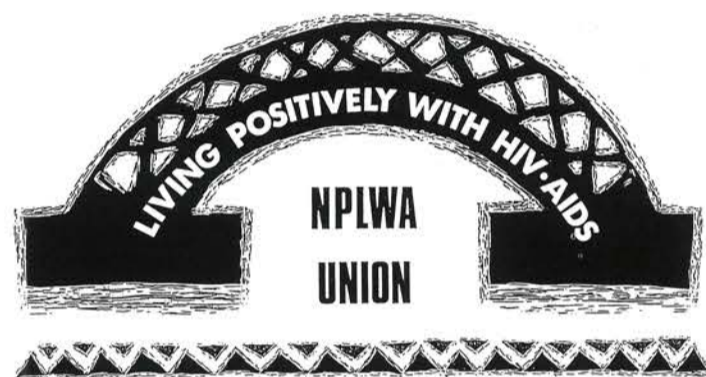
Hamilton  
NZAF Office  
(07) 838 3557

Otago  
NZAF Office  
(03) 474 7732

*foodbank • education  
medilink • touch massage  
prevention • linkline*



Auckland Community Aids Services Trust  
76 Grafton Road, Auckland  
PO Box 3702, Auckland 1  
phone (09) 309 0156



*Lobbying nationally to protect the rights  
and interests of people with HIV/aids*

*Speaking for and to people with HIV/aids  
through Collective Thinking*

For your free copy or a much appreciated contribution write to  
National People Living With Aids Union PO Box 2558 Wellington  
Phone (04) 382 8791 Fax (04) 801 5690

## HERNE BAY HOUSE

A safe, loving and supportive environment for people  
with HIV

For information phone Tony or Gordon (09) 376 1192



## THE NEW ZEALAND QUILT PROJECT An aids memorial

The New Zealand Quilt Project  
PO Box 7024, Wellesley Street  
Auckland 1

Quilts Convener Nikki Eddy  
phone (09) 838 6490



Remembering their names

New Zealand Prostitutes Collective  
National Office, PO Box 11 412  
Manners St, Wellington

# NZPC

**AUCKLAND**  
227a Symonds St  
phone (09) 366 6106

**WELLINGTON**  
282 Cuba St  
phone (04) 828 791

**CHRISTCHURCH**  
phone (03) 652 595

**DUNEDIN**  
phone (03) 477 6988

- Support and a friendly environment
- Condoms and water-based lubricants
- Magazines for workers in the sex industry
- Information on HIV/aids and other STDS
- Referral service to sympathetic doctors and other complementary agencies

**LICK • IT**

**TAKE • IT**

**HEAT • IT**

**EAT • IT**

**BUT DON'T**

**FORGET**

**THE WRAP**

**CHOOSE LIFE**

**WEAR • A**

**CONDOM!**

**SAFE • SEX • MEDIA**