

The Proximate Truth: Reenactment in the Pandemic-Era HIV/AIDS Documentaries

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Abstract

This article assesses the conceptual and political significance of the *Aids Jaago* (2007) omnibus as prophylactic pandemic media. Critical reenactments of post-cocktail era HIV emergence, these documentaries address the epistemological problematic of the “pandemic vision” recalibrated by the singular cultural history of HIV/AIDS hysteria (1980–1995). What politics ensue from such reenactments? Hardly radical anti-statist or anti-corporate interventions, I argue these NGO-style documentaries index a domain of *negotiated* cultural strategies: they remain partly complicit with neoliberal individuation (the packaged care of the self) even as they stress the continuing necessity of social networks (family, friends, lovers, communities, and the state) to living with the virus. Thus these deliberative Bollywood-style efforts aim not only the comprehension (the perceptible, at the level of cognition) but also the apprehension (the sensible, inclusive of sensory, and affective levels) of HIV emergence as a biological and social event. The article elaborates their “politics of proximity” that attaches spectators to a social marked by loss, a living-in-common with both pathogens and the infected. Such affective translations of distance suffering challenges the willful collective blindness in which HIV/AIDS resides only in pathologized, isolated and quarantined, high-risk bodies.

Keywords

Biosecurity, pandemic, HIV/AIDS, prophylactic media, reenactment

His breath mists the window as Birju, a migrant laborer, stops to observe the miniature waltzing couple in a snow globe full of music. In a second his eyes move to the gracefully-arched back of a sari-clad woman, Divya, the bored female protagonist of Mira Nair’s short film, *Migration* (2007) (see Image 1). Feeling his gaze, she looks around, trapped among the bric-à-brac of bourgeois clutter. He drops his eyes. The *mise en abyme* of the snow globe is unmistakable: the social distances between them made visceral by Birju’s breath outside the cold pane, even as the distant glass dome enclosing the tiny dancing dolls convey Divya’s increasingly claustrophobic loveless marriage to a husband who prefers men.

The first furtive exchange of glances anticipates the later flare of passion, the passing of fluids. Divya will seduce Birju, passing on the ever invisible, the ever-unacknowledged microbial life she carries within her. Birju will signal her use of him, wresting away a gold trinket she wears around her neck as payment for his services. He will return to his village to give Yamuna, his sexy beloved, the trinket—and the virus. In turn the trinket will vivify the invisible routes of HIV transmission from a low-risk,

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Image 1. Birju looking into Divya's apartment.

Source: Frame from *Migrations*.

imputedly monogamous (urban middle-class) wife to her rural counterpart, and then to the baby born to Birju and Yamuna. The story will close with a customary disclosure of sero-positivity at the hospital, and we will remember Birju's poignant opening question for Yamuna on his departure to the city: "what shall I bring from the city?"

The beautifully-shot, star-studded melodrama of sin, tragedy, and guilt measuring up to any Bollywood flick worth its salt is an obviously

didactic tale, closing with the public health message: "Protect Those You Love/Wear a Condom." At first glance, it appears not to be a *documentary* about the HIV/AIDS epidemic—at least, not in the familiar guises of medical, public health, or edutainment documentaries. There is no raw footage or archival objects, no talking heads, no graphs, pie charts, or even pedagogic animations of pathogens; even the social realist mode of narration is strongly melodramatic in style. And yet Mira Nair insisted on the raw data of the "true stories" behind the four short films (12 minutes each) that comprise the omnibus, *Aids Jaago* (2007). With a glittering cast, the credentialed shorts authored by four of India's premiere directors—Mira Nair's *Migration*, Vishal Bhardwaj's *Blood Brothers*, Santosh Sivan's *Prarambha* (or *The Beginning*), and Farhan Akhtar's *Positive*—were Nair's brainchild, dramatic *reenactments* of stories gathered from HIV/AIDS activists working with the Bill and Melinda Gates Foundation in Delhi. Together they raise the question of documentary reenactment as a political act whose strategic vivification of invisible truths (lost, erased, repressed, forgotten, secret, or unrecognizable) is once more under the critical gaze of documentarians (Morris, 2008) and theorists (Kahana, 2009; Nichols, 2008). In this context, we might ask: How do these well-funded glossy docudramas intervene in the HIV/AIDS pandemic of the post-cocktail era? What historical urgency drives this project of vivifying an invisible enemy, a microbial life form, and its equally invisible vectors of contagion? What cultural strategies make contagion palpable to those who see themselves as "low risk" but who have become silent carriers of infection?

Aids Jaago reveals a significant turn in HIV/AIDS documentaries of the last decade: they seek to intervene in the well-documented asymmetric visuality of the HIV/AIDS epidemic, from its early outbreak in the mid-1980s to its pandemic, post-cocktail era phase. Here I situate this project—along with Sridhar Ranganathan's *68 Pages* (2007) released the same year—within the field of public health audiovisual media (including medical documentaries, ethnographies, and edutainment), one that is governed, in the case of HIV/AIDS, by a rather singular epidemiology. My first effort is to assess the conceptual significance of these documentaries as critical reenactments of HIV emergence as a biological and social event; as such they perform the epistemological problematic of a "pandemic vision." A second imperative is to explore the politics of these NGO-style documentaries that index a domain of negotiated cultural strategies, remaining partly complicit with the very neoliberal individuation (the packaged care of the self) that they criticize when they stress the continuing necessity of social networks (family, friends, lovers, communities, and the state) as the real antidote to HIV/AIDS. In other words, these are hardly radical anti-statist or anti-corporate interventions: Avahan explicitly promotes the "business" of HIV/AIDS prevention,¹ while *Aids Jaago* and *68 Pages* are visibly onboard with NACP-3 imperatives to leverage existing networks, to reduce the vulnerability of marginalized groups, and to catalyze changes

in social norms (Chandrasekaran, Dallabetta, Loo, Rao, Gayle, Alexander, 2006, p. 516). How, then, do we understand the political charge of these documentary reenactments? I pose the question in order to address the classic question scholars have asked regarding documentary's commitments to social change, but, this time, as it pertains to Indian documentaries. I will suggest that these deliberative Bollywood-style efforts seek not only the comprehension (the perceptible, at the level of cognition) but also the apprehension (the sensible, inclusive of sensory, and affective levels) of HIV/AIDS emergence. They perform a "politics of proximity" that attaches spectators to a possible social marked by loss, rather than one governed by fear-driven isolation from infected others. Multi-leveled encounters that transform distant data into proximate truths, their affective politics challenges a willful collective blindness in which HIV/AIDS resides only in pathologized high-risk bodies.

The Coming Plague

The pandemic vision occupies a wide cultural field where fear, paranoia, or panic, accompanying perceptions of constantly arriving diseases (Garrett, 1995; Oldstone, 2009), fuels imperatives to control, indeed to govern, unpredictable emergences of pathogens that threaten collective *human* futures. Statistical probabilities that map, assess, and predict those futures are the epistemological bases for ensuring biosecurity interventions on multiple scales. Certainly foreboding statistics were the stimulus for Nair's *Aids Jaago* endeavor, as the director/producer joined in the growing concern over a "coming epidemic" in 2006—the year of the National AIDS Control Organization or NACO's NACP-3 (Phase III of the National AIDS Control Programme) launch. NACO had emerged with India's trade liberalization in 1992, as the Ministry of Health and Family Welfare entered a bilateral partnership with the World Bank.² The government's response to HIV infection in India had been prompt, NACP-1 (Phase I) targeting high-risk populations in place by 1987. But as infection rates spiked unevenly across states (highest at present in Tamil Nadu, Maharashtra, Andhra Pradesh, and Karnataka) and silent infection among NACO-identified "bridge populations" (e.g., men with male and female partners, and the regular-but-undisclosed clients of sex workers) and low risk populations (e.g., monogamous married women) became evident, the field of HIV-prevention donors, partners, and organizations (grassroots bodies, small-scale NGOs, and global foundations) widened, producing multi-scalar collaborations around anti-viral drug therapy, counseling, condoms distribution, and information. The expected spike in HIV/AIDS infection in India—from 5.7 million (in 2005) to 20–25 million (by 2010)³, with 85 percent of the infection projected in heterosexual, and self-professedly heteronormative, communities—and the consequent predictions of lowered life expectancy and economic growth rates (an 8.6 percent decline forecast every year)⁴ became the catalyst for the government of India's embrace of a diverse array of media partnerships and collaborations. The financial and technological capacities generated by newly forged industrial connections offered fresh opportunities for HIV/AIDS prevention of an anticipated mass catastrophe. The *Aids Jaago* omnibus was one of many "media initiatives" of the period, the product of a media partnership between Avahan-India AIDS Initiative (a self-disclosed "virtual organization" leveraging several local partners, and funded by the Bill & Melinda Gates Foundation) and the New York based Mirabai Films Inc.⁵ As "initiatives," the new ventures offered explicitly innovative programming with limited duration, fore-closing allegations of colonial-style governance in their collaborations with local grassroots bodies, programs launched across existing (e.g., Doordarshan, the national television network) and newer (e.g., street plays of the Heroes Project)⁶ media platforms.

In this media context, we become immediately aware of the wider cultural field of HIV/AIDS mobilizations that the *Aids Jaago* films used to their advantage. The high profile cast, replete with activist stars (e.g., Shabana Azmi, starring in Farhan Akhtar's *Positive*), echoed the celebrity-studded Heroes Project where cricketers, movie stars, and music idols mouthed public service messages, while the thrilling detective-style frame of Vishal Bhardwaj's *Blood Brothers* capitalized on the popularity of the Doordarshan/BBC World Service Trust HIV/AIDS detective serial, *Jasoos Vijay*. Beyond this congruence, all the *Aids Jaago* films directly address the dreaded "message fatigue" reported by HIV/AIDS prevention enterprises (e.g., in several Avahan-India disclosures),⁷ undercutting all-too-familiar public messages with the dark humor or irony we often encounter in reenactments (see Nichols' discussion of Todd Haynes' *Superstar*, 2008, pp. 87–88). In *Blood Brothers*, as Arjun Dutt, the main protagonist's (also Arjun Dutt) doppelganger delivers a sermon at the close of the film, he regretfully admits to ignoring the jingle that should have made him more careful, while, in *Migration*, Birju remains amused at the street play on condom use (an explicit nod to an Avahan media effort) until he feels the brunt of the warning, later, with news of his own sero-positivity. These "citations" detach us from the old habits of viewing or listening to render those messages palpable once more. *Blood Brothers* flamboyantly stages message fatigue through Bharadwaj's choice of an *advertising executive* immune to advertisements as the protagonist. Living a fast-paced life (the shiny red car, the tequila shots, the cell phone addiction), initially Arjun Dutt seems oblivious to public service advertising. Early in the film, we have a wide shot of a "cool" hoarding selling colorful condoms looming over the city from an omniscient perspective (Image 2), as Arjun, the next shot reveals, talking animatedly on the phone, turns his back on the billboard.



Image 2. A condom hoarding in Mumbai.

Source: Frame from *Blood Brothers*.

The moment is laced with rueful irony, since it is recalled after Arjun discovers his HIV-positive status. Only the "initiative," with its proactive stance and its shock of the new, can get under one's skin, the films suggest, as they self-consciously assert the importance of revivifying existing "truths"; consequently, they consistently underscore their own industrial status as public education initiative. The reflexive "citations" of parallel prophylactic media, then, not only gesture

toward a politics of reenactment to which I shall return shortly, but the citations further expose the artifice of the images as layered, composite reconstructions of "true stories."

In the many interviews following the publicized launch, Nair labored to explain the process through which "true stories" were reworked into cinema, given what she saw as Bombay cinema's failure to address the HIV/AIDS crisis. While the mandate was to make street-wise, savvy, and entertaining films, the four filmmakers undertook field trips, met with activists, and brainstormed to ensure that the themes were not repetitive. The process of data transfer would involve sorting, selecting, combining, and distributing the stories that the counselors and activists provided, and then ascertaining how to recompose the best "typical particulars" (Nichols, 2008, pp. 85–86) paradigmatic of viral exchanges across generations, sexualities, classes, and regions. Not only were the films virtual cuts of "true stories," but they were also projected as rehearsals of "typified" thought, behavior, and action; that is, the filmmakers anticipated the

possibility that these typical particulars (that protected the identities of “real” subjects) would be productively corrected or modulated at sites of reception. There the “real” would edit the reenactment. Both the fragmentary “open” text of the omnibus-style documentary, a genre that places multiple stories in equivalence to each other and escapes narrative closure, as well as the cardboard, minimally sketched, characters of the docudramas formally signaled an unfinished text—ready to be revised, expanded, and fleshed out on reception.

And the directors were not disappointed. At the Tamil Nadu AIDS Initiative (or the TAI) screening at Chennai, for instance, audiences reacted strongly to the stories, one transgender sex worker exclaiming, “These films are our biographies,” while another, Sundari, “corrected” the choice a character makes in the Santosh Sivan segment, *Prarambha*: “Unlike the woman in the film, I have taken the decision to bringing up my child, no matter what. Though I do not have HIV, I am stigmatized by my work. My effort is to bring up my child without the shadow of my stigma” (“Reel” life). Such corrections indicate the “becoming real” of the composite, typified stories that the directors had once hoped for in their multi-scalar launch.

Harnessing extensive star power was a key cultural strategy, with the directors employing star bodies to forge a transitive relation between the real life stories and the audience’s experience of HIV/AIDS emergence. The transitive implies that if a relation holds between A and B, and also between B and C, it should hold between A and C. At the most basic level, the docudramas relied on embodied performances of suffering to garner psychic investments, in unashamed amplifications of the “true stories.” In *Prarambha*, for instance, Santosh Sivan successfully harnessed the star cachet of the illustrious performer-choreographer, Prabhu Deva, to play the truck-driver, Puttaswamy Gowda, and of Anu Prabhakar, an actor recognizable to Kannada film viewers, to play the iconic dying mother. A culturally familiar icon, simultaneously exemplary and *just like us*, Prabhu Deva functions as the witness whose perspective frames our own as we encounter the heaving of the infected body on screen; the spectator is hailed to sympathize with the “distant suffering” of the AIDS patient (Boltanski, 1999),⁸ even as Sivan deploys the melodramatic convention of the “dying mother” to whom the son returns in order to pull us into the sentimental orbit of a destitute HIV-infected woman who might otherwise remain a statistic. Now enmeshed in family affairs, as the future caregiver focalizes the mother’s story, we are yoked to her body in a tightly framed shot-reverse-shot sequence (Images 3a and 3b).

The codes of melodrama hardly require elaboration: the extreme close-up, the full frames, the mounting *melos* (of lean melancholic strings), and the poignant conclusion where the happy-go-lucky truck driver is transformed into a vigilante caregiver. The body on the hospital bed—the excessively present,



Images 3a and 3b. Mother sees son; Kittu and Gowda see mother.

Source: Frames from *Prarambha*.

constrained, violated, weeping body—incorporates the viewer, if we follow Linda Williams' (1991) provocations on the melodramatic mode. Inviting psychic and carnal investment, the onscreen body “besides itself” with “pleasure, fear and terror, or overpowering sadness” seems to burst through the two-dimensional silver screen as it strains against the claustrophobic frames that bind it, as the whispers grow louder and the strings, more mournful. Recent affect theories characterize the process of moving into audiovisual media as another moment when we become aware of our distributed subjectivity: the intensified audiovisual stimuli of the heightened melodramatic scene, in this account, would precisely produce an onrush of sensations (excitations of the nervous system) that dissolves subject-object boundaries even as spectators struggle to organize these sensations into culturally recognizable emotion (such as the sentiment of pity).⁹ Whatever the account, the sensuous draw of such moments impacts the documentary's capacity to *change* perceptions of socially distant suffering, as Jane Gaines (1999) has argued in her exploration of a sensuous political mimesis. Melodrama *moves* us into the body of the other—in these films, the distraught (disoriented, even half-crazed) subjects in the agonies of infection—to make HIV contagion palpable as social trauma. At a meta-textual level, the lustrous star bodies assemble us into sensorial and affective cinematic space, accomplishing a transfer of experience: between A (the real-life figures or “raw data”) and B (the stars who simulate A's suffering in embodied performances), and between B (the stars) and C (the public versed in conventions of melodramatic catharsis), establishing a relation between A (real figures) and C (the public). In audiences that claim the stories as their own, we find evidence of successful transfers of experience—a sensuous transitivity critical to the fantasmatic power of reenactments.

It is worth noting that both the wide distribution and star power of the *AidsJaago* omnibus, my primary focus in this article, kept these films in the limelight often at the cost of quieter efforts at reenactment. Funded by the Humsafar Trust, an organization long engaged with HIV/AIDS programs and centers in India, Sridhar Rangayan's *68 Pages*, for example, also released in 2007, was an even more explicit reenactment of “true stories”—this time, from the pages of a counselor's diary. Marking Humsafar as a grassroots organization attentive to sexual minorities, in interviews Rangayan, like Nair, explained the truth-value of his fictionalized docudrama: “Every character is an amalgamation of three or more case studies, so that they become representatives of the sub-segment we are talking about. Real stories touch an emotional chord naturally” (“Interview with Anil Vora”). Finding difficulty with distribution,¹⁰ unlike Nair, Rangayan explicitly positioned his film as “truer” than other Bollywood-style reenactments and made the documentary freely accessible online; in the six cities that the film played (as part of a touring festival), Humsafar, partnering with local bodies and community activists, hosted animated discussions. Over in the blogosphere, equally animated debates “outed” the counselor, Vrushali Deshmukh, a beloved figure at Humsafar between 1999–2004 (before she left for Columbia University), as the blueprint for the main protagonist, Mansi. If the *AidsJaago* films were overtly fictional docudramas, *68 pages* was authentic witnessing from a grassroots activist at a venerable organization working quietly and steadily in the cultural field of HIV/AIDS prevention media. The documentary presented the diary entries which the fictionalized counselor, Mansi, writes, as the authenticating material *trace* of the composites we encounter in the four interwoven stories: not only are we glued to the diary (a subjective HIV/AIDS knowledge form) with Mansi's suturing voiceover (she reads the diary to us), but the diary comes alive as the transmitter of pain, a vector of emotional trauma (see Images 4a and 4b where the diary flutters and later melts into Mansi's body).

68 Pages' romance with the diary is echoed across the *AidsJaago* films where other material traces of HIV/AIDS documentation, divulged in close-ups of digital (*Blood Brothers*) and printed (*68 Pages*)



Images 4a and 4b. The diary pages flutter as the stories take a tragic turn; Mansi emotes after learning of Kiran has tested positive.

Source: Frame from *68 Pages*.

sero-positive reports, becomes knowledge when the characters “experience” the documents; we are not only shown what these test results might look like, but also what they might *feel* like. Turning information into knowledge, these documentaries undertake the pedagogy of learning to live with the virus; the closing sermon in *Blood Brothers*, in fact, underscores how “living with AIDS” can become quotidian, effortless, just like living with diabetes or other chronic conditions.

As pedagogic media, *AidsJaago* and *68 Pages* remain distinctive as reenactments within the burgeoning cinematic discourse on HIV/AIDS in India. Even as sociological analyses continue to bewail the HIV/AIDS “problem” in India (as we see in the two PBS-funded documentaries, *The Age of AIDS*, 2006 and *A Closer Walk*, 2006, or the National Geographic funded *India: the Hidden Plague*, 2007); even as video and digital artists continue to produce microscalar ethnographic fragments (such as Abhijit Dasgupta’s *The Burning Issue*, 2005; Jorge Carvotta’s *Second Life*, 2004; or T. Jayashree’s *Living with AIDS*, 2005) on specific populations (sex workers, transsexuals, truck-drivers) and locales (Mumbai, Kolkata, Bangalore), made with minimal personal or small-scale state/public funding; even as biographies featuring individuals living with HIV/AIDS (such as Haoban Paban Kumar’s prize-winning *Mr India*, 2009, and Ms Tiainla Jamir’s *Going the Distance*, 2009) emerge in regional audiovisual media; and even as feature films, indie (*My Brother Nikhil*, 2005) and commercial (*Phir Milenge*, 2004) grow in numbers, we are witnessing the cultural emergence of a particular genre of documents, reenacted docudramas, whose main agenda is to bring HIV/AIDS home to the bourgeois hearth. But how exactly these docudramas measure up as “committed documentaries,” as Thomas Waugh (1984) names them, remains an open question.

Within documentary studies the alliance between documentary practice and social change is well-trodden terrain, critics often celebrating engaged and politicized documentaries with limited or small-scale funding that are minimally accountable to hegemonic state or corporate bodies. In recent times, the political efficacies of documentary have certainly multiplied and intensified in the shadow of information wars: we rely on well-heeled public figures such as an Al Gore or a Michael Moore to bring us “truths” lost in the noise of compromised corporate media (Williams, 1993). In the Indian case, we know documentary filmmaking gained momentum as an unofficial enterprise during the Emergency years (1975–1977), in direct response to abrogated civil speech; Anand Patwardhan’s *Prisoners of Conscience* (1978), documenting political prisoners held by a repressive state, led the charge. That political charge

has not faded: it continues to haunt all works that are potentially “socially committed,” but do not interrogate recognizable abuses of power such as state-sponsored violence, corporate greed, media corruption, or military excesses. The politics of the *AidsJaago* documentaries, more widely distributed than small-scale productions, then, might seem compromised. Not only are these docudramas funded by NGOs, bodies that scholars and activists view with suspicion for their standardization of what counts as political action (Baxi, 2002), but they also explicitly appeal to *personal* fears (of infection) and *affective networks* (circles of friends, lovers, co-workers) rather than rouse spectators to collective mobilization. But to dismiss the affective politics of these documentaries on these grounds, I maintain, is to miss their political significance. That fresh significance arises from the dispersed modes of governance that these docudramas now recognize and address: the governance of the vital forces of all “collective life,” human and non-human, in the name of biological security. What this implies is a more expansive notion of the social, of aggregates held in common (Thacker, 2009). If we are becoming cognizant of exchanges at micro-scales “below” (e.g., protein-protein interactions) and macro-scales “above” (e.g., global transportation) the human, then we must think of the social, and its governance, beyond the human collective. Documentary interventions into the governance of vital circulations, of “life itself” (blood, semen, excreta, proteins), become a necessary politics. But this is precisely what the HIV/AIDS docudramas undertake: they make us *feel* an unhomely social at multiple scales, within our bodies and well beyond the local horizons of city, state, or nation.

When we focus on how the docudramas address the governance of vital circulations—of infection, of love, of mobility—then we begin to comprehend their complex politics. After all exchanges of blood and semen are as necessary as the flow of goods and bodies to growth and accumulation, to the functioning of capital and the state; securing the future involves enabling *and* controlling robust circulations. In this Foucauldian sense, the docudramas participate in securing collective futures (Foucault, 1977–1978), that is, the spectatorial position they produce is a form of security. On the one hand, they institute a spectator moved to pity, fear, and grief, and yet “immunized” by the (representationally produced) distance of the suffering body. On the other hand, in their insistence on a social marked by interdependence (the possible need for care), unassailable connectivity (infection is always coming, always along uncertain vectors), and affective bonds (the infected or potentially infected are undeniably proximate), the docudramas deepen the sense of our networked materiality. Their “politics of proximity,” quite different from distant suffering, opens the spectator to a possible ecologically balanced social to come. “Living with AIDS,” living with pathogens, living with infected “others,” corrects the blinkered pandemic vision historically singular to HIV emergence.

Pandemic Vision

Pandemics present a general epistemological problem of visualization exponentially exacerbated, in this instance, by the early stigmatization of HIV/AIDS. I will not rehearse that well-worn cultural history here, but merely distill a few historical insights that are important with regard to the *need* to reenact contagion in the face of loss. If reenactments, as Nichols (2008) has argued, dramatize, visualize, or simulate a *prior* event, they do so only to underscore the absence of any “original” images that carry classic documentary’s indexical charge:

Viewers must recognize a reenactment as a reenactment even if this recognition also dooms the reenactment to its status as a *fictionalized* repetition of something that has already occurred. Unlike the contemporaneous representation of an event—the classic documentary image, where an indexical link between image and historical occurrence exists—the reenactment forfeits its indexical bond to the original event. It draws its fantasmatic power from this very fact. The shift of levels engenders an impossible task for the reenactment: to retrieve a lost object in its original form even as the very act of retrieval generates a new object and a new pleasure. (Nichols, pp. 73–74; *author's emphasis*)

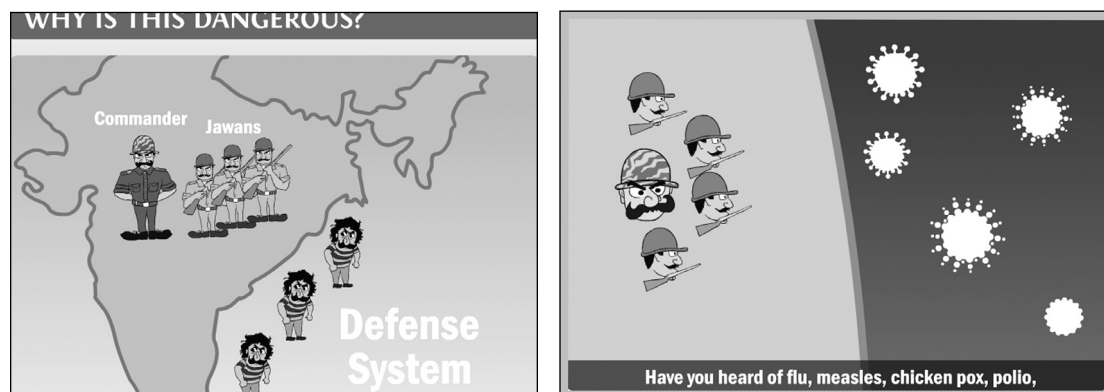
Removed from the “event” it documents, a reenactment depends on our sense of loss to stimulate psychic investments in the fantasmatic artificial image which substitutes for the event; it depends precisely on affect to close the gap from the real. Most reenactments of epidemics, as Kirsten Ostherr has shown in *Cinematic Prophylaxis* (2005), exhibit anxieties regarding the impossible visualization of microbes imperceptible to the human eye; if we add to this already anxious field the social paranoia about HIV/AIDS infection, we see at once how the overtly artificial images in the docudramas can command deeply affective engagements. In the process, they make tangible the unknown and feared absent real.

But what exactly is *lost* to human perception? What “event” do these docudramas disclose that we cannot perceive or sense? If it were *just* the biological emergence of a stealthy drug-resistant microbial life form, we would see similar docudramas on Ebola, H1N1, West Nile, or the SARS. These viruses remain the subject of traditional documentation (animations, ethnographies, expert testimony, visual aids). But in the case of HIV/AIDS, we know that the hysterical rhetoric of “contagion”—the pathologized image of contact (human–human, human–animal, human–microbe)¹¹ turning a biological emergence into a mass social event, and transfiguring a specific historical epidemic into mythic plague (Wald, 2000)—instigated a war of images erupting in the decade following the first biomedical emergence of the virus (around 1969).¹² That visual hysteria is well known and has been extensively documented (Bersani, 1987; Treichler, 1999; Waldby, 1996). The virus was at once too visible (worn on the surface of the body in early images of wasting bodies) and hidden from view (displaced and mapped onto socially-isolated high-risk bodies), a singular *asymmetric visibility* that continues even past the (mid-1990s) post-cocktail pandemic phase of HIV emergence. Not only were microbes physiologically imperceptible, and therefore in need of optical aids (animations); not only were the scales of HIV-infection so diverse that they require cognitive mapping (geographic simulations); and not only did human carriers of the virus remain anonymous, given the confidentiality of the HIV-status; but the social stigma of seroinfection (often signaled by the careless targeting of the HIV-infected as AIDS patients) made the virus and its vectors of transmission invisible and intangible, certainly distant for those who are not (or do not see themselves) as high-risk populations. In the Indian case, high-risk subjects were isolated as female sex workers; MSM or men-who-have-sex-with-men; migrant workers, including rural day laborers and interstate truck drivers; and drug users who share needles (Chandrasekaran et al., 2006, pp. 511–512). But this a story we know well from apocryphal “patient zero” stories of the “gay plague” (Shilts, 1987; Wald, 2008); we know HIV emergence was quickly localized in the high-risk subjects (classically, gay men, Haitians, Africans, sex workers) and never close to home (to a middle-class heterosexuality committed to social reproduction). The virus, in this biopolitical articulation, was always distant, and always coming. In the docudramas, the event of contagion would be the original scene, the truth of human–virus–human exchange, whose reenactments were reflexively presented in the many flashbacks accompanying the customary hospital or clinic visits. This “fold in time” (of past into present) of classic reenactments is complicated in these pandemic dramas by a second virtuality of the virus—it is not just

an invisible actor (hypothetically *here*) but also continually *coming*. The artificial images dramatizing the “prior event” of HIV/AIDS infection would therefore enfold the future, a virtual contagion, into the temporal form of the reenactment. The stories we encounter in *AidsJaago* not only *were* “true stories,” but they are also warnings that disclosed possible vectors of coming infection. This thick temporality of contagion permeates the docudramas with a generalized anxiety over a possible mass catastrophe on a global scale, uncontrolled and everywhere—the event horizon of a pandemic vision.

This virtual pandemic has been at the center of HIV/AIDS epidemiology of the past decade, its underlying predicative rationality shifting the focus from managing infection to communicating risk or perceived possible harm. If advances in microbiology understand information exchange (DNA codes) to be at the center of viral networks (Thacker, 2008), then popular HIV/AIDS prevention media, including the *AidsJaago* omnibus, registers this cultural shift by emphasizing communication as a form of cure, “talking about it” as the best option against a microbial life—a life that seems ever-resurgent past the lost war on germs (Cooper, 2008). With the endless roll of tough globally emergent viruses (such as Ebola, SARS, Avian flu, HINI, West Nile), continuing emergences of recalcitrant microbial life as the uncanny other of human life, the stress falls on “living with” the viruses rather than completely eradicating them. If at the microscalar cellular level, the cocktail therapies aim to *secure* human life against a dynamic enemy, reducing the toxic force of a killer drug (such as AZT) by combining it with protease inhibitors that prevented further HIV copies, at macroscale national and global levels, anticipatory measures of control manifest a general preparedness for all catastrophes (“vital systems preparedness,” as Andrew Lakoff characterizes them),¹³ biosecurity exercises constantly imaginatively enacting the worst-case scenarios for possible harm to come. We find the rhetorical effects of securitization everywhere in HIV/AIDS media: in one widely known instance (from the *Teach AIDS* series), for example, a doctor/teacher mobilizes bombs (virus copies) and *jawans* or soldiers (T-cells) at play in the body (Images 5a and 5b). Here immuno-defense plays out as a patriotic battle against terrorism.

The deepened sense of the networked materiality of human/non-human life (synthetic body parts, pathogens, toxic biochemicals) that underlies securitization further compels a search for bioinformatic



Images 5a and 5b. Body politic from TeachAIDS animated tutorials on immune defense; jawans and bombs from TeachAIDS animated tutorials on immune defense.

Source: Frames from TeachAIDS website: <http://teachaids.org>

and social networks as antidote to robust viral cultures: a war of “networks fighting networks” (Thacker, 2008). This presents a very different notion of “bios,” the historical notation of biological existence. Biosecurity measures foreground immunization, saving the valued biological existence of some members of the *communitas* from others: identified as enemies, isolated and quarantined, these internal threats are further jettisoned as external or foreign (Esposito, 2008). In contrast, a *biopolitics* of proximity foregrounds a living in common manifest in networks of care, an unassailable lived social interdependence. In *68 Pages* and the *AidsJaago* films, such “care” is not packaged or purchased wellness, but the unrealized potentiality present in already existing networks: between friends, lovers, strangers, families, co-workers, and acquaintances (the guy who picks up the garbage in front of your house). Turning needy bodies into appropriate objects of familial and state care, these “care documentaries” speculate on a time when HIV infection could *potentially* be a chronic condition, an infection (not contagion) socially acceptable to friends and strangers alike.

The Virtual Cut

“So, how is it that you managed to be on the roadway that night?” [...] The question seemed insane. The film was released in 1988. The crime occurred in 1976. Was this reporter suggesting that I had been out on the roadway with a 35-millimeter film crew the night of the murder, and just happened to be at the right place, at the right time to film the crime—over a decade earlier? Indeed, he was. Just so there is no doubt about this: I wasn’t there. (Morris, 2008)

Errol Morris’ reflections on his famous *Thin Blue Line* in a two-part piece that appeared in *The New York Times*, offers, among other things, the police sketches that tipped him off to the wrongful conviction of Randall Dale Adams. The sketches, Morris explains, illuminated discrepancies in the police stories of that night; so the reenactment was a corrective reconstruction, frame-by-frame, of what Morris “saw” in the rough, unfinished, diagram. Morris illustrates the process of revivification Nichols ascribes to documentary practice in general, and to reenactments in particular that amplify a situation for political effects; in his etymological exegesis, Jonathan Kahana reminds us to “enact” is to also “activate,” “influence,” “implant” or “to inspire,” beyond the more common imperative to record (Kahana, 2009, p. 52). Central to this process of reconstruction that Morris describes is the composition of a “new object,” a composite of disparate constituent elements that can function as a fantasmatic substitute for the invisible scene. While the stories collected from counselors and activists provide some of the constituent elements in these docudramas, available but undigested *data* occupies the same status as Morris’ police sketch—an esoteric archival object to be revivified in documentary practice.

All the *AidsJaago* directors intimate that the task at hand is to transform piecharts, graphs, and diagrams into realistic human situations, characters, and behaviors in order to disclose the silent vectors of infection. To this end, they work ferociously to amplify the “messages” that we no longer receive, and to make sure data does not appear as data. But self-reflexive about their documentary practice, as reenactments always are, the *AidsJaago* films overtly signal their epistemological status as instructive media when they signal acts of data transfer to story. Lulled into an individuated bourgeois lifestyle complete with the perfect family (a wife, a son, another baby on the way), Arjun Dutt, for instance, is explicitly criticized for his failure to consider the market research—the data—behind the billboard advocating condom use (see Image 2, discussed earlier), a point made eminently clear in a curious cut in the film.

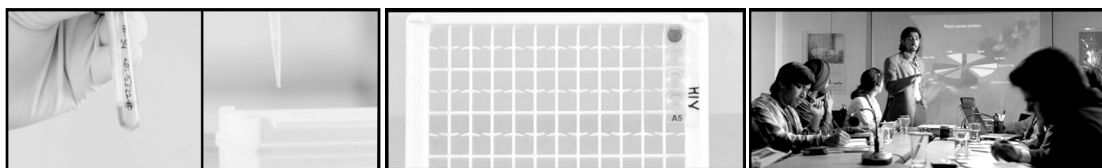
Like all the *AidsJaago* films, *Blood Brothers* features two scenes of HIV testing/revelation, one at an upscale clinic (where Arjun receives a wrong diagnosis of sero-positivity) and the second at a run-down hospital (where the mistake is corrected, and he receives tender care from a fatherly physician). Set in the recent past, the first test is recounted to us as a flashback that closes with a cut to a formal presentation Arjun delivers at his job in the advertising firm on the afternoon of the test. This cut takes us to Arjun explaining a piechart of consumer tastes, market research for product development. Given his disregard of mass media advertising, the moment underlines Arjun's removal of himself from depersonalized demographic groups—those neat slices on his piechart.

The HIV-test sequence *preceding* the piechart shot inserts Arjun into a population; in fact, by the time he recalls the test, he viscerally re-experiences his status as statistic in the remembered images of needle-pricks. The split-screen sequence, a technique not repeated in any other part of the film, reduces Arjun to an arm, the *anonymous* and populational subject of HIV/AIDS data forms, rather than individuated bourgeois subject of melodrama (Images 6a, 6b, 6c, 7a and 7b). With the test Arjun becomes the typical particular of “bridge populations,” the multiple arms and fingers metonymically repeating the individuated body—turning it into bodies. The effective replication of a single image resonates with the generic form of the omnibus (with its multiple and equivalent stories), and, in this story, the doppelganger conceit (there are already two Arjuns). The composite is no longer epistemologically secured as a particular case, but generalized as population; an unstable compound, the composite opens us into a networked topos of bodily exchanges. By the time we get to Images 6a, 6b, 6c, 7a, 7b and 7c, we are suddenly within an omniscient perspective, since Arjun could not have witnessed the lab procedures; this clinical eye, we surmise, must be Arjun's speculation (embedded as it is within his flashback). The “objectivity” of the lab perspective mimics the cold distance of data even as it is transferred into heart-rending stories. The oscillation between data and story, in turn, reveals the artifice of the contagion event narrated in this instructive media. With sequences such as these, the *AidsJaago* films forfeit their “indexical bond” (Nichols, 2008, p. 74) to expose embellished vivifications—additions, revisions, and corrections. In this way, “we,” the viewers, come to know the HIV test.



Images 6a, 6b and 6c. Needle prick; From arm to testube; Collected blood samples.

Source: Frames from *Blood Brothers*.



Images 7a, 7b and 7c. Lab testing; On the HIV grid; Cut to Arjun at work (after test, before results).

Source: Frames from *Blood Brothers*.

With the test, we enter the clinic, a site of trauma repeated as the hospital, the lab, or the hospice in the other films, a generalized reference indexing the antenatal and STD clinics that are the source sites for HIV/AIDS data (as almost every HIV/AIDS report notes). Beyond these indexical sites, other geographies lend historical specificity to the stories in complex layered ways. Consider, for instance, the composite *geography* of infection produced by the dubbing of *Prarambha*, made in Kannada, into Tamil (*Vazhkai Mukkiyam —Vizhithidu*), effecting a linguistic suture of heterogeneous film audiences. On the one hand, the events are shot on location in and around Mysore, a city with a quarter of its sex workers sero-positive (and with a high incidence of pregnancy among sex workers). We know from Avahan-India documents on “Off the Beaten Track,” a program to increase HIV awareness among truck drivers, that truck drivers, typically at high risk with their contact with sex workers, spend most time at trans-shipment centers, and not routine checkpoints (where they just sign papers). Sivan painstakingly catalogs a trans-shipment center, the scene of Kittu and Gowda’s friendship, complete with its canteens, benches, opportunities for sex, and entertainment. This indexical on location site in Karnataka is sutured to villages in Tamil Nadu through Kittu’s story, the latter a composite of the 2005 news stories on the expulsion of schoolchildren (for fear of possible HIV infection) in Tamil Nadu (“Santosh Sivan”). Both Karnataka and Tamil Nadu, as NACO reports show, are two among four states with highest HIV/AIDS infection rates in India. *Prarambha* therefore incorporates both states into its story: if the first part of the film dwells on Gowda’s routine, a responsible trucker and his acquaintances (a sex worker, a pimp, other truckers, a policeman), the latter part focuses squarely on reinstating the boy, Kittu, at school. Between the “case” of the (soon-to-be orphaned) boy (referencing Tamil Nadu); his mother’s condition, drawn, as Sivan has explained, from “real life” incidents of sex workers in Mysore (Karnataka);¹⁴ and the ever-mobile (interstate) truck driver, we have a sutured geography that enables us to think of the scale of infection *through* interrelated composites (situation, character, places) woven as one story. Data comes alive when it conceals its status as data; but the historical reference jogs public memory of the news stories and of statistics. Isolated cases are enmeshed in a network of human relations: the mother’s infection transforms Gowda into a responsible caregiver, just as the entire village community receives HIV/AIDS education with the media blitz on Kittu’s legal appeal for reinstatement.

The docudramas therefore present composites that *document* available data on carriers and scales of infection. The composites at once *typify* characters, situations, spaces, and actions even as they attack the stereotype (a staple anxious localization in epidemic documentaries, Ostherr, 2002), a double move necessary to unmask the asymmetric visibility of HIV/AIDS cultural discourse. Those who can be stigmatized as *most* likely to be contagious subjects (the migrant worker, the truck-driver) turn out to be HIV-negative, while classically low-risk subjects (married, ostensibly monogamous, middle class housewives, happy fathers) are forced to reveal their subterfuge, their sexual proclivities and activities (Table 1).

Suturing the expected and unexpected, a complex composite launches a direct attack on the vectors of silent infection. What we *see*, the usual suspects derail us from other, more dangerous, proximate truths—dangers born of denial (Divya-Abhay’s sham marriage, *Migration*), ignorance (Arjun’s drunken brief encounter, *Blood Brothers*), or even excessive tolerance (Papa’s extra-marital lifestyle, *Positive*). The incitement to look elsewhere is a classic correction to pandemic vision as blinkered sight that cannot grasp the complexity of contagion.

Together these films compose a double geography: posing infection (the multiple scales of HIV exchange recomposed in cinematic space) against networks of care (recomposed through communication). Even private city apartments, protected against precarious scaffolding by cold hard glass, are

Table 1. A Typology of Risk in *AidsJaago*

Short Film	Protagonist(s)	HIV Carrier	Migrations	Exchange Site
<i>Migration</i> Directed, Mira Nair	Birju (migrant worker, typically high risk) Divya (housewife; typically low risk)	Birju (husband, single unsafe act) Abhay (MSM husband, regular sex with men)	Mumbai Birju travels between the rural and the urban; train Abhay cruises the city for sex	City apartments (domestic space: exposed to city thoroughfare between classes and genders)
<i>Blood Brothers</i> Directed, Vishal Bharadwaj	Arjun (advertising executive; typically low risk) Arjun (becomes coach after losing job, typically low risk)	Arjun thinks he is a carrier (husband, single unsafe act) Arjun (husband, indeterminate)	Mumbai mobility between neighborhoods; cars and ferries	Nightclub (conventional space: drinking, dancing, and sex)
<i>Prarambha</i> Directed, Santosh Sivan	Kittu (child, typically low risk) Puttaswamy Gowda (truck driver, typically high risk)	Ma (mother, sex worker, typically high risk)	Transshipment centers, small town, Mysore trucker migrates between these locations	Red Light district (conventional space: sex workers live in a <i>kothi</i> set in a bazaar)
<i>Positive</i> Directed, Farhan Akhtar	Abhijit (son, typically low risk)	Papa (father with multiple heterosexual partners, typically high risk)	Mumbai son migrates to Cape Town for study	Workplace (work space: photography studio with a strong client stream doubles as sex hideout)

“open” to viral exchange—often from the most proximate source. From these highly concretized locales (nightclubs, truck stops, studios) the virus speeds on trains, boats, trucks, reminding us that forms of transport have always been key figurations of microbial mobility in medical documentaries (see, Ostherr on ships as possible sites of infection in 1920s US films, 2005). Since NACO and Avahan-India documents emphasize intra- and inter-state mobility as integral to viral exchanges, almost 2–3 minutes of each 12-minute shorts are spent shuttling between urban, semi-rural, and rural locations. The mobility of the virus is further vivified by a second ploy well known in medical documentaries: the animation of viral movement through a substitute, an artificial signifier (a bomb for HIV, a *jawan* for T-cells). In *AidsJaago*, a series of formal objects visualize otherwise invisible exchanges—of blood, semen, looks, desires, needles—that may be physiologically, psychologically, or socially imperceptible to the naked eye. Invested in the sociality of HIV/AIDS, the objects we follow in *AidsJaago* are highly symbolic (trinkets, letters, cameras); they make the case that if they can be exchanged between diverse subjects—in 68 pages, between A and B, truck driver and transsexual, and then B and C, transsexual and boyfriend—A and C, who might never physically encounter each other, are irrevocably interconnected. The audience can hardly miss their own metonymic imbrication in the plot. A single symbolic object—a trinket (*Migration*), a letter (*Prarambha*), or a camera (*Positive*)—materializes human connectivity, functioning analogically to vivify the circulations of dynamic but microscopic viral life. Their high symbolic status marks HIV emergence as a social event, and not simply biological transfer; hence the virus can “flow” between father and son, without sex, but as miasmatic emotional damage.

Even as the objects widen the vectors of infection, these are narratives of return. No longer lodged in red light districts, bars, truck stops, or itinerant bodies of irresponsible tourists, the stories stage the return of this microbial life to the protected echelons of the “home” in the body or spectral form of a prodigal family member who had migrated beyond home, city, community, even country—either for a better life or to escape social stigma. In unlikely gatherings of family members, strangers, friends, healthcare workers, and counselors networks of care materialize: these figures listen, question, counsel, and comfort, underscoring communication as the chosen (cathartic) antidote to fear, anger, and confusion. In this the docudramas disclose a new pandemic vision.

The marks of neoliberal governmentality are everywhere: in the multi-leveled alliances that mushroom in the twilight of states; in the turning of populational flows into individuated journeys; in the clout of communicative capital, the ability to “talk” about “it” openly, as the mark of agency. All you have to do is to “take care” of yourself, so the rhetoric goes, with a little help from your friends, NGOs, and the refashioned state (always a state well-regulated, in these care docs, by counselors and activists). Only such care will control the emergences of microbial life, ensuring states of equilibrium in the new collective. And yet, as I have suggested, it would be an oversight to dismiss them as the neoliberal face of HIV/AIDS audiovisual media, with the more conventional live footage, interview, and talking head combinations assuming the mantle of sobriety. Rather, if we look at their politics of proximity we are better able to understand them as highly expressive *negotiations* of a neoliberal ethos: particularly the claim that the restoring of individual rights and privileges can best immunize us against terror-inducing microbial life. The excessive attachments, fantasmatic objects, and lost truths of reenactments haunt the statistic, foreclosing instrumental reason, moving us beyond statistical data, and, most importantly, *immersing* the spectator in proximate suffering. The documentaries reenact intense and intimate exchanges (of talk, care, even play), living indebted to others, living on common resources and in common space—a precarious *communitas* to come. Against wellness, they posit the affective labor of care in all

its messy, destabilizing, and arousing capacities, a care that cannot be parceled, bundled, or securitized but is expressive in the sensible tongues of melodrama.

Notes

1. In little cameos, Avahan explicitly cites the McDonalds business model as worthy of emulation, a corporate strategy that can prompt, as it has in the case of other NGOs, criticism from scholars and activists; see Baxi (2002) for the critique of NGO-dominated organizing as deleterious to grassroots efforts, transforming both the substance and styles of activism. NGOs, Baxi explains, have internal “constitutions,” distinct patterns of leadership, decision-making, and arrangements of accountability that replicate government agencies.
2. The World Bank has been a key financier for NACO, providing \$84 million for Phase I; the Bill and Melinda Gates Foundation started their HIV/AIDS initiatives in 2003.
3. Chandrasekaran et al. (2006) report these findings by the by the US National Intelligence Council as early as 2002, before UNIAIDS disclosures.
4. National Council of Applied Economic Research (India) predictions for the period between 2002 and 2016, since nearly 90 percent of HIV/AIDS in India is found among 15–49 year olds, an age group considered the most economically productive segment of society.
5. In its publicly available documents, Avahan prides itself on its virtual structure (see Chart 19, in *The India AIDS Initiative*) presenting replicable models for HIV prevention to scale, as well as an account of its “flexible” architecture.
6. The Heroes Project was a public education initiative launched by Richard Gere and Parmeshwar Godrej to work with Indian media companies to develop coordinated public education campaigns on HIV/AIDS. A lavish affair, it featured comedy, religious and game shows, debates and discussions, and medical animations and interactive and linear tutorials. See <http://www.heroesprojectindia.org/media.asp>
7. I foreground Avahan partially because of its widely publicized program plans, designs, and evaluations. It is the paradigmatic instance of the kinds of globally funded organizations in India who undertake HIV/AIDS prevention.
8. Luc Boltanski’s (1993) important work on sympathy in the mediascapes of Western democracies is relevant to the Nair’s project of closing social distances between the sufferers and the witnesses of the HIV/AIDS epidemic; spectatorial attachment to character (via the star body) is essential to the ensuing “politics of pity.”
9. See, for instance, Elizabeth Grosz (2008) or Brian Massumi’s (2002) varying accounts of these moments of sensate intensification.
10. See Rangayan’s elaboration on the politics of distribution, in the Vora interview. There he also raises the difficult subject matter of his film: “We were told by a distributor: ‘You have no normal characters in the film’ (which means a heterosexual romance)! My producer, Vivek, turned around and said, ‘As far as I’m concerned, all our characters are normal.’”
11. The origin of AIDS from a monkey was the most persistent human–animal contact myth, documented in critical accounts (see Turner, 1993; Wald, 2008) and popular figurations (the film, *Outbreak*, 1995, ostensibly about Ebola).
12. There are many accounts of “first sightings,” some moving as far back as 1959 (cases now disproven by David Ho); the first case in the US was Robert R., who died in 1969. Usually, early cases are the pre-1981 cases (1981 is when AIDS became known to the medical profession). See, http://en.wikipedia.org/wiki/Timeline_of_early_AIDS_cases
13. As Andrew Lakoff (2007) notes, preparedness, even at the highest levels of government, mandates imaginative enactments of worst-case scenarios, thereby underscoring the affective virtuality of living with risk.
14. The article “Santosh Sivan—All For a Noble Cause” quotes Sivan: “I originally made the film in Kannada and called it *Prarambha*. A lot of research went into it and we included some real incidents from the lives of sex workers in Mysore.”

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