

JUMP CUT

A REVIEW OF CONTEMPORARY MEDIA

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Jump Cut, No. 55, fall 2013

What time is it here?

by [Bishnupriya Ghosh](#)

Prelude: As the meetings for the Society for Cinema and Media unfolded in Chicago, 2013, a phrase made idle rounds in my head: what time is it there? Predictably, it was a cinematic reference, the title of a film made by the acclaimed director Tsai Ming-liang in 2001. Yearning to be always in sync with somewhere other than Taipei, a young street-vendor who sells watches tries to set all clocks to Paris time. “There” marks the melancholic distance between his life, newly bereft of a father, and the life of the woman to whom he sold his watch. “There” measures the distance from the “here,” his everyday life-world. It signals being global as living in several time zones at once and therein to feel untimely in one’s immediate milieu.

What constitutes timeliness? More to the point: what is timely action, timely scholarship, or timely talk? For media scholars, activists, and practitioners, timely thought and action are necessary responses to historical contingencies.[1] [[open endnotes in new window](#)] We need to document this audiovisually *now* before its ephemera evaporate. We need to recognize the visual field of war *now* in the face of the hidden U.S. war machine. We need to better understand data structures[2] *now* as the government amasses our phone records. These are grave and fundamental concerns not only in the everyday news but also for scholarship: one only need glance at edited collections, listservs, calls for papers, dissertation topics, journal issues, residencies, and of course, conference panels as evidence of their timeliness.

But as these new “crisis scenarios” emerge, they edge out other, once important, arenas for contingent action. The latter disappear as crisis-events, even as scholars debate the event-horizon of endemic, global, never-ending crises. They become “periods” or world-historical “events” to be remembered, recounted, or archived. Then scholars, activists, and media practitioners look back at them as history. We ask: how was the Great Depression mediated? How did the media make the event? For those invested in a history from the present: What does a media history of the 1929 crash tell us about 2008? When such questions arrive, the crisis-event is once more timely in its relocation to the present as a stable, well-demarked spatiotemporal plane. Archaeologies, histories, genealogies begin to mushroom. But the pressing urgency of the “now” that organizes

media action—direct action, writing, talking, building, making, designing—dissolves.

There are crisis-events that no longer appear to command urgent redress, but that are not *as yet* relocated to a historical plane. In transition between a timely now and a timely then, they enter the black hole of the untimely. Has the “thought of AIDS”[3] become untimely? One might well believe it, when the Society for Cinema and Media Studies turned down a panel featuring scholars, filmmakers, and activists reflecting on surviving thirty years of the AIDS crisis through media action.[4] That was the occasion for this reflection on timeliness. I was a panelist who did not attend the unauthorized panel at SCMS, but who is privy to the videotaped version, as are you (on Tumblr[5]). But instead of giving you a taste of the “untimely” paper I might have presented there, I choose to reflect on this not-yet historical moment of the AIDS crisis.

In the United States, we are currently witnessing a deluge of histories of the AIDS crisis. These are not the runes of loss, but retrospection on the efficacies of contingent action. There are the widely discussed documentaries marking thirty years of AIDS activism, such as David France’s *How to Survive a Plague* (2012), Jim Hubbard and Sarah Schulman’s *United in Anger* (2012), and Dylan Mohan Gray’s *Fire in the Blood* (2013).[6] There is a steady stream of scholarship theorizing the affective-performative public sphere of AIDS activism erected against the inertia of deliberative democracy, such as Deborah Gould’s *Moving Politics: Emotion and ACT UP’s Fight Against AIDS* (2009) or Christopher Castiglia and Christopher Reed’s *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past* (2011).[7] There are venerable institutions invested in the commemorative gesture: consider the Kris Nuzzi and Sur Rodney curated history of Visual AIDS, *Not Over: 25 years of Visual AIDS*, launched in June 2012.[8] I could go on. And I could criticize what is consigned to history and how.

But the point is that these media events are symptomatic of a conflict over how to think the timescale of the “AIDS crisis” as a historical or ongoing event. Is it really over? If so, *where* is it over? Certainly in resource-rich contexts, after the anti-retrovirals hit the market in 1995, HIV/AIDS has become a chronic condition, a private medical matter monitored through an array of diagnostic and therapeutic technologies. Yet it is equally the case that the anti-retrovirals are not uniformly available, accessible, or affordable across resource-poor epidemic contexts. So “high crisis” pockets exist among disenfranchised communities, especially in contexts where political and cultural norms police and segregate infected populations from the healthy, leaving the former to die.[9] Such high crisis pockets create spatiotemporal disjunctures in the prevailing timeline of the HIV/AIDS pandemic—the story that distinguishes “early AIDS” from the post-antiretroviral era. In turn those disjunctures make us question the streamlined idea of “global AIDS.”

The questions are not settled, and perhaps they will never be. Especially when personal and collective losses—of health and of life from inaccessible, intermittent, or long-term medication—continue. Deaths of public icons erupt periodically. Most recently, the tragic demise of the indomitable 44-year old Spencer Cox, the man whose push for timely drug trials saved millions of lives, reinforced the eddying traumas of the epidemic in the United States.[10] And then there are those personal losses of friends dying despite drug regimens. Whatever the event, the early decades of the twenty-first century provokes a time of reflection for those of us who were queer and active in the pre-retroviral era. The ethnographic “I was there” does not bank on the privilege that is often

granted to the native informant; rather, it is the participatory mode learned from the affective-performative[11] politics of AIDS activism. For it was a distinctly different, embodied mode of politics, fluid and kinesthetic, personal and worldly, fierce and flamboyant. That significance is still debated today in meetings, gatherings, demonstrations, conferences, print and digital media: what *should* be the legacy of the intense media activism that mobilized resources for the fight against AIDS? What modalities of the period erupt in arenas of “high crisis” all over the world?

Unsettled, the question trembles. The “thought of AIDS”—like most untimely things—remains discomfiting, arousing, refusing peaceful reassignment to history. And so this polemic on timeliness, partly compelled by the brouhaha over an unauthorized panel at a conference that I have attended for almost two decades but missed this year. I do not seek to set an agenda. Rather I offer a few propositions on why the “thought of AIDS” can seem untimely now.

Proposition One

A change in the *timescale* of imagining human-microbial relations alters what we perceive as a crisis-event. Once that scale was human history: the mass deaths of an epidemic. Now natural time replaces historical time. We worry about coming planetary catastrophes: the crisis-event expands with the Anthropocene, a geologic periodization of the last 250 years of burning fossil fuels.[12] We struggle to grasp the human-microbial relations at the evolutionary scale, at a time when mapping the “human microbiome” is the next “big science” project.[13] Geologic time, species time, the timescales of the nonhuman are necessary to inhabit a rapidly unhomely planet. Such scenarios recast human-viral relations as slowly evolving interspecies encounters in which once profoundly antagonistic species ultimately learn (or will learn) to live together—in uneasy truce or mutual cooperation. The movement is inexorable, nonhuman. The great exertions of AIDS activism are a speck in the eye of natural time. It is the future, not the past that commands our attention as site of inquiry and struggle.

In the glare of the future, the premiere microbial protagonist of the AIDS crisis, HIV, morphs into a generic bug—the virus, feted in some accounts as an intelligent life form that has survived the 4 billion year primordial soup.[14] As we await the new viral mutation, evolutionary time evacuates the weight of history. The historical lessons from self-organizing affected communities who understood and reflected on what it means to lose the evolutionary war with a microbe, and therefore to live an uneasy truce with it, personally and collectively, seem insignificant, miniscule as behavioral modification. Certainly that interspecies encounter is not as captivating as bioart activism where “life”—our biological substrates (DNA, cells, tissue)—marvelously appears as “itself.” Amid the squeak of timescales, the story of AIDS becomes untimely.

Journals: Think of the journal special issues that punctuate the AIDS crisis. There was a special issue of *October* 1987 (edited by Douglas Crimp), “Cultural Analysis/Cultural Activism,” famous in some scholarly circles, that focused on an urgent crisis of representation.[15] Twenty-five years later, the recent *Women’s Studies Quarterly* 2012 special issue (edited by Jasbir Puar and Patricia Clough) named “Viral” arraigns reflections on HIV/AIDS epidemic media alongside ruminations on interspecies art.[16] Both are memorable landmarks; both mark the changing concerns of HIV/AIDS scholarship.

Proposition Two

The new fascination with *scientific and technological solutions* devalues other modes of contingent social action. Once the retroviral drugs became widely available in the fall of 1995, the pharmacological panacea gained an upper hand. There is no question that the retrovirals have been life-saving; indeed they had been the locus of grassroots activism until that point. And yet one of the consequences of the “pharmacological turn”[17] has been an intensified focus on biomedical interventions as *the* frontier in the struggle against AIDS. If social justice had been the core of AIDS media activism, the fight, now waged on a global scale, continues: AIDS media activism unrelentingly intervenes in public policy, drug legislation, and prophylactic measures attempting to ameliorate the quotidian struggles of living with AIDS.

Yet that activism is now regarded as “soft power” when ranged with the heft of new drugs, therapies, and vaccines. The “hard power” of biomedical and biotechnological intervention that can “secure” the disease—regulate and control but not eradicate it—is the new site of agency. Critics decry the consequent “anti-retroviral globalism,”[18] wherein pharmaceutical companies of the Global North make money off resource-poor contexts in the Global South, even as a narrow emphasis on market solutions fail to address the social and political dimensions contributing to the epidemic. No longer a social, political, and cultural crisis, AIDS appears as scientifically quantifiable risk with a biomedical/biotechnological solution.[19] So it is not facetious to suggest that what happens in the lab—where cures are promised, where viruses are engineered—has become a site of public fascination, as hoary tales of scientific feats and failures consistently circulate in mainstream popular scientific media. As the critical and representational gaze shifts to the lab, it is not surprising that scholars (myself included) rush to make sense of this biomedical imagination and artists rush to intervene in bioscientific innovations. Hence more talk about soft cultural activism around the AIDS crisis appears untimely: not urgent to address or redress, not where the real action is.

Books: Books on AIDS science tell their own story. In the beginning there was Cindy Patton’s *Inventing AIDS* (Routledge 1990), a critique of the medicalization of the epidemic experience, but also the tale of how activists once motivated and directed what science could and should do. The role that ACT UP played in designing the drug trials for the anti-retrovirals is possibly the premiere example of such activist intervention. Now there are accounts of the negotiations between patient-subjects and biomedical interventions that reconstitute the human body (for example, Marsha Rosengarten’s *HIV Interventions*, 2009[20]). Since HIV/AIDS chronic therapies are highly dependent on compliance to the drug regimens, Rosengarten emphasizes the agency of the patient in the success stories of biomedical treatment. In the new tales, the scientist and technician *set* the terms of the intervention, but the patient, the caregiver, and activist modify or negotiate those terms.

Proposition Three

Strategic risk management of global public health effectively streamlines the AIDS crisis as the same everywhere. Such strategy transcribes concrete experiences of living with AIDS into

abstraction, as one instance equivalent to every other in the global pandemic.[21] Marshaling a totalizing world picture, “pandemic media”[22]—such as PBS-funded documentaries, *The Age of AIDS* (2006) and *A Closer Walk* (2003) or the HBO miniseries, *Pandemic: Facing AIDS* (2002) [23]—situate all levels of crisis on one spatiotemporal plane. Crises become generalized, dispersing and dissipating the historical urgency of the singular high crisis at a particular corner of the world. The value of local strategies born of situated activism seems ever more obscure. As places dematerialize into abstract space, the study of epidemic media in conditions like no other—a small-scale documentary from Cape Town, an art installation from Mumbai—is relocated to the safe corners of area studies. Hence urgent media activism “elsewhere” is of peripheral critical or social relevance to the non-crisis *here*—in the resource-rich global North.

Conferences: Flashback to the International AIDS Conference (IAS). In the second conference (Paris 1986), Bila Kapita, the Chief of Internal Medicine in Kinshasa, Zaire, already spoke openly about the pandemic in Africa. When jailed for his speech, the international community mobilized to free him.[24] Flash forward to the 2012 meeting in Washington D.C.. We know sex workers could not attend it, since they cannot get visas to travel to the United States. In a sudden emergence of global disjuncture, during that IAS meet, the city of Kolkata hosted sex workers from 40 countries (at the Sex Worker’s Freedom Festival) organizing to discuss homegrown strategies to curb HIV/AIDS transmission.[25]

Coda

I catch an intermittent replay of the film reel in my average week. Whenever my mother calls from India—and she has been calling for the past thirty years—she always asks, “What time is it there?” Now it is inconceivable that she cannot calculate the 10-12 hour difference between Kolkata and California. So in time I came to ponder what exactly it was that she was asking. Perhaps it meant: what were you doing? Perhaps, it was less a question than a melancholic reminder that her sleeping hours are my waking hours. That our times are so disjointed, so different that she fears her untimeliness in my new life—over there. “There” marks her urgent sense of the widening distances between our life-worlds, a perception of the global as always untimely somewhere. It has taken me a while to syncopate an answer: to assure her that it is always the perfect time for her call.

Timeliness: a setting to the other’s clock.

Notes

1. The general understanding of “contingency” is a likely future event that may or may not occur. Anticipating such events often involves setting in motion a pathway into the future—a contingency plan, as it were—but with understanding that unknown factors can impact (redirect or foreclose) that pathway. Hence *contingent action* is always a temporary solution laced with uncertainty. This does not mean contingent action is not necessary; quite the contrary. Historical contingencies arise from strong interpretations of anticipated events that *require* action—events that can lead to cataclysmic destruction, if there is no change in their projected unfolding. Epidemics are one type of historical contingency mandating immediate human intervention pitched at preventing mass

deaths in the near future. [[return to text](#)]

2. Data structures are particular ways of organizing and storing data in a computer. The form of these structures anticipates how specific data may be accessed and interpreted as information, and they are therefore of interest to media theorists preoccupied with the control and regulation of digital knowledge practices.

3. “The Thought of AIDS” is the title of a recent colloquium at Brown University (April 2013), organized by Jacques Khalip, where scholars convened to discuss the historical and present cultural work to be undertaken thirty years after the first outbreaks:

<http://news.brown.edu/events/detail/2013/04/05/pthe-thought-aids-humanities-and-epidemicp>

4. Some of the panelists creatively hosted an unauthorized panel at Chicago’s Drake hotel as agitprop. I was one of the original panelists invited to present my planned paper for SCMS for this *Jump Cut* forum. Instead of that piece, however, as I continue to work on a comparative study of epidemic media in the United States, South Africa, and India, I thought it would be more constructive to think about what constitutes timeliness in scholarship.

5. See <http://unauthorizedscms.tumblr.com>

6. *How to Survive a Plague* (dir. David France, 120 minutes) and *United in Anger* (dir. Jim Hubbard and Sarah Schulman, 93 minutes) are feature-length documentaries, both appearing in 2012 and making a splash as prize-winning audiovisual documents of the mobilization around HIV/AIDS in the United States. Interspersing talking heads with footage of the high crisis years, the films mourn those who passed and celebrate the successes of that political moment. *How to Survive a Plague* draws from 700 hours of footage on ACT UP actions, while *United in Anger* features excerpts from the insightful interviews drawn from ACT UP’s Oral History Project. Appearing a year later, Dylan Mohan Gray’s *Fire in the Blood* (2013, 87 minutes) celebrates another struggle—for cheap generic anti-retrovirals—on a global scale. Shot on four continents, the documentary features luminaries such as Desmond Tutu and Bill Clinton alongside actors from numerous campaigns and coalitions.

7. I choose these texts as placeholders for the many writings on the AIDS crisis in the United States at the current juncture. In *If Memory Serves: Gay Men, AIDS, and the Promise of the Queer Past* (U Minnesota, 2011), Christopher Castiglia and Christopher Reed argue that the collective trauma of the AIDS crisis in the U.S. effectively recast the sexual revolution (and with it, gay pasts) as “a dangerous form of immaturity.” They caution against the temporal isolation of younger gays and lesbians from the generation hit hardest by the onset of AIDS. As such, this work represents efforts to rethink the meaning of the HIV/AIDS epidemic from the vantage point of queer historiographies. In contrast, Deborah Gould’s monumental ethnography (*Moving Politics: Emotion and ACT UP’s Fight Against AIDS*, U Chicago P, 2009) represents the many local histories of the epidemic that are being penned in the second decade of the 21stC. The book archives the internal negotiations and the public actions of ACT UP Chicago, formed shortly after the 1987 mobilization of ACT UP in New York City. She emphasizes the radical work of emotion—“rage, anger, indignation, hope, pride, and solidarity” as well as “fear, shame, embarrassment, overwhelmedness, desperation, and despair”—in holding open a political horizon to easily foreclosed by normalizing agendas (such as gay

marriage or “don’t ask, don’t tell”).

8. More on the exhibit can be found on the Visual AIDS website (www.visualaids.org); at present, reviews of the show are available at <http://www.visualaids.org/projects/detail/not-over-25-years-of-visual-aids-.Uj3PXxYTHFI>

9. Statistically, high epidemiological crises show new disease incidence and deaths outrunning disease prevalence curves: that is, more people are infected or dying than the number of people living with HIV/AIDS. Experientially, people live through periods heightened precarity in which there is no affordable long-term treatment or cure. “High crisis,” then, suggests both the quantitative qualitative threshold in the intensity of the epidemic.

I track a few high crisis pockets in my book, *The Virus Touch: Living with Epidemics*. For example, the political emergency in Manipur, a tiny state in northeastern India (the site of one of my ethnographies) has ensured the constant disruption of anti-retroviral therapy shipments into the state. Such disruption has engendered immunological resistance to some of the life-saving drugs, bringing home the fact that one cannot depend only on the pharmacological fix. Instead, grassroots organizations have launched multi-pronged health strategies (diet, hygiene, exercise, transportation to the clinics, etc.) that reinforce immunological, endocrinal, and neurological capacities against the ravages of the virus. Such crisis scenarios are not anomalies, indicating the uneven and striated landscape of global AIDS.

10. See, Jacob Bernstein’s “Surviving AIDS, but Not the Life That Followed,” *The New York Times*, February 22, 2013 (http://www.nytimes.com/2013/02/24/fashion/what-really-killed-spencer-cox-aids-activist.html?pagewanted=all&_r=0)

11. Pushing beyond the salience of deliberative processes—reflecting, discussing, and arbitrating matters of public concern—to democratic consensus, in recent years, several social and political theorists have emphasized the cultural work of emotion and (what may sometimes seem) unreasonable action as good progressive politics. For those with little access to media platforms, for example, burning an effigy as public protest is a mode of expressing dissent, for becoming a part of history; and for those who have lost dear ones to social neglect, as was the case in the HIV/AIDS epidemic, acting out their grief and anger is sound strategy for mobilizing a different kind of public sphere.

12. The ecologist, Eric Stoermer coined the term “Anthropocene,” while the Nobel Prize-winning atmospheric chemist famous for his thesis on the hole in the ozone layer, Paul Crutzen popularized it (see, Paul Crutzen, and Eric Stoermer, “The ‘Anthropocene,’” *Global Change Newsletter* 41: 17–18). There is some debate over the timescale of the anthropocene, ranging anywhere from the last 250 years (post-Industrial Revolution) to the last ~5000 years (William Ruddiman, *Plows, Plagues and Petroleum*, Princeton UP, 2005).

13. The “human microbiome” is the total genomic makeup of diverse microorganisms that live in the human body. The Human Microbiome Project (HMP) launched in 2008 is *the* new “big science” initiative generating the same degree of excitement within scientific communities as the international Human Genome Project did a decade ago. A collaboration between the National

Institutes for Health in the United States and the European Commission, the HMP plans to sequence approximately 900 microbial genomes of bacteria, viruses, and fungi from samples collected from specific sites of the human body (the digestive tract, the mouth, the skin, the nose, and the vagina), first from healthy volunteers and, later, from humans with specific illnesses; the European Commission's MetaHIT (Metagenomics of the Human Intestinal Tract Project) specializes exclusively on the microbiome for the human gut. At the 2012 meeting of the HMP's international consortium, researchers presented the positive correlation between high biodiversity of microbes in the human body and the condition of good health. Clearly those invisible microbes feared as "our" worst enemies are proving to be eminently beneficial, even necessary, to human survival. See, Ed Young, "Microbiome sequencing offers hope for diagnostics," *Nature* (23 March 2012) and Michael Balter's "International Human Microbe Program Looks Ahead," *Science Magazine* (March 22, 2012).

14. A bit of nucleic acid with no cell walls and a protein coat, the virus is seen to be a pre-LUCA survivor with primitive RNA that has managed to stay alive through latching on to hosts for 4 billion years. LUCA is the "last universal cell ancestor," a pre-DNA cellular form. Scientists note that, as an obligate parasite, it is not in the interest of the virus to kill the host; if it does, it will lose its resources. Hence, if anything, the virus exemplifies a mode of living-in-obligation. Even the most pathogenic viruses ultimately strive toward a symbiotic relationship—a mutually beneficial biological partnership—with the host. Such a will to symbiosis, argue, evolutionary biologists, is the best option for survival.

15. "AIDS: Cultural Analysis, Cultural Activism, edited Douglas Crimp, *October* 43, Winter 1987.

16. "Viral," edited Patricia Clough and Jasbir Puar, *Women's Studies Quarterly*, Volume 40, Numbers 1-2 Spring/Summer 2012 (<http://www.feministpress.org/books/viral>).

17. The pharmacological turn arrives with a change in focus from human (livelihoods, medical care, homes) to health security. Scholarship on health security follows Michel Foucault's articulation of security as a distinct modality of power. In *Security, Territory, Population 1977-78* (appearing as the *Collège de France Lectures*, 2007) Foucault distinguishes a third mode of power—distinct from sovereign juridical power that punishes or kills (through fines, imprisonment, execution) and disciplinary power that surveys, observes, and corrects (organizing bodies and minds in schools, churches, or families)—that *calculates* and *intervenes* in the vital circulations of human life. The locus of this third kind of power is not this subject of law or that docile body, but our very biological existence.

Following Foucault, Stefan Elbe argues that all three modes of power articulate together around the problem of "emerging diseases," the moving target for the predictive calculus of health risk. Emerging diseases are obvious targets of national security: of military preoccupations with protecting soldiers, civilian populations, and sovereign territories that mandate containment (eradication, blockage, and inhibition). But they also threaten human security in laying waste individual lives and livelihoods. So they further motivate governmental and non-governmental humanitarian disciplining of behaviors, habits, and lifestyles so as to ensure a productive citizenry. Working alongside these two modes, health security regulates vital circulations, statistically

quantifying populations into risk groups (the children, the elderly) and promoting pharmacological intervention.

See, Stefan Elbe's *Virus Alert: Security, Governmentality and the AIDS Pandemic* (Columbia UP, 2009), as well as Melinda Cooper's *Cooper, Life as Surplus: Biotechnology and Capitalism in the Neoliberal Era* (U Washington P, 2008) and Andrew Lakoff and Stephen J. Collier on biosecurity in their introduction to *Biosecurity Interventions: Global Health and Security in Question* (Columbia UP, 2008).

18. The fact that the “life-saving drugs” are inaccessible in resource-poor countries has made public discussions of the problems associated with long-term HIV management a secondary issue in those contexts. The result has been an “anti-retroviral globalism” that focuses on the introduction of drugs, but does not invest resources in chronic management of the consequences that follow. See, Vinh-Kim Nyugen, “Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship,” in Aihwa Ong & Stephen Collier eds., *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Wiley-Blackwell, 2004), 124-144.

19. The scientification of human experience and its underlying technoscientific rationality is the subject of Ulrich Beck's (1986) work, *The Risk Society: Toward a New Modernity* (London: Sage Publications, 1992). Indeed, in his view, most people living in societies organized around risk respond to risk every day, be it in the habitual popping of pills or in the following of travel advisories. Even as risk discourses fuel anxiety, paranoia, and global panic, we turn to the probabilistic sciences and mathematical tools to manage and tame the threat of uncertainty.

20. Marsha Rosengarten, *HIV Interventions: Biomedicine and the Traffic between Information and Flesh* (In Vivo: The Cultural Mediations of Biomedical Science), University of Washington Press, 2009.

21. We know that HIV was globally resurgent as early as 1971, but it would take around two decades for the notion of pandemic—a swiftly spreading epidemic uncontrollable to localized territories such as towns, cities, or nation-states—to become the central focus of organizing around HIV/AIDS. The 1992 International AIDS Conference in Amsterdam was the first to announce a global agenda: the theme that year was “a world United Against AIDS” (8000 participants).

22. By “pandemic media” I mean modular media that are at once standardized and portable, originating in one context but transposable and but localizable to another. Media campaigns organized by the Bill and Melinda Gates Foundation, Global AIDS outreach media, and so on exemplify managerial risk media that aspire toward one strategy for HIV emergence everywhere. Thus we are witnessing the rise of a new breed of public health ventures that materialize the aggregative logic of probability—what happens in one instance will occur in the same way elsewhere. Such standardization of media activism calls for comparative studies that refuse an all-too provincial focus on a particular global region or an all-too synthetic tracking of global networks.

My present monograph, *The Virus Touch: Living with Epidemics*, attempts such a study, constellating HIV/AIDS “epidemic media” from the United States, India, and South Africa. The idea is to attend to the multiple praxes that complicate the global as one spatiotemporal plane.

23. The two PBS-funded documentaries, *The Age of AIDS* (2006, Frontline, Season 24, Episode 7, 240 minutes) and *A Closer Walk* (2003, dir. Robert Bilheimer, 85 minutes, narrated by Glenn Close & Will Smith) and the HBO-funded series *Pandemic: Facing AIDS* (2002, 42 minutes, narrated Elton John), for instance, allots equal time to a number of situations, formalizing equivalence between the selected palette of “real life stories,” even a classic voice-of-God documentary narration yokes the spectator to an empathetic but “objective” witness. Periodic inter-titles/sub-titles recounting pandemic facts and figures manage contextual differences, bringing them into the statistical reason of percentage and fraction. Such documentaries are effective pandemic media in which testimony is private confession within the larger liberal spectacle of distant suffering.

24. Bila Kapita, Chief of Internal Medicine in Kinshasa, Zaire, one of the first public figures to talk openly about HIV/AIDS as a the serious problem in the African region. He delivered an opening lecture at the 1986 convention (the other was delivered by Luc Montagnier). Kapita was consequently sentenced to jail for his disclosure upon his return to Kinshasa, but the arrest was prevented through international diplomatic interventions.

25. <http://india.nydailynews.com/newsarticle/5a51de48d3e740042f3b531baf7c21d6/sex-workers-gather-in-kolkata-for-alternative-aids-summit>).

[Introduction: Ghost stories](#) by David Oscar Harvey, Marty Fink, Alexandra Juhasz, Bishnu Gosh

[Ghosts caught in our throat — of the lack of contemporary representations of gay/bisexual men and HIV](#) by David Oscar Harvey

[Two ghost stories: disability activism and HIV/AIDS](#) by Marty Fink

[Acts of signification-survival](#) by Alexandra Juhasz

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