

Introduction to *Still Deferred* (2015)

By Mary Coble

DON'T BE SUCH A WUSS. Give blood.

BE A HERO. Give blood.

BE HUMAN. Give blood.

These are examples of slogans from blood donation campaigns. Others are: 'Drops for you, life for them' / 'Good people give' / 'Together we can save a life' / 'All types needed' / 'Find the hero in you. Give blood 3 times a year'. Except that, not everybody's blood is wanted and not just anyone can give, save a life or be a blood donation hero. This is what *Still Deferred* is about.

As part of my ongoing inquiry into discriminatory practices against the queer community, *Still Deferred* addresses the targeted exclusion of men who have sex with men, or we could broadly say: gay men, from blood donation (in the United States and abroad). This is a political deferral based on homophobia and fear rather than on scientific fact, which has been argued time and again by medical researchers and gay rights advocates alike. This publication offers examples from that debate as well as documentation of my performance *Deferral*, which also functioned as a contribution to the discussion.

The Discriminatory Policy

The blood donation policy developed by the United States Food and Drug Administration (FDA) in 1983 stated: "A man who has had sex with another man (MSM) since 1977, is permanently deferred from donating blood in the United States." The FDA argued that: "A history of male-to-male sex is associated with an increased risk for the presence and transmission of certain infectious diseases, including HIV...".

However, following the lead of countries such as Argentina, Australia, Brazil, Czech Republic, Hungary, Finland, Japan, New Zealand, Serbia, Slovakia, Sweden and the United Kingdom (excluding Northern Ireland) a more recent draft of the guidelines from the US FDA as of summer 2015 suggests that a man should be deferred (or barred) from giving blood only for one year after he has had sex with another man.

While many have applauded this as a successful step towards gay equality, this call for celibacy still targets sexual orientation over actual risky behavior. The original deferral of gay men was instituted out of fear and lack of knowledge in order to protect the blood supply as a reaction to the AIDS crisis; less was known about transmission and testing was unreliable. It is true that the US blood supply was seriously compromised and that numerous people were infected with HIV through blood transfusions. It is also correct according to the US Centers for Disease Control (as of July 2015) that “gay, bisexual, and other men who have sex with men of all races and ethnicities remain the population most profoundly affected by HIV.” What is discriminatory and wrong to assume is that all gay men are likely to be HIV positive regardless of their sexual behavior.

Even this most recent proposed regulation ultimately continues to perpetuate stigmatization against gay men and is reflective of institutionally supported homophobia. The FDA’s statement reinforces outdated prejudices that HIV is only a ‘gay disease’. Regardless of the apparent progress in the new draft, gay men are still deferred based on these prejudices.

The Heteronormative Campaigns

In response to this policy, and in order to raise awareness and protest, eleven gay men and I spent 4 days in 2013 at the Corcoran Gallery of Art in Washington, DC creating a work entitled *Deferral*. It is important to note that the

Corcoran Gallery of Art is located across from the White House where the President of the United States resides and next to the American Red Cross National Headquarters – an organization that holds more than 200,000 blood drives every year and supplies around 40% of the US blood supply.

When researching for the work and looking at blood donor campaigns, including those of the American Red Cross, through the lens of the deferral policy, I found that negative stereotypes and exclusion are perpetuated through rhetoric that favors “Those who give [blood]”. “Don’t be such a wuss, give blood”, a statement used by the American Red Cross, becomes the agitator with a donor call that bolsters a traditional, heteronormative form of a strong masculinity necessary in order to give. In demanding, “Be human, give blood” and by claiming, “Good people give” how are these campaigns framing those who are not allowed or cannot give?

The blood donor campaigns use strategies of positive reinforcement toward “those who give” by framing blood donors as a certain type of ‘healthy, normal and heroic’ person. “Be a hero, give blood” is a slogan coined by the World Health Organization (WHO), which in the context of the exclusionary practices that negate sexually active gay men from being able to donate blood begs the question of whom is allowed to be this hero and under what conditions is this possible?

I of course acknowledge the importance of blood donation. According to Blood Centers of the Pacific someone needs blood every 2 seconds and 1 pint of blood can save up to three lives. The need and thus the urgency is real. However I suggest that the tactics used by these organizations that have agreed to follow the FDA’s policy must be more aware of the formulations in their campaigns to not further disseminate exclusionary practices and to really consider the ‘we’ that they constantly refer to in their zeal to collect.

***Deferral* – a Performance of Defiance**

Deferral was a live performance and installation, which confronted visitors in the atrium as soon as they entered the museum. My own as well as my gay male collaborators' bodies were enclosed behind hospital curtains that surrounded us with quotes from blood donation campaigns and images of one particular figure from a WHO campaign: the blood donation hero or 'Superman', which I had slightly modified with gestures mimicking what could be stereotypical 'gay' postures.

The eleven men stitched over the heroes with various shades of red thread in place of their own 'illegal blood' in an act of re-envisioning their own gay male hero. The WHO's 'Supermen' were transformed into heroes that desired garter belts and nipple rings; heroes with faces masked and hands bound, heroes who have hearts, heroes donning pink capes; heroes that were punctured, split and sewn back together.

Simultaneously a pint of my own blood was drawn onsite, which I used to blot the word "deferral", in Morse Code onto adjoining curtains that brandished words and phrases from the blood donation campaigns. The bloody dots and dashes of this language that only can be translated by some, pricked, slashed and disrupted the divisive and normative campaign text.

Visitors in the gallery were able to witness as blood bled through the text and to observe the piercing and embracing of the heroes as arms wrapped around the curtains, fingers pressed needles, and thread slowly modified and reclaimed the images.

The visitors were outsiders to the interior actions, and to see what was going on inside the curtains they had to move to the higher level of the gallery space, which implicated them as spectators as they looked down upon us like

specimens in an anatomical theater.

Inside this 'theater' a secluded community formed during the 4 days, as the signs of protest (the stitches and the blood) gradually filled the curtains and as, inside the space, the modified heroes visually became connected through a growing network of thread. The acts and movements by the participating men were subtle gestures of defiance against the institutional homophobia of current blood donation policies. The performance resulted in a 'hospital installation', which aims to function as a reminder of the discriminatory divisions between 'healthy heterosexuals' and gay men that are continuously seen as potentially 'sick'. *Deferral* and *Still Deferred* is a collective protest against institutional homophobia and a claim for the right to give blood – and to be someone's hero.

Co-written with Louise Wolthers.

Afterword:

As a further, involuntary contribution to the hysteria and fear surrounding the linkage of blood and gay men, I feel it is important to relay the negotiations that I had to undergo to have *Deferral* created in the Corcoran Gallery of Art. It was an intensive process that resulted in a re-formulation of the work itself, which I am ultimately very happy with today. However the negotiation process illustrated that outdated, scientifically disproven myths of infection still exists even within large institutions that arguably should know better.

In the following I outline some pivotal moments of the process, leaving out names for privacy and the full details/correspondence that are too vast to include here.

My original proposal was to invite gay men into the space to donate their blood, which I would then use to paint onto the curtains that would encase us. The Corcoran's administration, after consulting their lawyers made it clear that I would

only be allowed to use pre-screened blood if this performance were to happen.

The curator formulated it like this:

“The biggest concern he [the Corcoran’s layer] had was with the handling of blood in the galleries, and any potential risk—however remote—that is being assumed by you, by visitors, and by participants in the performance. Since your idea is to have blood drawn onsite and then paint with it, he is concerned with any contaminants that might be in the blood—HIV, but also hepatitis and other blood-borne diseases.”

I argued that I would accept all risk involved by following standard safety precautions when dealing with blood such as wearing gloves, having a medical professional draw the blood and not letting it come into contact with open cuts or my mucous membranes. However, I refused to have the blood of gay men that were invited to donate for this project tested, as I believed this was an extension of the fear and homophobia that the work itself was trying to address.

The response from the curator read:

“Not having the blood tested (among other issues) could be a deal breaker. I’ve spoken with pathology experts and they believe that it’s likely illegal (we’re checking with DC Dept of Health) and is certainly unsafe (the head of pathology at one hospital called it “just plain stupid”).”

In a letter from the District of Columbia Department of Health, Health Regulation and Licensing Administration dated April 29, 2013 they responded to questions by the Corcoran’s General Council including the following:



Government of the District of Columbia
Department of Health



**Health Regulation and
Licensing Administration**

April 29, 2013

Is it legal to draw blood and not have it tested before put to any use, even if it is not intended for human use?

There are tests required before blood that has been drawn may be transfused, but it does not appear that the question deals at all with non- human uses. It is not specifically illegal to draw blood and not have it tested if it will not be transfused, ingested, or placed in direct contact with skin or mucous membranes. However, the liability of potential exposure of blood borne diseases is a risk to consider.

Is it legal to expose the public to unscreened/untested blood in a situation where there should be no contact between the public and the blood unless by accident?

The answer to this question depends on the meaning of the phrase “expose the public”. It would seem that it means to enable the public to see blood being drawn and applied to cloth. Exposing the public in the sense of allowing blood to come into contact with skin, open wounds, and mucous membranes, whether tested or not, would be highly unsafe. It should also be noted that some people are particularly sensitive to the sight of blood and may become faint or light-headed, which may result in injury from falls. It does not appear to be illegal to allow the public to view blood draws and the application of blood to cloth, provided that the donors have consented to have the blood draw done in public view.

After reading this I followed the advice of an experienced performer and researcher of body art, and drew up a Risk Assessment Form that is standard for venues that support live work, suggesting ways that the perceived ‘risks’ that the Corcoran was focusing on could be placed into a category of low or acceptable. I referred to other artists using blood in their work including a reference to two past pieces of my own, which I assumed the gallery was already aware of. However, the institution could not accept the piece if it involved any untested blood.

From the curator’s response:

“Just to reiterate, the resistance that we are encountering here comes completely from a legal,

not an artistic, historical, funding, or audience perspective.” [...] this is somewhat uncharted territory for the museum and while we want to keep pushing ahead, we as curators and programmers are having a hard time coming up with a legal and medical argument that will sway our lawyer. Ultimately, in our institution at this time, the lawyer has the final call [...].”

Based on the institution’s resistance and realizing that the piece needed to be modified or it simply would not happen I decided to rethink the work as the issues at stake were just too important to be silenced. I chose to use my own blood and have myself tested. Instead of demanding this from the gay men who agreed to help me, I asked them to use red thread in place of their blood.

I had to provide documentation of the testing of my blood “by a medical professional for the following blood-borne pathogens and diseases, which are also screened by the Red Cross: Hepatitis B and C, West Nile Virus, Human T-Cell, Syphilis, HIV/AIDS and Chagas.” I also had to sign a contract where I agreed “to not knowingly, willfully or recklessly engage in an activity that might alter the blood test results between the time I had my blood tested (June 18th, 2013) and the time of the performance (August 8th, 2013).” My collaborators were asked to sign a participant release form stating: “The performer acknowledges that there is an inherent risk of bodily injury, illness or death and property damage when working with or in the vicinity of human blood, including but not limited to fainting, contamination, spillage and infection”

In addition I was asked to rope off the performance area to provide additional ‘protection’ for the audience against my already tested blood that was blotted onto the curtain. I also had to accept to have the floor directly under the performance space covered in plastic wrap to protect the floor, while it was ignored that this made the floor extremely slippery for my collaborators and myself.

On August 8th 2013, the performance began 1 hour later than scheduled because the Corcoran’s lawyers unexpectedly showed up and demanded that an

additional length of plastic be laid down that extended outwards beyond the actual performance space. They also asked to speak with the certified medical professional whose license has been pre-submitted and approved, to ask if she “knew how to safely draw blood”. Looking back, the lawyers’ interventions can be seen as part of the whole piece since they manifested the alarmist tactics surrounding the process leading up to the performance. The lawyers took stage before my collaborators and myself, and their interference- surrounding us by a ‘protective zone’- became an unintended symbolic illustration of the deferral that we would be protesting against over the next four days.

All quotes by the Corcoran’s curator are from emails to the artist.