What would that seed look like? What kind of soil would it need to grow? What kind of plant would HIV be if we imagined it as a living organism within a broader ecosystem?

The answers to these questions did not seek medical solutions, but rather aimed to open fertile ground for metaphor, memory, and invention.

From that exercise emerged the texts that make up the following section. Some verge on poetry, others on narrative, memory, or dream.

The project also proposed imagining a package insert for a possible future: a kind of collective letter to accompany the different imagined cures. Not as a traditional pharmaceutical instruction manual, but as a gesture of anticipation. A way of looking forward and asking ourselves what forms of life, care, and justice could grow from these seeds.

The second workshop of this project was facilitated by the artist Jorge Bordello. In this space, visual creation was explored through resources that inhabit the everyday lives of the participants. Based on a methodology focused on the tensions between document and fiction, the private archive and the collective narrative, seropositive trajectories were channeled toward graphic production. In this way, the image was not conceived as an illustration subordinated to the word, but was instead endowed with an autonomous nature. Through the intervention of these resources,

Rumor

By Jorge Bordello*

Before We Begin

What can writing do when narratives about the seropositive experience already seem exhausted? In a context saturated with images, medical discourses, institutional campaigns, and standardized narratives about HIV, there is a risk that the abundance of representations might, paradoxically, produce a new form of invisibility. When a story is repeated within the same frameworks, it ends up obscuring the complexity of the lives it attempts to name.

The workshop «Sembrar la cura» (*Sowing the Cure*), facilitated by Daniel Cortez Abreu, stemmed from this concern: to open a space where imagination, writing, and experience could converge to produce other possible metaphors. Rather than explaining HIV or describing it through dominant languages—clinical, preventive, or biographical—the proposal was to shift the point of view:

> «*What happens when we stop speaking solely in terms of illness, treatment, or diagnosis, and begin to imagine the cure as a collective, symbolic, and creative process?*»

Writing was the tool chosen for this shift. Writing allows us to enter another temporality: one that is slower, more reflective, and open to drifting. It also allows us to speak from different places, even from anonymity, and to build a common space using simple tools—a pencil, a piece of paper, a conversation—which remain profoundly democratic technologies. But, above all, writing can be a way to forge bonds, share experiences, and imagine other possible futures together. Starting from an initial prompt—«*At the bottom of the medicine bottle, a seed appeared...*»—the participants began to think of the cure as a process of sowing.



Why are the living so bent on silencing the dead, so much so that the rumor of a knock inside a tomb terrifies an entire city?

What other force, if not fear, drives us to build marble mausoleums that a thousand living souls could not lift. Beneath such tonnage, bodies can do nothing but halt their resistance and succumb to bacterial betrayal in silence. Buried in a plot of earth, but also in time. Anything can be engraved on a fresh tombstone, and time will turn it into dogma. One can walk past a row of graves reading «Here lies the body of...» or «Consecrated to the memory of...» and yet, half of them might be empty.

The sentence to remain silent is the curator's praise. Fortunate artists—usually dead ones—move into the subterranean vault of the museum's collection; but unlike the mausoleum, which, no matter how heavy, is never airtight, the museum is time-proof, or at least as much as the asepsis of conservation allows. Devoid of acid, oil, dead skin, moisture, or contact; the artist has finally become immortal as an alienated commodity.

**Jorge Bordello* is a visual artist interested in the tensions between document, fiction, and public narrative; his research intersects with HIV.

The artist-as-acquisition plays the leading role in the collegial decision-making process. Like the severed whale's head on the deck of the whaleship, they will be asked questions—Speak, noble and venerable head!—but that head, upon which the sun now shines; which has moved amid the foundations of the world; which has seen enough to wear down the planets, will not utter a single syllable. Allowing the captain to continue his crazed monologue. Or, in the case of the curator, their research topic.

The point of my text is not the lack of agency among positive artists; quite the opposite, it is to point us toward a politics of silence that works in our favor within a terrain of ethnographic extractivism and labor precarity. It is an invitation to gossip. One of my seropositive friends says that the world is not used to us positive people speaking... and they cannot even imagine that we speak among ourselves, I would add.

What the art system—dependent as it is on patrimonial alienation—fails to realize is that we positive artists do not organize as a guild, but as a community. That our association is often erotic and complicit rather than professional and public; we house our memory in a rather private site that can make peace with the ephemeral malice of the encounter, the memory of the dead, and the details behind the loss. Waves of academic interest will periodically thrust publicly palatable positive artists into the spotlight. In the evening, HIVisibles and inHIVisibles gather around the edges of the institution, burning it alive with rumors, conversing history outside of historiography.

Gossip cannot be acquired; it is qualitative analysis. Precious information of subjectivity is accessed through the exchange of other valuable information, combined with a demonstration of discernment from the interlocutor. Gossip is not a secret; it is a micro-historical

PART 2

process. It must be transmitted in intimacy to stay alive through proxies—its environment and social agent, respectively. Gossip must be protected during specific periods. If completely illegitimate information reaches the wrong ears—not those of the enemy, but those of the rigor of verification—the very purpose of its stealth ends up turning into mere information. These are intimacies between the mausoleum and the museum.

Why are the living so bent on silencing the rumor of the dead? Or, in our case, living gossip? Because what we say is not understood. To hear us and look at us at the same time is impossible. Terror creates a desert there.

Who would dare to listen? Even if they listened, they would not understand. We speak an unknown tongue. If you know it, you are one of us.

The Toilers of the Sea. Victor Hugo*, 1866.*

*

and demand explanations and answers from this system of shadows that claims to care for us.

I write this and think back to my own diagnosis. The next time I went to that doctor, after the appointment where he prescribed what he called medication B, he told me it would be our last. He had too many patients and could no longer see me. He diagnosed me, put me on chronic treatment, and dismissed me at the next appointment. He had time to prescribe to me, but not to follow up.

Years later, I check his web page again. It seems that now the hospital or the law obliges them to include a section where doctors disclose—more or less, as they give few details—their «Industry Relationships». There, on his profile, is Gilead, with whom this doctor collaborates in «consulting and other professional services». The section closes with this message from the hospital: «Patients may wish to ask their physician about the activities they perform for these companies».

I wish to ask him those questions very much. *I wish*. If I put up visibility, let him put up transparency. The spotlight for both of us.

The Direction of the Spotlight

By MC

$28,800,000,000[4]. It is so much money that it is difficult to read: twenty-eight billion eight hundred million dollars, or, in Spanish, *veintiocho mil ochocientos millones de dólares*.

What is also important here is the language, because they corrupt that as well. In that very message, they call the work of the Attorney General—who verifies companies' adherence to rules of conduct and commercial integrity—a «distraction». How ironic that the pharmaceutical company that demands our compliance with our treatments is sued for *non-compliance* with its industry's ethical standards. Gilead is poorly adherent. Bad, bad.

The next time the doctor tells me I need to adhere better, I'm going to ask him not to distract me.

In *Silence=Death*, as it is read today, there is another displacement. It involves an inversion of positions in the order of the actors of communication. At some point, we understood that it was, above all, a self-directed proclamation, from us to us. The recipient of the message mutated, narrowed: the demand is no longer directed so much at the government, the industry, or science. At least not in the geographies I inhabit, which are sometimes complacent because they know they have resources at hand.

Here is my proposal: Visibility is useful when one appears for an instant in the beam of light cast by the spotlight, but we must not make our home there. We must not fall in love with the spotlight, nor let ourselves be dazzled by it. As soon as it illuminates us, we must move, get behind it, grab it, and point it upwards—let it shine on

(4) https://www.gilead.com/news/news-details/2025/gilead-sciences-announces-fourth-quarter-and-full-year-2024-financial-results?utm_source=chatgpt.com

According to the U.S. Attorney for the Southern District of New York, «for years, Gilead sought to illegally boost sales of its HIV drugs through speaker programs it used to pay kickbacks to doctors»[1]. It treated them to trips, meals at luxury restaurants, and paid them outrageous honoraria to participate in conferences organized by the company itself. Gilead framed this scheme as educational activities, but the attorney explains that, in reality, it functioned as a vehicle to pay covert kickbacks, with the ultimate goal of wining and dining doctors so they would prescribe their drugs.

Gilead, the pharmaceutical company that markets the drugs that keep us alive, operated corruptly for at least the years the investigation spanned, from 2011 to 2017. This implies that a good portion of its business took place out of the spotlight, amidst whispers and in the dark, in restricted-access spaces and through subtle strategies. The attorney details their practices.

Gilead is no exception. In reality, it operated like almost any other pharmaceutical company[2].

As this case reveals, the response to HIV is a political and corporate infrastructure full of shadows

(*1*) "*For years, Gilead unlawfully sought to increase sales of its HIV drugs, by using its speaker programs to funnel kickbacks to doctors*" (https://www.justice.gov/usao-sdny/pr/us-attorney-announces-202-million-settlement-gilead-sciences-using-speaker-programs).

(*2*) The literature on the *modus operandi* of pharmaceutical companies is very rich. I highlight *The Truth About the Drug Companies: How They Deceive Us and What to Do About It* (2005) by Marcia Angell, which laid the groundwork for many of the critiques that followed. Angell is a medical doctor and was the editor of the prestigious *The New England Journal of Medicine* during the 1980s and 1990s, throughout the hardest years of the AIDS epidemic.

other places].

To answer, let's travel back to the origins, to the *Silence = Death* proclamation, which is practically foundational to AIDS art and activism. We continue to champion it so much that its message seems self-evident to us. Not speaking out leads to death. That's it, isn't it? Not letting oneself be noticed, not appearing in the public space opens one wound (that of the system's lack of response) on top of another wound (that of HIV infection); one debilitation (that of abandonment by the system) on top of another debilitation (that of the sorrow that usually accompanies a diagnosis).

However, this logical equivalence between silence and death does not vindicate visibility, but rather noise. It understands the field of intervention not from the perspective of making oneself seen, but from making oneself heard. Being a visible HIV-positive person in the 80s and 90s was not essential to be part of the struggle. What was required was the capacity to cause an uproar, to protest against the calculated neglect of the system. Shouts against abandonment and abuse to force a response. Commotion in the doctor's office, on the street, at the headquarters of pharmaceutical companies and national health institutions. Noise that would reveal the lies and silences upon which the world was sustained.

«Gilead entered into a settlement to avoid the costs and distractions of potential litigation», the company itself stated[3]. They paid 202 million dollars to stop the trial from moving forward. A settlement. Not much, in any case, for a company that, in 2024 alone, earned

(*3*) https://www.gilead.com/company/company-statements/2025/gilead-statement-on-settlement-agreement-with-us-department-of-justice-resolving-legacy-compliance-matter

and silences. It is built every day behind closed doors. It looks for legal loopholes and perverts language. When the patient enters the consultation room, they close the door behind them and expose themselves to the doctor's care. Often, there is violence there. When the pharmaceutical rep enters the consultation room, they close the door behind them and expose their care products to the doctor. There, it has been proven, lies corruption.

The corruption of corporations, healthcare institutions, and certain medical professionals is not the only battlefront for people with HIV, not by a long shot. Stigma remains rampant, as do loneliness, fear, and the challenges of aging with the virus, which we are only just beginning to understand. But when I think of visibility, I think of corruption; because it is a distortion that occurs in the shadows and which determines, to a large extent, the price of medications, the lack of options, and the lack of access to treatment and other forms of care.

This whole plot, moreover, deteriorates the trust that people with HIV place in the system upon which their lives depend.

[The system I refer to here is not an abstract entity upon which to lay the blame. *It's the system's fault*. No. And yes. The system I am pointing to is specific: I refer to the institutional apparatus—state and supranational, corporate, legal, scientific—responsible for the HIV response. I refer to its logic and its practices, which often occur in the dark, but which are anything but abstract. They are highly specific. One of these practices is precisely the cycle of astronomically remunerated conferences that Gilead sponsored so doctors would prescribe its drugs and not those of its competitors].

I was diagnosed HIV positive in 2015. It was at a well-known hospital in New York. The doctor asked me to sit on the examination table to check my lymph nodes, possible skin lesions, and my breathing pattern. Next, he took a marker out of his pocket and wrote three giant letters—A, B, C—on the disposable paper that covers the table, right next to where I was sitting.

Is there any history of heart problems in your family? He asked me.

Yes, I replied.

Then your treatment is B.

He asked me to stand up, removed the protective paper where he had written the letters, crumpled it into a ball, and threw it in the trash. He handed me the prescription and asked me to return in a month and a half. I never knew which treatments corresponded to each of the other letters. B, I found out later, referred to Stribild, Gilead's flagship drug at the time. I was overwhelmed by my diagnosis and didn't know what to ask. I practically had no voice; my head was somewhere else. Nowhere, rather. I would have said yes to whatever the doctor recommended.

When we pose visibility as a problem or a challenge, we are thinking about our visibility and assuming it, perhaps, as a necessary position for the struggle. Without a doubt, it is a useful tool. It is also a life-transforming experience. There is something that changes when one speaks openly about their diagnosis.

But questions arise for me. Here is one among many:

> *Can our visibility also be a way of shedding light on a system full of shadows, one that, while caring for us, exploits or abandons us?*

[Clarification: I consider this question within the contexts I know best, which are the Spanish and American ones. I understand it operates differently in