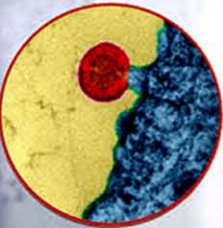
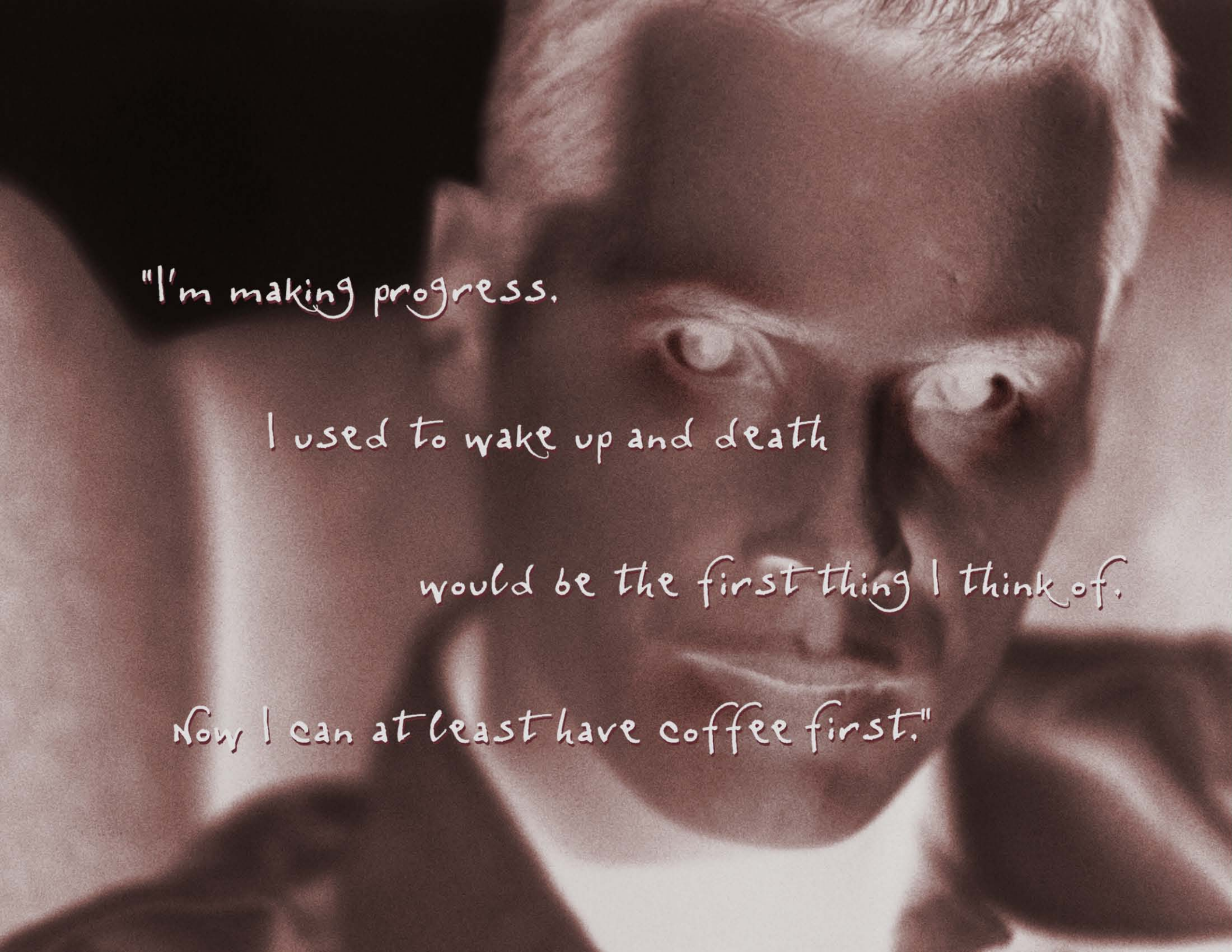


FROM THE FRONT

Interpretations
of personal experiences
with the AIDS epidemic





"I'm making progress.

I used to wake up and death

would be the first thing I think of.

Now I can at least have coffee first."

"How can we continue to fight an epidemic that, after all these years of anger and activism, still shows no signs of going away?"

—Richard Meyer



When your life is forever altered from the devastating losses of those you love, you find a way. Through my artistic voice, I share the stories of a group of friends all connected by the red ribbon. They have been on the front line of the AIDS epidemic since it began more than twenty-five years ago.

Childhood friends, caregivers, spouses, family members, and HIV survivors: this work is an expression of their most intimate triumphs and tragedies, lessons and losses. It is a tribute to those who are not afraid to hug or sit bedside; who accompany visits to the doctor's office or manage the wall of medication. And to the fighters: you are my inspiration every day.

David Foote

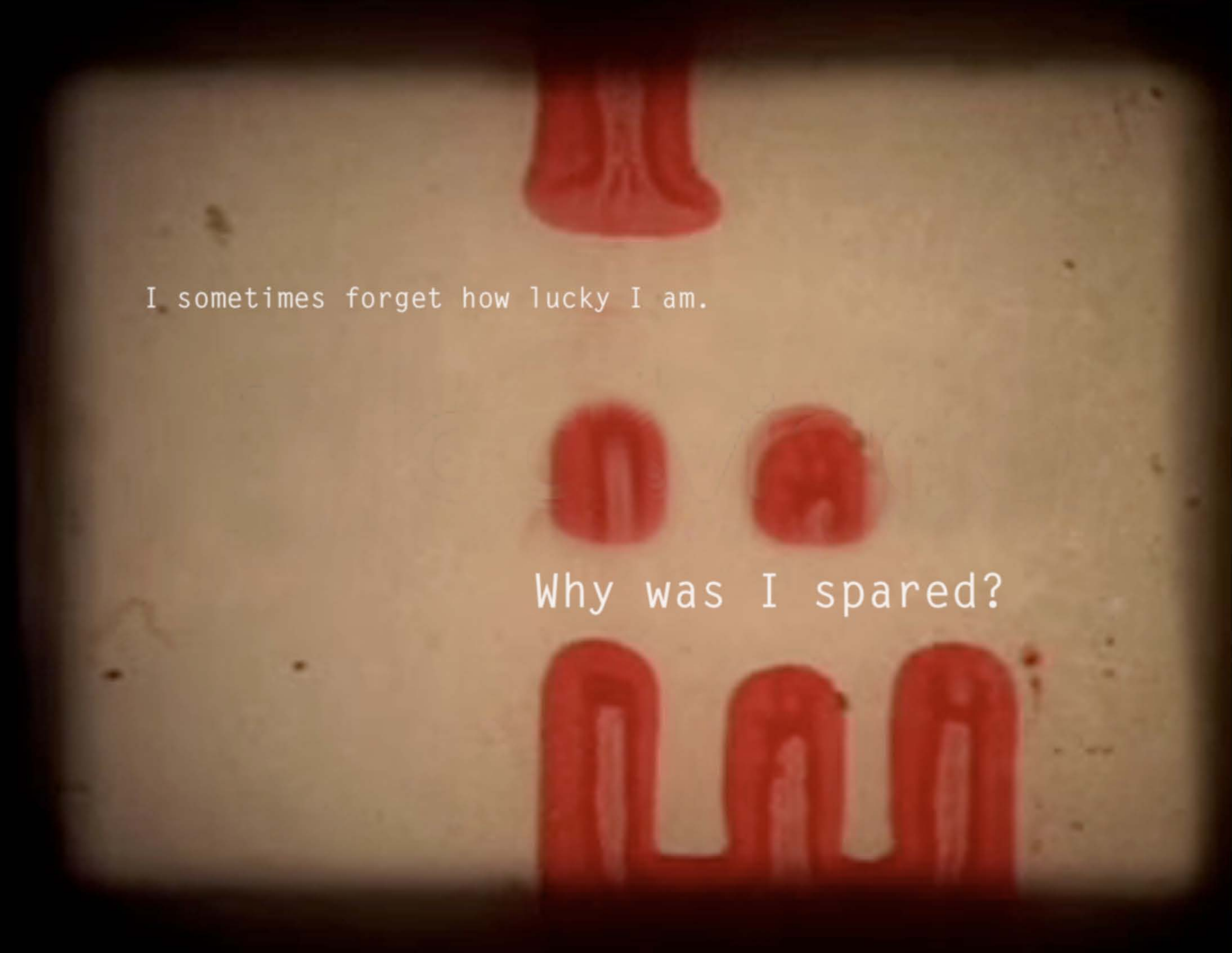


“Broken”

1

Everyone experiences the feeling of overconfidence on some level. This work was inspired by one of Matt’s comments: “I was flying through life. Nothing could stop me. Now I can barely walk.”

This symbol of indestructibility was reinforced with metallic silver mixed in the paint. I chose a single bright drip of red to represent vulnerability.



I sometimes forget how lucky I am.

Why was I spared?

“Dear Robbie”

2

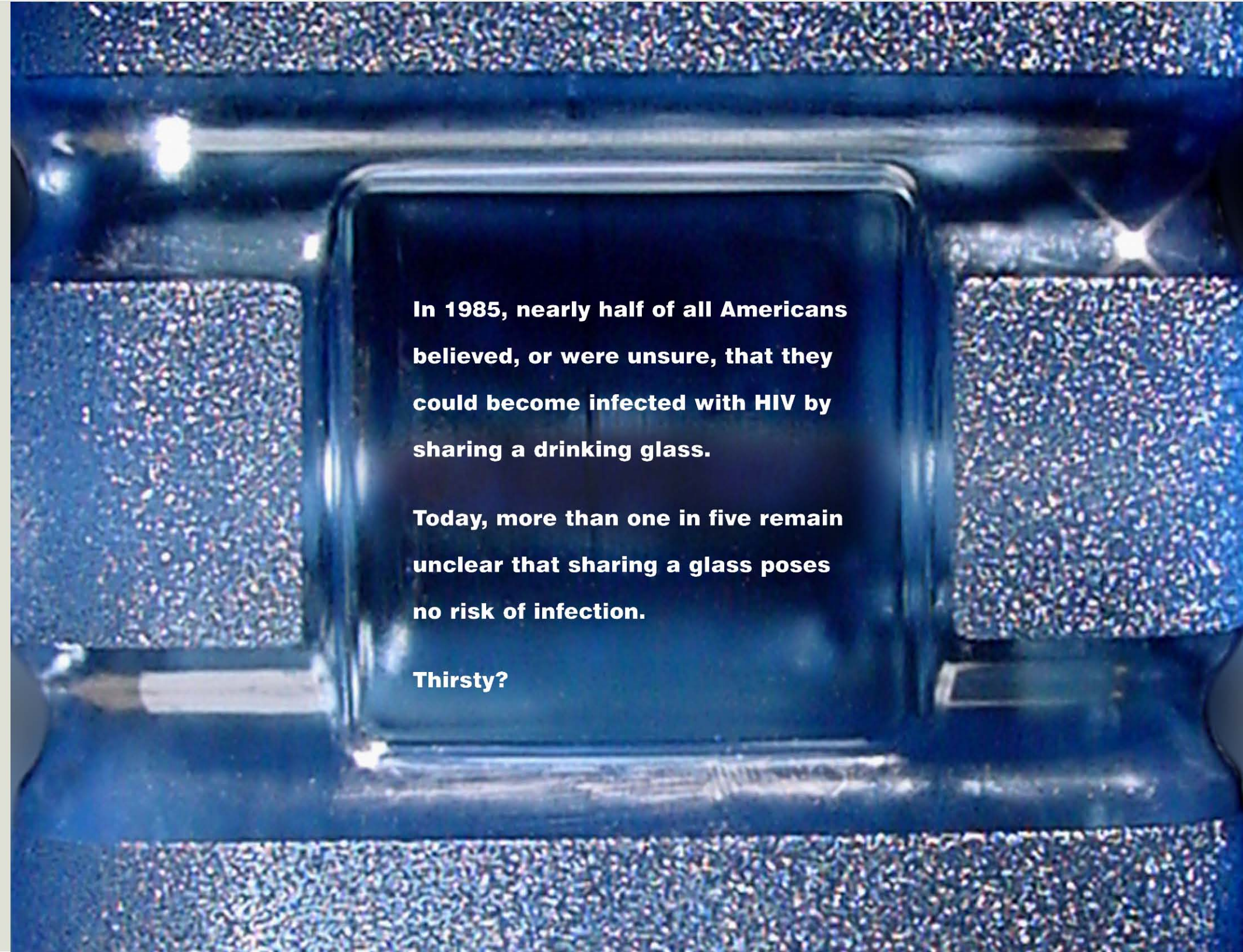
Mickey shared a letter that he had written to his friends who had died from complications due to AIDS. After deconstructing the text, I animated words and phrases to fade in and out over a piece of old 8mm film. Set to soft instrumental music, the film loops without imagery or scenes. The visuals of a home movie are left to the viewer. The choice of the footage also poses the question of whether it is a beginning or an end.



“Fountain of Life”

4

This idea was based on one of the many statistics I had found in my research. A functional water cooler was labeled and installed in the exhibit as the only convenient source of water. The outside temperature was 95°.



In 1985, nearly half of all Americans believed, or were unsure, that they could become infected with HIV by sharing a drinking glass.

Today, more than one in five remain unclear that sharing a glass poses no risk of infection.

Thirsty?

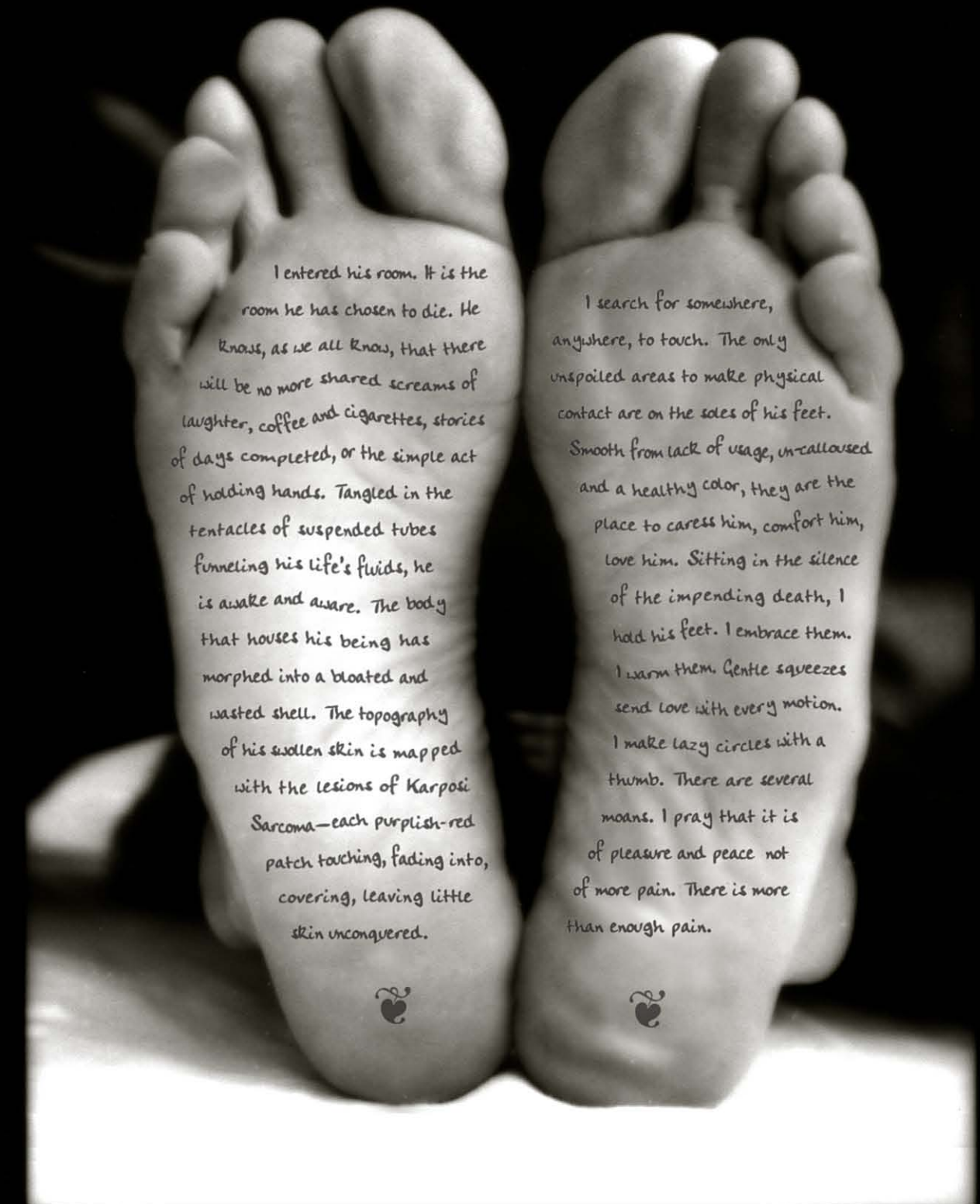
“Two Feet Under”

5

Linda wrote this beautiful story about her final days with Terry. It seemed a perfect fit in a photograph which could represent a hospital bed or morgue slab.

“I entered his room. It is the room he has chosen to die. He knows, as we all know, that there will be no more shared screams of laughter, coffee and cigarettes, stories of days completed, or the simple act of holding hands. Tangled in the tentacles of suspended tubes funneling his life’s fluids, he is awake and aware. The body that houses his being has morphed into a bloated and wasted shell. The topography of his swollen skin is mapped with the lesions of Kaposi Sarcoma, each angry purplish-red patch touching, fading into, covering, leaving little skin unconquered.

I search for somewhere, anywhere, to touch. The only unspoiled areas to make physical contact are on the soles of his feet. Smooth from lack of usage, un-calloused and a healthy color, they are the place to caress him, comfort him, love him. Sitting in the silence of impending death, I hold his feet. I embrace them. I warm them. Gentle squeezes send love with every motion. I make lazy circles with a thumb. There are moans. I pray that it is of pleasure and peace — not of more pain. There is more than enough pain.”



I found out my partner was HIV positive in 1992, but getting tested was something that, at the time, I could not bring myself to face. I was convinced that if I was healthy, I couldn't possibly be HIV positive. I thought it was better not to know than to have to deal with it. I always found excuses, but after three years and a series of nagging illnesses, I needed to know. With friends sick and dying all around me, my initial reaction to the hearing "you're positive" was clear—I was fucked.

Immediately, I started to set goals for myself. I needed something to strive for. Something to reach. At first, I wanted to live through one more Christmas. I decorated a tree for the first time in years because I wanted to see the ornaments from my childhood. I sat and cried every time I hung a memory. Then I wanted to live through the summer enjoying the beach one more time. Being able to sun and swim would take me back to times when my life was good, times when I didn't have a worry in the world. After that, I wanted to see the year 2000 arrive, a big goal for me in 1995 and I was determined to cut my 40th birthday cake (I had to get past my 30's. What would people think? At least dying in my 40's sounded better.

Since then, I decorate my tree each Christmas. I have spent many summers watching the waves rise from the Atlantic and I have celebrated several New Years, toasting each to my good health. And on January 7th I will be 41. So now, I have stopped setting goals. I just want to continue being healthy and enjoying every day. There are going to be plenty of summers, bright Christmas trees, New Year champagne, and all the birthday cake I can eat. Fuck HIV. And fuck AIDS. I've got a life to live.



“Updated Status”

6 This is Steve's story. I wanted to capture the fear, doubt and its emotion through strong raw language. I chose a random collection of photos and found imagery to represent chance and how we view things differently when the context changes.

“Personalities”

7

Adam and Jim dated for a brief period of time. I wanted to capture the emotion of their experience and their different points of view.

I chose sign language to spell *personalities* to emphasize that in silence, there is communication.





“Point of View”

8

During the first few years after Michael found out he was positive, it angered him when friends would counter his decision to stay home with clichés like “don’t worry about it.”

I painted two panels with a 5 ft. HIV and one line of 6 pt. type in the center. I wanted to overwhelm the viewer as he or she would be forced to stand close in order to read the microscopic text.

“Don’t worry. Just relax and be happy.”

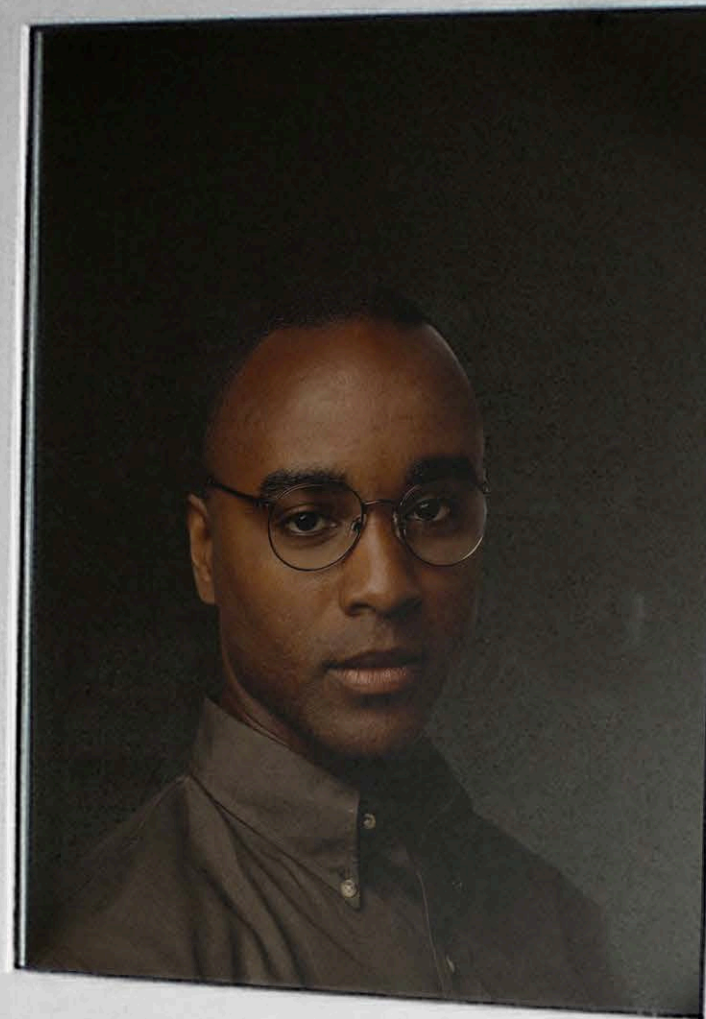


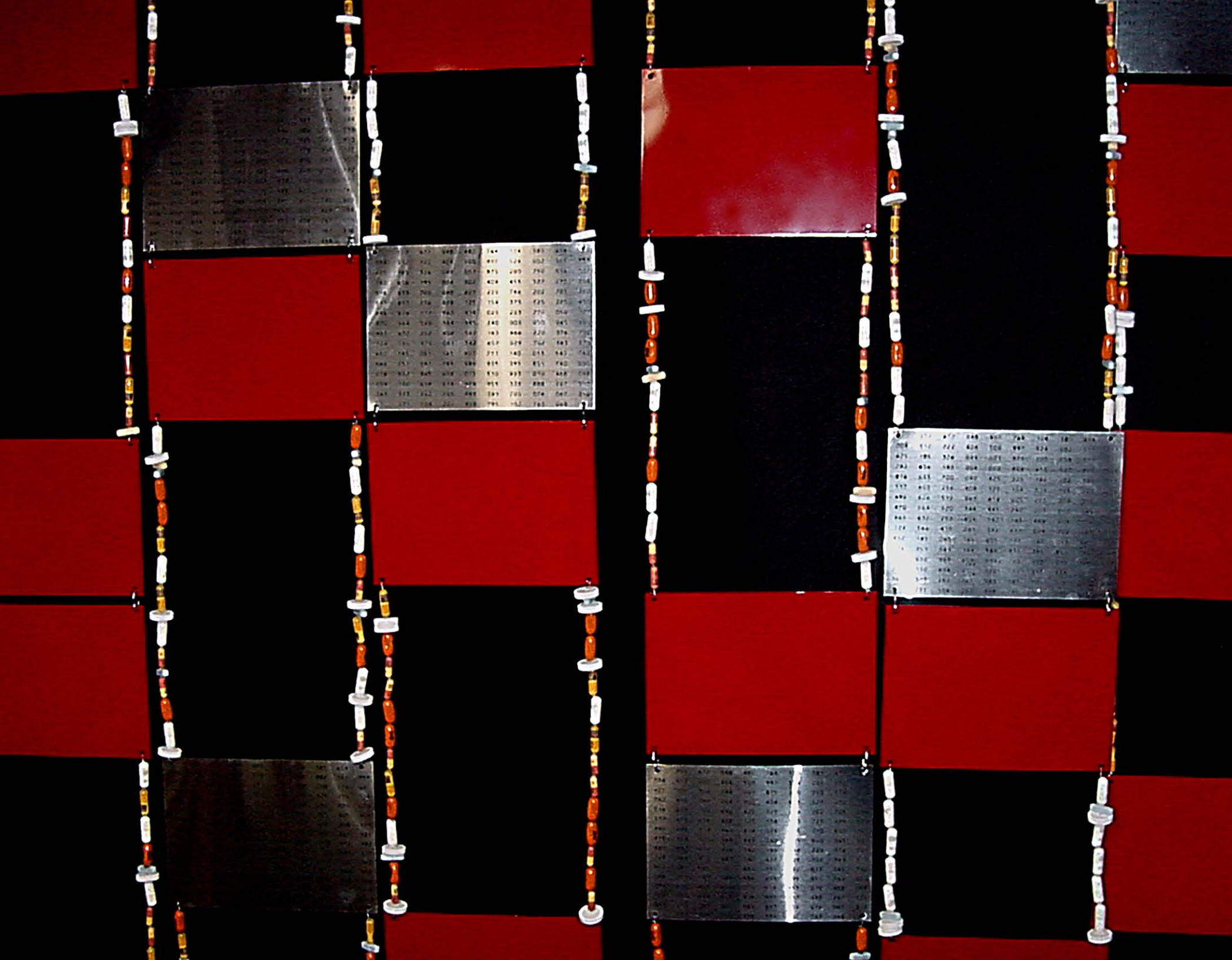
“Infinity”

9

This medicine chest was filled with HIV drugs. Greg has been living with HIV for the past 18 years. The inspiration for this piece came from his comment: “Every morning I get up and face what feels like an endless amount of pills. If I want to stay alive, I have no choice.”

While looking into the mirror of a closed medicine chest, the viewer can turn on an inside light illuminating an illusion that the shelves of pills descend into infinity.



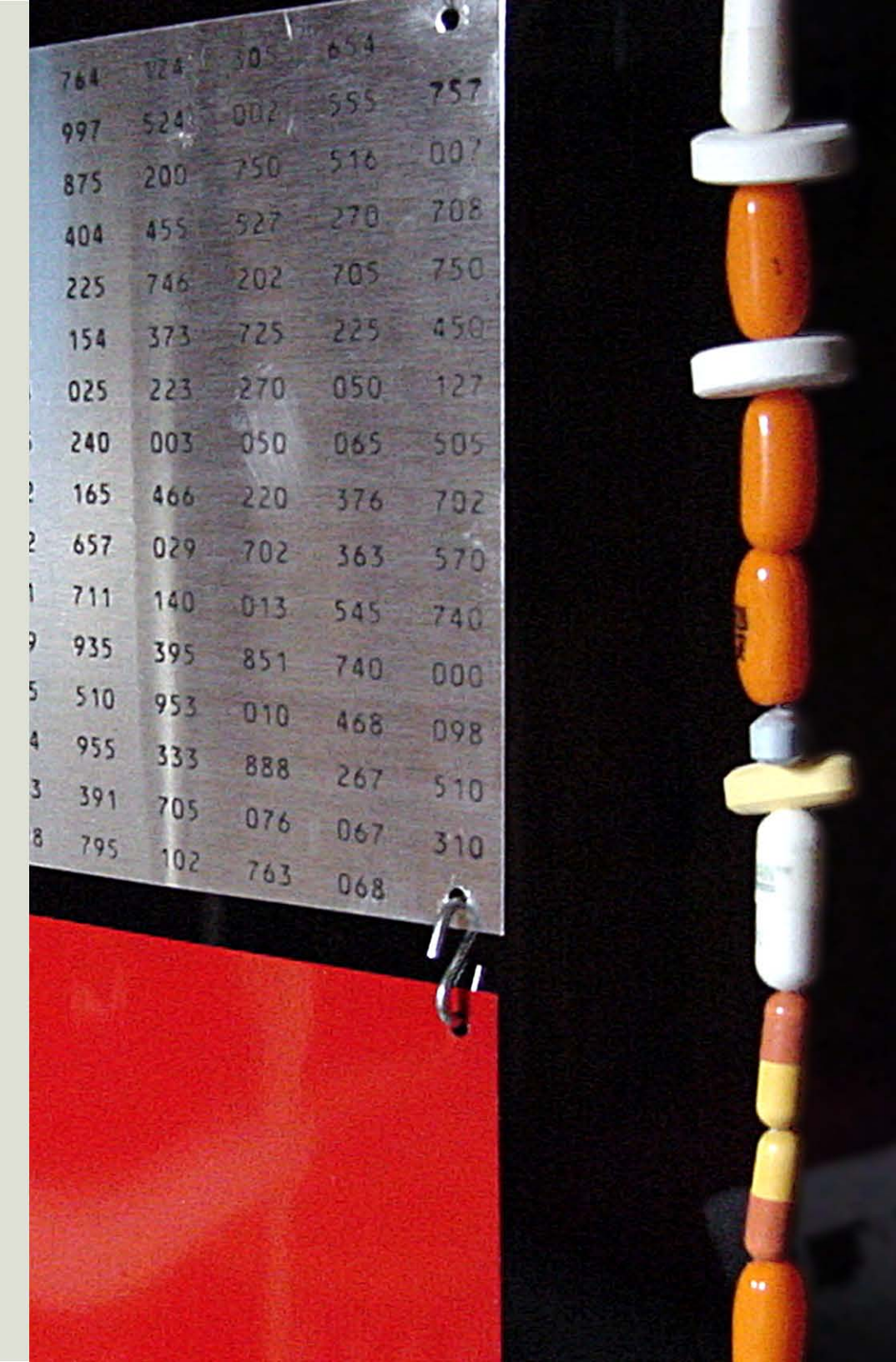


“Through My Eyes”

10

Steve remarked that he was always thinking about his HIV status. Every day he looked at daily life through a filter of T-cell counts and medication.

Random numbers are printed on both sides representing the sterile data of an HIV-infected T-cell counts. The bright red and aluminum panels symbolize tainted blood are assembled with AZT and various medication strung together with thin wire. The curtain was hung covering the only window in the exhibition, thus forcing the viewer to see through these elements when glancing at the world outside.



He was slow to react and frequently fatigued as he struggled with his daily routine. He was fifty. This was the beginning of his decline.

It was a year filled with exhaustion, frustration and stress finding ways to settle financial demands and secure medical care. The embarrassment of soiled sheets and adult diapers had long since faded and were weaved into humorous tales which we often shared to fill the sterile room with warm laughter.

Within a few months, the disease rapidly spread—stifling his tongue and reducing all communication to expressive gestures and directed eye movements. It wasn't long before I had to search for a hint of lip-syncing or a glimpse of a smile. I played his favorite music as he lay motionless, staring at the wall unaware of my presence. Any signs that he recognized the familiar were gone. It was a reminder that his life's clock was winding down.

His final weeks were spent in a local hospice as he deteriorated to the point where he required hourly care. I watched his mouth robotically open permitting the passage of a hand-fed meal. I had convinced myself that his mind was active behind his skin facade. I continued to visit him daily.

The weeks dwindled to days, days turned to hours and hours to a phone call. It was an emotional voice suggesting that I get to his room as soon as possible.

I weaved through traffic and rushed into the lobby. I frantically clicked the buttons as the elevator crept along the upper floors. Impatient, I turned to the twelve flights of stairs leaping two steps at a time. As I entered the room, his somber visitors exited. We were alone one last time.

The eerie silence was broken by the rhythm of his desperate attempts to breathe. I was numb as I approached the pile of intertwined sheets and flesh. Towering over his fetal-positioned body, I sat on the bed and lowered his head onto my lap. I softly stroked his thinning hair as his frail body expanded and contracted with each remaining gasp.

Within minutes, a final, haunting exhale escaped into the stale air. The room went silent. I couldn't restrain my emotions as tears poured onto the motionless figure. Memories from twelve years of friendship flashed through my mind. I gently closed his lifeless eyes. My world had gone dark. I was dead.

“Finale”

11

This story is based on my own experience with Bob's death.

I wrote and wrapped the text around the silhouette of a human figure signifying his absence and the loss of my dearest friend.

He was slow to react and frequently fatigued; he struggled with his daily routine. He was only fifty but this was the beginning of his decline.

It was a year filled with exhaustion, frustration and stress finding ways to settle financial demands and secure medical care. The embarrassment of soiled sheets and adult diapers had transformed into humorous tales filling the sterile room with familiar laughter.

Within months, the disease had rapidly spread—stifling his voice and reducing communication to expressive gestures and directed eye movements. Days later, I was hoping for just a hint of lip movement or glimpse of a smile. He would lay motionless as I played his favorite music, staring at the wall, unaware of my presence. All signs of recognition were gone.

His final weeks were spent in a local hospice, his condition deteriorating so that he needed hourly care. The muscles of his arms and legs had deserted him and his mouth would robotically open and shut only to permit the passage of a hand-fed meal. I had convinced myself that his mind was attentive behind his skin façade and continued to visit daily.

The weeks dwindled to days, days turned to hours and hours to a phone call. I greeted an emotional caller who suggested that I get to the hospice as soon as possible.

I weaved through traffic and rushed into the lobby. I frantically clicked the elevator buttons as it crept along the upper floors. Desperate, I turned to the twelve flights of stairs, leaping several steps at a time. As I entered the room, his somber visitors instinctively exited. We were alone one last time.

The eerie silence was broken by the rhythm of his desperate attempts to breathe. I was numb as I approached the pile of intertwined sheets and his frail, fetal-positioned body. I sat on the edge of the bed and lowered his head onto my lap. Softly stroked his thinning hair; I watched his chest expand and contract with each remaining gasp of his exhausted lungs.

As if he had been waiting for me, one final, haunting exhale escaped into the stale air—then silence. I couldn't restrain my emotions as tears fell quietly onto the motionless figure. Fragmented memories of a loving, wonderful friendship comforted me as I gently closed his eyes. His life had gone dark, but I was one who died.

"We are not interested in making definitive evaluations or declarative statements, but in creating situations that offer our chosen subject as a complex and open-ended issue. We encourage greater audience participation through interpretation."

-Group Material

"there is no vaccine for rejection."





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