

ON VIEW

AT THE NEW MUSEUM

WorkSpace • **Overlooked/Underplayed: Videos on Women and AIDS**

Window on Broadway • **God Bless America, Part II by Ted Victoria**

New Work Gallery • **Until That Last Breath: Women With AIDS**

February 24—April 16, 1989

UNTIL THAT LAST BREATH: WOMEN WITH AIDS A Project by Ann Meredith

OVERLOOKED/UNDERPLAYED: VIDEOS ON WOMEN AND AIDS

These two related exhibitions consist of several components: a group of black-and-white photographs by California artist Ann Meredith; a community-based art workshop at Beth Israel Medical Center with four women with AIDS, coordinated by artist Janet Goldner; a video program organized by Teresa Bramlette, Kyria Sabin and Alice Yang of the Museum's Curatorial Department; a video lending service; and a panel discussion on the topic.

The project was initiated through discussions with Ann Meredith, a photographer who has spent most of her life documenting women's work and lives. At a women's conference in California in 1987, she told me about a long-term piece she had been doing concerning women with AIDS, and after seeing the work, my colleagues and I were enthusiastic about showing it at The New Museum.

AIDS is one of the most important issues of our time; how it has been dealt with in the media, the response of the government and medical profession to its increasing numbers, the concerns, fears, and responsibilities of the public, and the enormous suffering and courage of those men, women and children who have AIDS have been of deep concern to the staff of The New Museum. Several exhibitions here and elsewhere have focused on many of the issues raised by AIDS, particularly the 1987 ACT UP window initiated by our Curator, William Olander.

Through this exhibition, the artists and the museum staff hope to increase awareness of these and related issues, and to contribute to the growing body of collective activity committed to ending this tragic epidemic.

Marcia Tucker
Director

This past year the New York art world witnessed a surge of cultural activities that focused on AIDS. Exhibitions which engaged in diverse ways with the issues raised by AIDS appeared at several institutions, from alternative spaces downtown to well-established museums uptown. At The New Museum of Contemporary Art, two installations in particular, by ACT UP (AIDS Coalition to Unleash Power) in 1987 and by the Canadian group General Idea in 1988, were initiated by curator William Olander and appeared in the Window on Broadway. Rosalind Solomon's series of photographs "Portraits in The Time of AIDS," shown at New York University's Grey Art Gallery last spring, was also among the first of such efforts. A few months later, The Museum of Modern Art opened an exhibition by Nicholas Nixon which also included photographs of people with AIDS. This was followed in quick succession by "The AIDS Crisis Is Not Over," a series of videos at Artists Space; "AIDS and Democracy: A Case Study," an installation of paintings, videos and other works organized by the artists collaborative Group Material for DIA Art Foundation; and a video program entitled "AIDS Media: Counter-Representations" at The Whitney Museum of American Art. Gran Fury, the artists collective composed of members from ACT UP has also received special visibility in the last few months, notably for the flyers and announcements it has distributed, among other projects.

As the number of deaths resulting from AIDS escalates, and as the inadequacy of government

response becomes ever more glaring, AIDS has charged the art community with a gathering momentum, not only in New York City but throughout the country. While some artists have participated in protests and other forms of direct social action, many others have turned to their work as a means of negotiating the dilemmas and questions posed by this devastating epidemic. Impassioned debates about the efficacy of art in dealing with a topic of immediate social and political impact have accompanied this flurry of activity. "Until That Last Breath: Women With AIDS" and "Overlooked/Underplayed: Videos On Women and AIDS" highlight these questions, since the two programs adopt mediums and strategies similarly employed by other art projects which address AIDS. What can art accomplish to ameliorate existing conditions and to stem a disastrous tide? How can art communicate most effectively about an issue of far-reaching ramifications? What type of art can fulfill those functions most successfully? Although these and other assessments about the function of art in society have preoccupied the art community in times past, the crisis situation of AIDS has renewed these discussions with a heightened sense of imperative.

"Until That Last Breath: Women With AIDS" features, at its core, a series of black-and-white photographs by documentary photographer Ann Meredith, who became involved with the issue through her participation in a women's support group at the San Francisco AIDS Foundation. The



Ann Meredith, *Delta and Her Daughter*, 1987, black-and-white photograph

photos depict women in the San Francisco area who have AIDS and AIDS Related Complex (ARC). In them, women alone against an empty backdrop alternate with women joined by their families and friends at home, at the hospital and other settings. While one woman smiles engagingly at the camera, another gives it the finger. As solitary images, Meredith's photographs bespeak little of illness, their ambiguity dispelled only by the texts which accompany them. Biographical labels identify each woman and the mode of infection. In statements and poetry sprinkled throughout the exhibition, the women express hope, fatalism, physical pain and concern for their children. A videotape of interviews by a team working with Meredith gives further voice to the women who speak candidly about their experiences.

In addition to these elements, "Until That Last Breath" incorporates artworks made by women with AIDS and ARC in workshops organized by Meredith. At its San Francisco showing, the exhibition included shrines with flowers, candles and family mementos. When the show was scheduled for New York, Meredith contacted New York artist Janet Goldner to coordinate a two-month workshop with women in this city that would expand the project beyond its localized roots. At this writing, Goldner and two other artists are working one afternoon a week with a group of women with AIDS and ARC at Beth Israel Medical Center's Infectious Disease Clinic, which offered its support and the staff lounge as a workshop to the project. A videotape is also being produced by Stephanie Daniels to document the process. Meredith is currently planning a similar workshop in Oakland.

"Until That Last Breath" parallels and elaborates on a genre of photo portraits of ill people, notably those by Solomon and Nixon. It is an approach which has had both supporters and detractors. The vividness of photographic images, which chronicle so nakedly the ravages of AIDS, holds an undeniable sway over us. Both Solomon and Nixon, for example, depict people with visible symptoms of disease. By personalizing the story of AIDS, such photos affect us as individual human beings. And yet, precisely because they hold that sway, these works also have the power to determine public perceptions and responses to AIDS. Documentary photographs, as impartial as they may seem, have subtexts. Concern about such undertones prompted members of ACT UP to protest at Nixon's exhibition this past fall. Flyers were distributed which read, in part:

We believe that the representation of People with AIDS (PWAs) affects not only how viewers will perceive PWAs outside the museum, but ultimately, crucial issues of AIDS funding, legislation and education...In portraying PWAs as people to be pitied or feared, as people alone and lonely, we believe that this show perpetuates general misconceptions

about AIDS without addressing the realities of those of us living everyday with this crisis as PWAs and people who love PWAs.

Photo portraits of people with AIDS bring into relief contradictions between professed intent and veiled effect—between the intimate qualities which make these works so resonant, and the way in which the subjects are rendered in their viewing contexts, into sample cases and summary images of AIDS.¹

Utilizing a multi-media approach, "Until That Last Breath" attempts to bypass some of the pitfalls undermining similar projects. In fact, Ann Meredith seeks expressly to redress an imbalance in the representation of AIDS by giving a face and voice to a group whose risks of contracting the virus have been underplayed. Retaining relative neutrality as images, Meredith's photos are supplemented by a full range of materials that detail both medical fact and personal struggle. Inclusion of statements by the women themselves is key in counteracting the potential voyeuristic effect of such photo portraits. Nevertheless, like Nixon and others, Meredith's project makes its appeal largely on the ground of empathy and emotion. Through the exhibition, the viewer becomes quickly immersed in the lives of Brenda, Delta, Sharon and all the other women portrayed, and begins to share Meredith's own sense of involvement. As she explains in a text accompanying the show, "Working with these women has changed my life and my work. I have come to know and love these women. They have opened their hearts, their homes and their lives to me and my camera." By adopting a personal tone and commemorative approach, "Until That Last Breath" assumes some of the traditional functions which have been ascribed to art. Producing and viewing art in this context is first an emotive, cathartic and therapeutic process. That is the spirit, too, in which the workshop coordinated by Janet Goldner at Beth Israel was initiated. Art has been offered to the women with AIDS as a vehicle for expressing their own response to illness. At the workshop, conversations between the women have turned to shared experiences concerning family relationships and drug treatments.

The personal and emotive, however, is but one of the ways in which artists have tried to address the AIDS crisis. "Underplayed/Overlooked: Videos on Women and AIDS" complements "Until That Last Breath" and manifests an approach increasingly employed. As Douglas Crimp has pointed out, "a majority of cultural producers working in the struggle against AIDS have used the video medium....Much of the dominant discourse on AIDS has been conveyed through television, and this discourse has generated a critical counter-practice in the same medium."² "Overlooked/Underplayed" is a representative sampling of the types of video being made about AIDS and its impact on women. Most of the tapes fulfill one of two primary functions: they provide basic, medical information about AIDS, or they analyze more broadly the complex factors which have entered into society's or a particular community's perception of and reaction to AIDS. Although personal stories are recounted, they are incorporated as part of other narrative and structural devices.

Whereas projects like "Until That Last Breath" rely to varying degrees on aesthetic ambiguity and personal empathy to raise our awareness, videos, as represented by "Overlooked/Under-

played," and other works by such activists as Gran Fury depend more heavily on factual clarity to instigate action. While the former allows us to come to terms with the terrible sense of pain and loss that is part of death, the latter elucidates the web of social and political issues that entangle AIDS. These two approaches loosely define the contrasting tendencies which have guided artists in recent work on AIDS. The two approaches need not preclude each other, however. Together, they can illuminate the different facets of AIDS which we all must confront. The NAMES project which took place in Washington D.C. in 1987, for example, combined personal commemoration and public demonstration. Close to two thousand quilts, each dedicated to a person who died of AIDS, were unfurled in front of the nation's Capitol during the National March for Gay and Lesbian Rights. The recent exhibition "AIDS and Democracy: A Case Study" also brought together poetic works which meditated on death and loss, with videos that documented specific instances of open protest.

In recent months, however, some in the art community have expressed frustration with works which lean towards the commemorative and meditative, in favor of that which is much more clearly activist in tone and approach.³ AIDS has given rise to a sense of urgency about concrete steps which can jolt the government and others from complacency and inaction. As vital as these concerns are, the function of art in relation to the AIDS crisis may be better evaluated if we shift our attention from questions of discrete content and form to those of audience and viewing contexts. A work of art which is perceived as "meditative" or "activist" in one context may have alternative values for other communities or under varying conditions that frame the experience of art. Most of the videos in "Overlooked/Underplayed," for instance, were produced by community organizations or city agencies and intended for distribution beyond the confines of a museum, whether it be through broadcast television or other channels. They have received special notice, however, in the art community. It is painfully ironic that the women most affected by AIDS are also the ones for whom the museum is the least accessible. For many of these women, who are disenfranchised because of race and class, the museum can be a remote place.

This contradiction opens up two issues. First, the tendency in society to relegate art and museums to one predefined role necessitates greater efforts to expand artists' struggles against AIDS beyond existing boundaries within culture. Means of distributing information and providing the experience of art need to be re-evaluated. The workshop at Beth Israel is perhaps one way of bringing not just art objects, but the process of art making, to those who must daily struggle with AIDS. Utilizing other mediums such as the printed page, which Gran Fury has done effectively, may be another step. But at the same time, the art world needs to recognize the limits of cultural production as it presently exists. Art can fulfill many functions, clarifying issues and helping us cope with grief, for one. But art is not a simple substitute for direct social action. Artists and those who present and view art are also citizens; with responsibilities which go beyond the confines of the art world.

Alice Yang

Curatorial Coordinator

Notes

1. On this, see Douglas Crimp, "Portraits of People With AIDS" (Presentation delivered at the *Representing AIDS* conference, London, Ontario, November 11-13, 1988).
2. Douglas Crimp, "AIDS: Cultural Analysis/Cultural Activism," *October*, no. 43 (Winter 1987), p.14.
3. See Kim Levin, "It's Called Denial," *The Village Voice*, January 17, 1989, p.87.



Participants of community project at Beth Israel Medical Center, January, 1989. From left: Regina Corriore, Nancy Gorbea, Kathryn Ritter, Linda, Janet Goldner, Elaine Lorenz. Photo: Estrella Yu.

The workshop at Beth Israel was coordinated by Janet Goldner with the assistance of artists Regina Corriore and Elaine Lorenz. Participants included Kathryn Ritter, Nancy Gorbea, a third woman who would like to be known only as Linda, and a fourth who wishes to remain anonymous. The video documenting the workshop was produced by Stephanie Daniels with the assistance of Mark Smith, Cameraman, Stephanie Hecht and Maya Blume, Audio Technicians, and Elizabeth Roth, Editor. Production facilities were donated by E/S Pictures and djm.

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SOME FACTS ON WOMEN AND AIDS

Nationally women are the fastest growing group of People With AIDS (PWAs), yet many of the women who are at highest risk are uninformed about the disease. AIDS does not discriminate. Irrespective of sexual preference, gender or ethnic background, anyone who engages in risky behavior—sharing needles or practicing unsafe sex—stands a chance of becoming infected with the HIV virus. Until 1984, when blood banks began systematically to screen donations, people who received blood transfusions were also at risk. As of January 23 of this year, 7787 women with AIDS cases have been reported by the Centers for Disease Control. By 1991, however, it is predicted that 27,000 women in this country will have AIDS.¹ Though few women were affected at the beginning of the epidemic, women now make up 10% of the PWAs nationally and 12% of the PWAs in New York. It is also estimated that ten times this many could be HIV positive, and the number is steadily increasing. Over half of the reported cases of women with AIDS are in New York and New Jersey. In New York City, AIDS is now the leading cause of death for women between the ages of 25 and 34. These statistics are important. Until recently, women

have been overlooked by AIDS educators, health care workers and the media and, as a result, many women have developed a false sense of security believing they are not at risk.

In the United States, over half of the women with AIDS were exposed to the virus through intravenous drug use. In part due to inadequately cleaned and sterilized needles, the HIV virus has spread rapidly through the IV drug using population. The growing number, especially in New York, of "shooting galleries" where IV works may be rented for a nominal fee, has also greatly increased the possible risk of infection. The New York State Division of Substance Abuse estimates that there are 50,000 women IV drug users in NYC alone, over half of whom are HIV positive. Many more women in New York are sexually involved with men who shoot drugs. An estimated 120,000 women are in this group, yet they have received little attention.

Contrary to reports from the media, heterosexual transmission is the second highest means of contracting the virus for women in the United States. Heterosexual transmission is possible. In fact, national estimates indicate that close to one third of the women with AIDS contract the virus through heterosexual contact. This is one area in which men's statistics vary significantly from those concerning women. Nationally and in New York City, very few men are known to have become infected through heterosexual contact. While an estimated 28% of women are infected through heterosexual contact, only 2% of men with AIDS are reported to have been so infected. Although not yet completed, research to date on heterosexual transmission indicates that during vaginal intercourse, AIDS is more easily passed from men to women than from women to men.

Transmission of AIDS is not limited to IV drug use and sexual contact. Because pregnancy lowers the body's immunities, women who are HIV positive and become pregnant are at a greater risk of contracting AIDS. The virus can then pass on to the baby through the placenta or during birth. Some researchers believe that a mother can also pass the virus to her baby through breast feeding. Around half of the babies born with HIV antibodies will eventually be infected with the virus. In the remaining cases, the baby temporarily absorbs the antibodies but not the virus itself. The majority of babies who contract AIDS during pregnancy have at least one parent who is an IV drug user and often unable to care adequately for the child. Thus, even if the baby escapes infection at birth, he or she must often be left to the care of the hospital.

For a variety of reasons, many pregnant women who are HIV positive choose not to terminate their pregnancy and are then faced with the prospect of coping with their own illness as well as raising a child. By 1991, between 10,000 and 20,000 children in the United States are expected to contract AIDS.² In view of these astonishing figures, issues surrounding childcare, pregnancy and abortion, which women have always had to face, become even more complex. For example, should a pregnant woman with AIDS choose to abort her child? Should a woman choose to be sterilized in order to participate in experimental drug treatments that might otherwise affect the fetus? Should anyone besides the pregnant woman have the authority to make this decision?

Birth control has traditionally been the woman's responsibility. A woman at risk of AIDS is now confronted with the added responsibility of protecting both herself and her partner by enforcing safe sex practices and insisting on the use of a condom in sexual relationships. It is often more difficult for a woman to make assertive decisions concerning her well being and to discuss issues of safe sex with her partner if she is financially or emotionally dependent on him. Also important to consider is how a woman's community, familial pressures and religious beliefs concerning birth control impact on her ability to make decisions about safe sex.

Although ethnicity has no bearing upon an individual's risk, AIDS disproportionately affects women of color. Blacks comprise 12% of the national population, yet over half of the women known to have AIDS are black. Likewise, Hispanics represent 7% of the overall population and 20% of the women with AIDS. It is dangerous to assume that AIDS only affects certain groups, and it is critical to distinguish between a person's ethnic background and risk background. Whereas poor minority women make up the majority of all women with AIDS, the reverse is true of the social and ethnic distribution of men with AIDS, the majority of whom are white and middle class. Much of the AIDS education has been organized by the gay community, and it is not reaching women in minority communities. Unless specifically targeted, AIDS educational efforts may never reach individuals most in need of the information.

Ironically, certain groups of women who are not at high risk are singled out and discriminated against because of misperceptions and misinformation about AIDS. For example, lesbians and prostitutes are stigmatized because their sexual practices are considered immoral or deviant, when, in fact, these women are often the most highly educated concerning the risks related to AIDS. Because many feel that AIDS is a gay disease, increased homophobia has led to violence and discrimination against the lesbian community, even though there have been few reported cases of lesbians with AIDS. Prostitutes are treated as "vectors" of the disease, yet there is little direct evidence that prostitutes engage in high-risk behavior. In the U.S., prostitutes routinely use barrier protection for all forms of sexual contact. It is, however, important to distinguish between prostitutes who are also IV drug users, and thus at higher risk, from the sex workers who do not use drugs. Because these women are often more desperate for money to buy drugs, they are also more likely to acquiesce to men who refuse to wear condoms.

Another segment of the population which is not at high risk, but nevertheless suffers discrimination, consists of the primary caretakers for people with AIDS. Traditionally women have been the main caretakers, sometimes at the expense of their own health. With federal cutbacks in health care spending, a greater burden falls predominantly upon women in the community. Because of their contact with people with AIDS, many of these caretakers, including mothers, sisters, daughters and health care and social service workers have been denied employment, housing, transportation and outside assistance of almost every kind.

As cases of women with AIDS increase in number, statistics show that women are surviving half as long as men diagnosed with AIDS, since

they lack access to comprehensive and affordable health care and the most basic information about risk of contracting the disease and prevention. Often lacking health insurance, they are the most susceptible to the financial hardships of AIDS. Furthermore, women are rarely given the opportunity to prolong their lives through experimental drug programs. In order to have as few variables as possible among the participants of these trials, women are excluded simply on the basis of gender. Researchers are concerned, in particular, about the risk of high drug dosages to a woman, as well as the risk to a possible fetus. Even though many women are willing to agree to sterilization and/or abortion before entering a drug trial, they are still barred from treatment programs.

Women need to be made a priority in AIDS educational efforts. Until recently, women have been completely ignored by and isolated from AIDS support services and programs. While the gay community has developed successful educational programs and support groups, women with AIDS have few resources. In contrast to gay men, who perhaps sense more of a group identity and shared risk, many women at risk have very little in common with one another, and most remain uninformed about the disease. There is a need for appropriate prevention efforts and support programs that are culturally sensitive and provide sexually explicit material for women. There is a need to empower women and treat them not as risk factors, but as people who are also at risk.

Kyria Sabin

Curatorial Intern

Notes

1. Diane Richardson, *Women and AIDS* (New York: Methuen, 1987), p. 13. Unless otherwise stated, all statistical information comes from the Centers for Disease Control *AIDS Weekly Surveillance Report* and the monthly report from the New York AIDS Surveillance Unit.

2. Barbara Santee, *Women and AIDS: The Silent Epidemic*, (New York: Women and AIDS Resource Network, 1988), p. 11.

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The individual views expressed in the exhibitions and publications are not necessarily those of the Museum.

VIDEO PROGRAM

On Friday and Saturday evenings, the same program will repeat at 6:00, but *Reframing AIDS* will not be screened again. Tapes are courtesy of the producer, unless otherwise noted.

- 12:00 3:00** *Living With AIDS: Women and AIDS*, 1988, 28 minutes; Directors: Jean Carlomusto and Alexandra Juhasz; Produced by Gay Men's Health Crisis, New York
- 12:30 3:30** *Falling Through the Cracks: Women and AIDS Discrimination*, Excerpt from *The Second Epidemic*, 1988, 11 minutes; Produced by Amber Hollibaugh in conjunction with the New York Commission on Human Rights, AIDS Discrimination Unit
- 12:44 3:44** *Women Children and AIDS* (excerpts), 1987, 11 minutes; Produced by the San Francisco AIDS Foundation
- 12:56 3:56** *Safe Sex Slut*, 1988, 3 minutes; Director and Producer: Carol Leigh (aka Scarlot Harlot); Co-produced by Dave Bukunus, Tucson Western International Television (TWIT)
- 1:00 4:00** *Living With AIDS: Prostitutes Risk and AIDS*, 1988, 28 minutes; Directors: Jean Carlomusto and Alexandra Juhasz; Produced by Gay Men's Health Crisis, New York
- 1:30 4:30** *Pope Don't Preach*, 1988, 3 minutes; Director and Producer: Carol Leigh (aka Scarlot Harlot); Co-produced by Dave Bukunus, TWIT
- 1:35 4:35** *Living With AIDS: Doctors, Liars and Women: AIDS Activists Say No To Cosmo*, 1988, 23 minutes; Directors: Jean Carlomusto and Maria Maggenti; Produced by Gay Men's Health Crisis, New York
- 2:00 5:00** *Reframing AIDS*, 1987, 38 minutes; Director: Pralibha Parmar; courtesy of the artist and Frameline, San Francisco

A video program that consists of an hour selection of these tapes is available to rent through the Museum for a nominal fee.

GOD BLESS AMERICA, PART II: WINDOW INSTALLATION BY TED VICTORIA

The objects in the Broadway Window are real. Only the manner of their presentation has been changed....

Ted Victoria has been producing camera obscura projection pieces since the early 1970s. The principle is simple: light passing through a small hole into a darkened interior (the camera, or chamber) will project an inverted image, in natural color, of the object or scene that lies in front of the opening. Outfitted with lenses and mirrors, the camera obscura becomes a more sophisticated means of transmitting images, from the surfaces of objects to the surface of the camera's interior screen. Victoria, however, has worked to turn the mechanics of the camera obscura inside out, confounding its emblematic distinction between a well-lit exterior, peopled by real things, and a darkened interior where luminous images are received.

In his first projection works, Victoria took the gallery itself as his darkened interior, projecting images onto the gallery wall. In later works—light box assemblages—light sources, lenses and mirrors have been hidden away, as have the given work's array of objects, activating motors and even miniature TVs. The images are rear-projected onto the surface that the viewer sees. "Out there" and "in here" collapse into a single, seemingly gravitationless space where real images and natural chromatics have the look of computer graphics, and the geometry of one-point perspective has lost its sway.

Victoria's projection pieces have about them the air of the uncanny, of the real made strange. Early works tend toward mysterious narrative events, stage sets for a miniature and mechanized theatre of images. Narrative movement and stasis are bound up together, generating on the one hand sometimes random speculation, and on the other a return to the odd allure of the objects and their disposition across the surface of the screen. Most recently, Victoria's work has moved away from the smooth, translucent surface of his earlier projection assemblages. Opaque facades are shaped and inset with clear plastic Vacuu-form molds. These molds serve as focal points for the projection of objects placed in the enclosure behind the facade. Instead of implied narratives, the newer works offer an ambivalent analysis—a sober but distracted, and strangely skewed, meditation on the technologies and iconography of American mass culture.

With its five arched, architectural niches, arranged in two tiers, *God Bless America, Part II* echoes the form of multi-paneled Medieval altarpieces, in which each arch contains an image of a saint, or a key scene from scripture. In particular, the saturated, literally shimmering colors of the projections, and the allegorical inflection that the composition gives to commonplace objects, recalls altarpieces of Northern Europe, such as the great, often reproduced *Ghent Altarpiece* (the *Adoration of the Mystic Lamb*) of the van Eycks. These large, unfolding altarpieces had their origin

as a screen for the reliquary, where sacred relics were preserved behind locked doors, just as Victoria's objects are concealed by the facade. Predating the concern with a single overarching perspective, the various panels of the Northern altarpieces exhibit a disparity of scales. Different figures or scenes seem to exert their own distinct perspective, in some cases quasi-sculptural, in others more painterly. In Victoria's light boxes, scale is utterly out of whack, with the projection method further straining the composition toward dislocation and incongruity.

Each niche in *God Bless America, Part II* represents a "station," implicitly cross-referencing the Christian stations of the cross with contemporary television culture. From the left, Stations 1 through 3 present "Take Out," "C'mon Play Ball," and "Home Shopping Club," while Station 4 proposes "Let's Eat" in the figure of an unopened tin can. Traversing all four fields, a hand-held can opener taunts and teases those desires elicited by the niches' several iconic objects—a selection that implies a range running from the thirst for absolute knowledge to the lust for video commodities—a wry reference to the magic of the

Eucharist ("Let's Eat") and to the loss therein of the real goods, their transubstantiation into the fabric of representation.

In the Broadway Window's lunette, another arched niche frames a projected reproduction of Dürer's famous engraving of praying hands, familiar from mass-produced religious souvenirs. Placed at the center of the upper panel, pointing toward the panels below, the hands suggest the Sistine Chapel ceiling, with the Creation of Man translated into a galaxy of glittering commodities.

The unfolding of the panels of the altarpieces echoes the allegorical uncovering of truth behind the surface of appearance, while the opened altarpiece reveals, not the relic, but a central panel rich in sacred symbolism. Victoria's light box assemblages upset the order of allegory, and simultaneously introduce material static into a purely simulationist model. Mimicking the imagery of modern technology, these works sneak the actual object back into the mechanics of reproduction. The projections hover stubbornly between the real and the fake, the actual and the imaginary, pervaded by an anxiety of overtransmission. In an encounter in which technology is profoundly implicated, all boundaries seem to have become porous and permeable. It is perhaps just such a situation that Surrealism forecasted as a "fundamental crisis of the object." In *God Bless America, Part II*, Victoria places a globalizing video culture—a landscape like the Times Square light bowl at night viewed from a moving car—within an anachronistic frame, reaching back to a moment in Western art that lies on the far side of the ascendance of the modern optical model. Appropriating the "revolatory" pictorial mode of the Medieval altarpiece, he employs it as it employed Old Testament stories—in a retrospective allegory that gestures toward the emergence of a new regime.

Laura Trippi
Assistant Curator



Ted Victoria, *God Bless America* (detail), 1984-1987, mixed media room installation