

# Melancholia and Moralism

*Essays on AIDS and Queer Politics*

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# 15 DE-MORALIZING REPRESENTATIONS OF AIDS

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Joe (Denzel Washington) listens to Andy (Tom Hanks) explain a scene from *Andrea Chénier* in *Philadelphia*, 1993.

The most celebrated sequence of Jonathan Demme's *Philadelphia* shows its main character Andy (Tom Hanks) dancing with his IV stand to the tune of Giordano's *Andrea Chénier*. Trancelike, Andy interprets to a bored, then dumbstruck Joe (Denzel Washington), Maddalena's "La mamma morta," sung by every homo's favorite diva, Maria Callas. (Two outraged readers wrote letters to *Poz*, the monthly magazine for people with AIDS, excoriating it for misidentifying the voice as that of Montserrat Caballé—a mistake so glaring, according to one of the letters, as to "undermine the entire credibility of the magazine.")<sup>1</sup> As if fearing seduction, or perhaps contagion, Joe beats a hasty retreat, hesitates outside the door long enough for an ambiguous second thought, then goes home to hug his baby girl and crawl into bed with his wife. All the while—though we are rather far from Andy's stereo at this point—Callas continues singing of her reconciliation to life through heaven-sent love, and Joe experiences a silent epiphany. You can just watch him thinking, "It doesn't matter whether you're black or white, healthy or ill, straight or gay . . . love is love."

Why do I feel betrayed by this sequence? For one thing, if love is love and it doesn't matter if you're straight or gay, I want to know why Jonathan Demme didn't show Andy getting into bed with his boyfriend Miguel (Antonio Bandéras) as Callas continued to sing. After all, didn't Joe say he wasn't all that familiar with opera? So whose subjectivity is represented here, anyway? The answer, of course, is that it's the subjectivity of the spectator, constructed by Demme's film as straight and unaffected by AIDS. That spectator might not be familiar with opera either, but Andy explains this particular aria well enough for anyone to understand that opera's themes—like those of Demme's movie—are universal. To make his point, though, Demme has to forsake the subjectivity he begins by representing as so fascinating, so different, so incomprehensible, but as nevertheless supposedly also laying claim to the universal. Demme steals Callas from the dying opera queen, who reveals

1. "La Mamma Morta-fied," *Poz* 6 (February–March 1995), p. 16. In saying that Callas is every homo's favorite, I merely and deliberately repeat received wisdom. My own favorite singer, hands down, is Caballé, but still, my favorite *diva* is Callas.

his subjectivity through his identification with her, and gives her away—to Joe and his wife and baby, and thus implicitly to every “normal” family unit. (I didn’t actually count them, but it seemed to me that there were more babies than queers in *Philadelphia*.)

The reason, I think, many of us focus on the opera scene in *Philadelphia* is that it’s the only one where we can in any way recognize Andy’s character as queer. If I feel betrayed by the sequence, it is because this single signifier of Andy’s queerness, once displayed, is divested of its queer specificity. And what Demme seems thus to be saying is that you have to dispense with what makes a queer a queer in order to get anybody else to feel sorry that he’s going to die.



There are two, conflicting propositions about AIDS, or more precisely about knowledge regarding AIDS, that I want to try to bring into relation in this essay: first, that knowledge about AIDS, gained in one time and place—often the hard way, by learning from deadly mistakes—might help others, at later times and in other places, to avoid those mistakes and thus to prevent the horrible ravages of a vast epidemic such as the one we experience in New York City, where we have, as of September 30, 1994, over 70,000 reported cases of AIDS, of whom more than 47,000 have died. And second, that knowledge about AIDS is always local, will always be bound by a particular time and place, which will often make knowledge gained in one place seem inappropriate or nontransferable to another.

There are other ways of describing this contradiction. Although AIDS is truly pandemic, and everyone everywhere will potentially be affected by AIDS, the global pandemic is really many interrelated but quite different epidemics, with different causes and different effects, affecting different kinds of people. Or still another way of characterizing this conflict is to say that while certain forms of knowledge appear to be objective and thus everywhere and always applicable, other forms of knowledge begin by admitting their subjective and local limitations.

This acknowledgment of subjectivity is something that we often see as a particular strength of art, and thus we often value art made in response to AIDS as having something unique to tell us about the personal, human side of the epidemic. It is usually to art that we turn, it is said, to see the “faces of AIDS” as opposed to the statistical abstractions of science and sociology. And because art can “give AIDS a face,” we often assume that it will solicit the sympathy of those not immediately affected by the disease, thus effecting the translation of the individual situation into the shared condition. When I first wrote about AIDS, my intention was to contest this distinction between the objectivity of science and the subjectivity of art. On the one hand, I wanted to show that even the most established facts about AIDS were far from objective. All facts—social facts, scientific facts, medical facts—only in time come to be seen as true and objective, but they, no less than other things we think we know, are constructed—built on subjectively contrived ideas, hypotheses, experiments, studies, surveys, descriptions, negotiations, and so forth. On the other hand, I wanted to argue that art, or cultural work generally, had as much right to make objective truth claims as did science. Indeed, I submitted that it was the function of art not only to express the experiences of love and caring, loss and mourning, fear and despair, anger and outrage, but also to inform, to educate, and to engage in the activist struggle against the negligence of our governing institutions and the falsehoods perpetrated by our media. The simplest way to characterize the argument I was attempting to make is to say that all knowledge—whether scientific or artistic—is *interested* knowledge and thus open to contestation; knowledge of whatever sort is never free of our investments, the sense in which it is true *for us*.

In the eight years since I first made this argument, I have seen that there is a significant problem with it. For in thinking about the subjectivity of knowledge production largely in terms of competing interests and investments, I failed to account for the most crucial feature of subjectivity—that governed by the unconscious, which often works against our conscious interests. And it is this aspect of subjectivity that so often determines how any of us, including our often irresponsible governments, responds to AIDS.

Let me give an example. As everyone knows, what is now called AIDS was first reported in the United States among otherwise healthy gay men. For a short time, it was assumed by some scientists that the syndrome had something intrinsically to do with homosexuality, even though a "scientific" knowledge of sexuality would certainly understand that there can be *nothing* intrinsic to homosexuality, since intrinsically homosexuality is nothing at all. In any case, AIDS was very soon seen in people who had never engaged in homosexual sex, but the link between homosexuality and AIDS has nevertheless persisted with amazing tenacity. Lip service might be paid to such statements as "AIDS is not just a gay disease," or "AIDS is everybody's problem," but still, if you ask most Americans who gets AIDS, they'll answer, Homosexuals. There are many reasons for this, some more logical than others. To this day, the majority of people with AIDS in the United States are gay men, even if the overall percentages have steadily declined. An even greater majority of *images* of people with AIDS seen in the media are of gay men. Perhaps equally important, the people who have most visibly mobilized to fight the epidemic are gay men and lesbians. Thus the images of service providers, advocates, activists, doctors, and lawyers coping on a day-to-day basis with the epidemic are also images, for the most part, of gay men and lesbians. In addition, most of the alternative representations of AIDS are produced by gay and lesbian artists, film- and videomakers, and writers.

Still, this preponderance of images of AIDS as a gay disease has, for many years now, existed alongside the countervailing information that AIDS is transmitted by heterosexual as well as homosexual sex, that it is also transmitted by sharing needles when injecting drugs, through blood transfusions and the use of blood products, and from mother to child. But despite this information, the association of AIDS with homosexuality in the United States is still extraordinarily powerful. When the star basketball player Magic Johnson discovered that he was HIV-positive in late 1991, he said that he hadn't practiced safe sex because he thought AIDS was a gay disease. Not long after he said that, the *majority* of new cases of AIDS reported in the United States were among African Americans and Latinos, including large numbers of women and

children and straight as well as gay men. How is it that Magic Johnson, who had been very engaged with the needs and concerns of African Americans, could have been unaware of the extent of devastation wrought by AIDS on African Americans?

The answer to that question is suggested by what happened to Magic himself. Shortly after he rejoined the Los Angeles Lakers in 1992, Magic was forced to retire a second time. The officially reported reason was that his fellow players in the NBA were afraid to play against him because of the possibility of a bloody accident on the basketball court, but the subtext of many of the media stories suggested that Magic quit for another reason: some of his fellow players had revived rumors that Magic was gay. Now, I doubt that those players really believe Magic is gay. I think, rather, that by claiming that Magic was gay, they were able to say, in effect, "This disease is not my problem. I don't have to worry. I don't have to use condoms when I'm out on the road having lots of sex."

"AIDS is not my problem." This simple statement (or thought) is without question the most widespread, the most tenacious, and the most dangerous formulation in this pandemic. Indeed, I think it would not be wrong to say that the statement "AIDS is not my problem" is as responsible as anything for the fact that so many people worldwide have been infected with HIV. Whether the statement is enunciated by governments in the form of refusals to acknowledge the risks to their populations, to conduct responsible education campaigns, and to fund research, or of discriminatory practices such as exclusionary immigration and travel policies; by the blood banking, blood products, and pharmaceutical industries in the form of caring more for profits than for human life; by the media in the form of failures to pursue and report accurate information and to alert their audiences to the seriousness of the threat posed by AIDS; by communities in the form of scapegoating other groups and failing to acknowledge and support their own affected constituents; or by individuals in the form of distancing themselves from those already affected by the epidemic—the result is the same: an ever growing transmission of HIV to more and more people all over the world.

Most people don't say, outright, "AIDS is not my problem." Rather they translate that statement into some version of "AIDS is the problem of others." In the United States, the statement translates as "AIDS is a gay disease" or "AIDS is a junkie's disease." In other places, it translates as "AIDS is a disease of prostitutes." In still others, "AIDS is a Western disease," "AIDS is an African disease," or "AIDS is a Southeast Asian disease."

It is by now a truism that the us/them construction of AIDS is the major obstacle to overcome, that we must all accept that AIDS is *our* problem. But what is not so commonly acknowledged is the extraordinary psychic force of the statement that AIDS is not my problem—a force so strong as to make it possible to hold fast to such a statement even when it is rationally known to be absolutely false. I know this psychic force firsthand. I remember first learning about what would later be called AIDS in the summer of 1981, when the *New York Times* first reported the discovery of a rare form of cancer in gay men. Soon after that report, news about horrible rare diseases diagnosed in otherwise healthy gay men circulated widely in New York's gay community. As it became more and more evident that an epidemic disproportionately affecting sexually active gay men was spreading, I reacted, as did many of my gay friends, with my own version of the us/them mechanism. "It's only happening to those guys who go to sex clubs." "It's only happening to those guys who take lots of drugs." "It's only happening to those guys who've had lots of sexually transmitted diseases." I reassured myself that I was not one of "those guys," the ones who get AIDS. And I did so even though I went to sex clubs, I took drugs, and I'd had my share of sexually transmitted diseases. But somehow, by some form of magical thinking—this is the force of the unconscious—I exempted myself from the category of "those guys," the others, the ones who get AIDS. I stopped exempting myself only when a close friend was diagnosed, a friend I'd had sex with, a friend who lived his life very much like I lived mine. Only then did I begin saying, "AIDS *is* my problem." Only then did I begin practicing safe sex. It could easily have been too late. And that is the terrifying moral of this story: if we wait until AIDS affects us directly, until friends or lovers or family members or we ourselves are infected, it is too late.

In the United States, it was already too late for many gay men by the time AIDS was first recognized in 1981. For that reason, gay men and our lesbian friends responded to the AIDS epidemic in a way that almost no one else responded: by saying "AIDS is our problem." With that acknowledgment, everything changes. You learn all you can and help to educate others. You begin to protect yourself and those with whom you interact. You build systems of care and support. You make demands on your social institutions and your government. You fight for the attention of the mass media, and you create your own media.

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But you also run a terrible risk: In saying, "Yes, AIDS is our problem," you allow others to go on saying, "AIDS is not my problem, it's *your* problem." Even worse, some will say you *are* the problem. There is still another, even more terrible risk, one that we are only beginning to recognize: the risk entailed by the long-term effects of having to sustain changes in attitudes and behaviors in the face of so much adversity and loss. Moreover, this risk is compounded by the fact that attempts to get others to recognize the impending threat of AIDS are often predicated on the abandonment or sacrifice of those already affected.

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For the most part, cultural work about AIDS has been produced by those who are directly affected by the epidemic, artists who are themselves infected with HIV or who have lost friends, lovers, family, and community members to AIDS. Art has attempted to convey what it feels like to deal with the epidemic—to be ill, to care for those who are ill, to face death, to mourn, to be outraged, to be defeated. But art about AIDS has also attempted to combat the epidemic directly—to teach safe sex practices, inform people about their risks, fight discrimination, expose the lies of governments and media, arouse affected groups to anger and activism.

When I first wrote about art and AIDS in 1987, it was the latter practices, those that directly combated the epidemic, that seemed to me most in need of recognition. I pleaded for support of art practices rooted in community activism and engaged in political struggle. Although I was not opposed to art that expressed feelings of loss and despair, I never-

theless preferred and championed politically activist cultural work. What I have come to realize, though, is that I drew too rigid a distinction between the two kinds of art about AIDS, that the feelings of loss and despair expressed in the one kind of art would become necessary in activist art as well.

In 1987, one of the works I focused on was *Testing the Limits*, one of the first of what became a significant genre of videos and films documenting the burgeoning AIDS activist movement in the United States and elsewhere. This collectively produced video featured New York City community-based organizations dedicated to fighting the epidemic in the hardest hit communities. It was highly inspirational and served as a useful organizing tool. The same collective began working immediately on a longer, second video on the same subject, which centered on ACT UP. Finally completed in 1992, the second tape, *Voices from the Front*, is similar in style and format to the first, but is feature-length, more professionally produced, and covers much more ground with much greater depth. It was far more widely seen, as it won a prize at the Berlin film festival, aired on national public television, and even had short commercial releases in movie theaters. I suppose that it might serve its uplifting objective rather well, showing as it does huge, well-organized ACT UP demonstrations that led to concrete political victories. But it can serve that objective only for those who were not members of the ACT UP it pictures; for those of us who were, the video provokes a mix of nostalgia and despair, in part because ACT UP as we knew it then no longer exists, at least in New York.

*Voices from the Front* ends with the famous final remarks of film scholar Vito Russo's speech at the 1988 demonstration at the U.S. Food and Drug Administration, in which he proclaims: "After we kick the shit out of this illness, we're all going to be alive to kick the shit out of this system so that this never happens again." Vito's fighting words are followed by a quick montage of images of ACT UP demonstrations, and then the words "In memoriam," whereupon we see the repetition of images of twelve of the people we just watched in the video who died before the tape's completion. The final one is Vito Russo himself. I personally find

it agonizing to watch Vito's rousing "We're all going to be alive" followed by such a brutal contradiction of his words. And in the time that has passed between the tape's release and today, many more people in the video have died.

Videomaker Jean Carlomusto, who worked for a time with the Testing the Limits collective, reflects on this contradiction in the videotape *Fast Trip, Long Drop* by Gregg Bordowitz, who was also a member of the original Testing the Limits collective but left after the completion of the first tape. Sitting in her editing room at Gay Men's Health Crisis, Carlomusto says:

*In the beginning, when we were shooting [video] at various protests, there was a kind of energy that was amazing. It was the energy of people really coming together, really speaking out and thinking of new and creative ways [to fight AIDS]. As time went on, it became sadder and sadder to sit in an editing room with this material, because as you would look at the material you'd start to think, "Oh, well, he's gone . . . he's gone . . .," and it became almost your only chance to see people who you hadn't seen in a long time, or a chance to see someone who looked a lot healthier at that particular time. And it really became more and more a record of loss. In that way, the material that once had been so energizing starts to become almost a burden, difficult to watch. Because of that, it completely changed its meaning.<sup>2</sup>*

This change of meaning has had a strong effect on the way I came to think about art and AIDS, even though it was always theoretically part of the argument I was making. I always knew that politically engaged artworks confronting the AIDS epidemic were highly contingent, that their messages would not transcend the time and place for which they were made. The AIDS activist graphics that I wrote about in *AIDS Demo Graphics*, for example, were produced for specific demonstrations, were about local issues of the moment, and thus have no meaning today except as mementos, documents, or examples of the type of work that

2. *Fast Trip, Long Drop*, Gregg Bordowitz, 1993 (distributed by Video Data Bank).

might be made for other times and places. One such graphic, produced for a 1988 demonstration at City Hall in New York, juxtaposes a photograph of then Mayor Ed Koch with the text, “10,000 New York City AIDS deaths/How’m I Doin’?” Even at the time the poster was created, it would have meant little outside New York, and now, in New York, hardly anybody remembers that Koch was always fatuously asking “How’m I Doin’?” and the number of AIDS deaths is far more than 10,000. Even a work like Gran Fury’s famous bloody hand print with the headline “The government has blood on its hands” had to be revised to remain relevant. The text along the bottom of the poster that originally stated “One AIDS death every half hour” had to be changed just a few years later to “One AIDS death every twelve minutes.” What makes the contingency of meaning in these two obvious examples more than just a matter of banal fact is that, whereas 10,000 AIDS deaths in New York City or one AIDS death in the United States every half hour once seemed unimaginably horrible, today we can only wish the epidemic were so limited.

But the change of meaning to which Jean Carlomusto refers in Bordowitz’s video is less about this sort of contingency than about the subjective experience of the work’s audience. For people who live outside New York or were not members of ACT UP in the time period documented by *Voices from the Front*, the video might very well function as intended—as a testament to the possibilities of progressive change as a result of community activism and as a stimulus to create or join an activist movement. But those of us whose own activism is represented by the video often feel violated, as once again the complexities of our lives are oversimplified—and this time not by the mass media but by our own activist artists (First we were pariahs or victims, now we are immortal heroes. But of course we are neither. We are ordinary people whose struggle against this epidemic has taken its own terrible toll. Gregg Bordowitz addresses us, only half humorously, in *Fast Trip, Long Drop*, as “the burnt out, the broken hearted, and . . . the profoundly confused.”

My purpose is not to condemn *Voices from the Front* as dishonest. The failure to acknowledge the toll that death was taking on AIDS activism is

not merely the failure of this video, which in many ways is an exemplary work. Instead it represents a wider failure of AIDS activism to confront the daily emotional toll that AIDS inevitably takes. The difference between the original *Testing the Limits* and *Voices from the Front* is a difference between a moment of optimism at the founding of a movement and a later moment when such optimism has become hollow and therefore false. Another way to characterize this difference is to return to what I said at the beginning of this essay—that objective information is everywhere and always also subjective.

What does this relation between subjectivity and objectivity mean for cultural work about AIDS?

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To me, it means that the ways we imagine and address our audiences will be the most important thing we do, and that the rhetorics we employ must be faithful to our situation *at this moment* rather than what seemed true and useful the last time we set to work. In the introduction to *AIDS Demo Graphics*, I wanted to explain how the graphic work produced by members of ACT UP constructed its audience differently from the viewers intended by much of the art about AIDS produced within the traditional art world. Here is what I wrote:

*AIDS activist art is grounded in the accumulated knowledge and political analysis of the AIDS crisis produced collectively by the entire movement. The graphics not only reflect that knowledge, but actively contribute to its articulation as well. They codify concrete, specific issues of importance to the movement as a whole or particular interests within it. They function as an organizing tool, by conveying, in compressed form, information and political positions to others affected by the epidemic, to onlookers at demonstrations, and to the dominant media. But their primary audience is the movement itself. AIDS activist graphics enunciate AIDS politics to and for all of us in the movement. . . . [Through them], our politics, and our cohesion around those politics, become visible to us.<sup>3</sup>*

3. Douglas Crimp, with Adam Rolston, *AIDS Demo Graphics* (Seattle: Bay Press, 1990), pp. 19–20.

What I hoped to convey in this text is similar to what Gregg Bordowitz wrote about the first *Testing the Limits* video in an essay entitled "Picture a Coalition":

*Imagine a screening. In a local community center a consumer VCR deck and a TV set sit on a table. Representatives from the various communities affected by AIDS sit in front of the TV. They watch a video composed of interviews with each of them. They see themselves pictured in relation to one another as they sit next to one another.*

*Consider this screening. It presents both means and ends for the video AIDS activist. The AIDS movement . . . creates itself as it attempts to represent itself. Video puts into play the means of recognizing one's place within the movement in relation to that of others in the movement. Video has the potential to render the concerted efforts—as yet unimagined—between groups. The most significant challenge to the movement is coalition building, because the AIDS epidemic has engendered a community of people who cannot afford not to recognize themselves as a community and to act as one.<sup>4</sup>*

*Voices from the Front* works to achieve something quite different from what Bordowitz describes here, where the AIDS activist movement comes into being through the very process of self-representation. *Voices* does not presume its primary audience to be those shown in the video coalescing around their own self-representation. Rather, it presumes its audience to be on the outside looking in. The subjectivity of those represented is sacrificed to the goal of reaching others.

It must, I think, be acknowledged that the historical circumstances of people who have been coping with AIDS for over a decade have changed drastically in the past few years. Our disaffection from AIDS activism is but one indication. Another, which we are even more loath to discuss publicly, is that seroconversion rates among gay men, including those

gay men best informed about AIDS, have begun to rise again after a period of fairly steady decline. This means that many men who had been consistently practicing safe sex no longer are. It is difficult for us to speak openly about this because, on the one hand, we have been rightly proud of the fact that we had changed our sexual behaviors more thoroughly than anyone could have predicted. On the other hand, being open about this fact immediately draws the scorn of those who have never cared about our welfare. Thus the moralizing rhetoric of "relapse," "irresponsibility," "selfishness," and "compulsivity"; and sadly, the moralizing is not limited to our declared enemies. A new political group of gay men calling themselves HIV Prevention Activists has formed in New York. Their mission is to close gay sex clubs. One of their members, Gabriel Rotello, an openly gay columnist for *New York Newsday*, wrote a column sensationalistically entitled "Sex Clubs Are the Killing Fields of AIDS" in which he describes unprotected sex in a gay sex club as a "sex murder/suicide."<sup>5</sup>

But moralizing will not help any of us through this new crisis any more than will the repetition of a heroic rhetoric of our past achievements in fighting the epidemic. What is necessary now is the self-representation of our *demoralization*. We urgently need resources to help us cope with the consequences of losing hope for a cure for AIDS, of dealing with loss upon loss, with so much hatred directed at us, and with the simple and horrible fact, very rarely given voice, that all of us will almost certainly live with AIDS for the remainder of our lives, however long that may be. When most of us began practicing safe sex, we made a kind of bargain—saying, in effect, I'll make this sacrifice for now, until AIDS is over with. But who among us foresaw that the sacrifice would be forever? Who is psychically able to accept the consequences of "forever"?

The singular achievement of Gregg Bordowitz's film *Fast Trip, Long Drop* is that it dares to represent this demoralization, embodied in the film in the person with AIDS, Bordowitz himself. But though the film is

4. Gregg Bordowitz, "Picture a Coalition," in *AIDS: Cultural Analysis/Cultural Activism*, ed. Douglas Crimp (Cambridge: MIT Press, 1988), p. 195.

5. Gabriel Rotello, "Sex Clubs Are the Killing Fields of AIDS," *New York Newsday*, April 28, 1994, p. A42.

autobiographical, the subjectivity represented is not individualized as Bordowitz's own. There are two central characters in the film, both played by Bordowitz: Gregg Bordowitz and Alter Allesman (Yiddish for "ole everybody"). The first is funny, sad, lonely, searching, fatalistic. The second is cynical, defiant, furious, dangerous. We can rarely be sure, though, which is which, except when Allesman appears on the television show "Thriving with AIDS," produced by Bordowitz (a parody of "Living with AIDS," which Bordowitz actually produced for Gay Men's Health Crisis).

The central metaphorical tale in *Fast Trip, Long Drop*, the trope for which the film is named, is the story of the death of Bordowitz's father, Leslie Harsten, whom Bordowitz never really knew. When Harsten was thirty, Bordowitz's age when he made *Fast Trip*, he went to Idaho to watch Evel Knievel's daredevil jump over the Snake River Canyon in a homemade missile. About midway over the canyon, the contraption abruptly descended into the gorge (A newspaper story reporting the event was headlined "Fast Trip, Long Drop"). Evel Knievel survived, but Leslie Harsten did not. Crossing a highway intersection after leaving the spectacle, Bordowitz's father was killed when he was hit by a pick-up truck and then a camper. Reiterated throughout the film with stock footage of crazy daredevil stunts, this is a true story about the indeterminate relations of risk and chance. Evel Knievel dared fate and survived; Harsten was killed by sheer happenstance. When Bordowitz recounts a drunken episode in which he begged a man to fuck him, remembering that they should have used a condom only after the guy came, he is telling another story of risk and chance, one that may or may not prove fatal, and one that many of us could tell about ourselves.

These funny/harrowing tales of risk and chance open out within the film to encompass more complex reflections on the history of human misery, how it is that we find agency and meaning within historical circumstances not of our own making. Taking his Jewish heritage as one context for his reflections (the film uses Klezmer music throughout), Bordowitz narrates over archival footage from pre-World-War-II shtetls and Eastern European Jewish cemeteries. He begins by remembering



Gregg Bordowitz, *Fast Trip, Long Drop*, 1993.

that his grandfather once told him that in the shtetl, epidemics of cholera and typhus came and went and that survival was a matter of luck. He goes on:

*People have been dying and suffering of all kinds of things for some time. I guess I'm just a part of history. Until now, youth and ignorance have afforded me a kind of arrogance. I thought I was unique, my suffering was different, my misery was a new kind of misery. What's new about it is the way we speak about it, the meanings we make about it. What's not so new is the misery. Can one become resigned to the fact of misery without losing one's hope? I guess what's unique about my pain is that it's mine, mine to feel and mine to represent, mine to overcome, mine to resign to, mine. At first, owning it, acknowledging it, seemed like a revolutionary act. Now, accepting the fact of my own mortality has become the hardest thing I'm facing, and I have to do it. The task has appeared to me with great force, with urgency. It grabbed me and shook me. It won't let go.*

Bordowitz's attempts to assert agency have already appeared in *Fast Trip* as the record of his work with ACT UP as an organizer and documentary videomaker. But after this reflection on his own fate, and immediately following the statement, "Before I die I want to be the protagonist of my own story, the agent of my own history," what we see is Bordowitz's belated attempt to learn to drive. Bordowitz approaches his new task warily; car crashes, after all, have been a leitmotiv of *Fast Trip*. But warily, too, because the date of the driving lesson is given in the film as June 1995 (the film was completed in the fall of 1993). It represents, as Bill Horrigan wrote, "a modestly hopeful projection, a vision of perfect ordinariness poignant for that very reason."<sup>6</sup>

Poignant, too, because—hedged, held amidst day-to-day contingencies, historically pondered—it is hope that neither rings false nor promises transcendence. It is not the rousing hope of *Voices from the Front*, which, in reminding us how blindly we once kept the faith, speaks to us now only of loss; nor is it the humanist hope of *Philadelphia*, which trusts far too much in the homophobe's progress and leaves the queer with his slightly mad vision of heaven-sent love. In this respect, the function of the opera scene in *Philadelphia* is not unlike the magical happy ending of the film *Longtime Companion*, where all those who have died in the epidemic suddenly come back to life, run down the boardwalks of Fire Island Pines and onto the beach. It is therefore not surprising that Maddelena's aria of love and transcendence is reprised one more time at the end of *Philadelphia*, just as Andy, on his deathbed, says to Miguel, "I'm ready."

*Fast Trip, Long Drop* has a coda following the credits that speaks very differently of death. Lying in his bed, smoking a cigarette, Bordowitz looks at the camera and says, "Death is the death of consciousness, and I hope that there's nothing after this." Then he begins to giggle, then to laugh openly, then to cough, whereupon he drops his cigarette on his chest. "Shit," he says, then, "Cut." No transcendence, no catharsis, the end.

6. Bill Horrigan, "One-Way Street," *GLQ: A Journal of Lesbian and Gay Studies* 1, no. 3 (1994), p. 368.



Gregg Bordowitz, *Fast Trip, Long Drop*, 1993.