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Diedrich, L. (2017). ***Indirect Action: Schizophrenia, Epilepsy, AIDS and the Course of Health Activism.*** **Minneapolis: University of Minnesota Press. ISBN 978-1-5179-0001-4.**

Reviewed by Ally Day
University of Toledo
Allyson.day@utoledo.edu

In her recent monograph, *Indirect Action: Schizophrenia, Epilepsy, AIDS and the Course of Health Activism*, Lisa Diedrich has undertaken the project of expanding/re-vising/exploding our current narrative of the AIDS epidemic for the purpose of expanding what we think of as activism. In so doing, she opens up a place for imagining activist futures, particularly, but not solely, in relation to health activism. She writes to "demonstrate how and why illness figured prominently in the social, political, theoretical, and institutional transformations that took place in the period from around 1960 to when AIDS arrived" (2). Diedrich carefully walks us through her main heuristic: indirect action, an idea that begins with the writings of feminist ecologist Rachel Carson, and extends through the work of Rob Nixon (slow violence) and Lauren Berlant (slow death). In her own words:

> My work attempts to account for the often indirect and unstraightforward relationships between very big things (environments, economies, histories, structures, ideologies) and very small things (genes, cells, viruses, conversations, gestures, and feelings) and between very fast things (a flash, an instant, a glimpse, a glance) and very slow things (the interminable, the evolutionary, the gradual, the glacial (3).

As Diedrich explains in her introduction, the popular narrative of AIDS activism (and one that has gained renewed attention with the widespread documentary release of *How to Survive a Plague* in 2012) is one where activism began with the founding of ACT UP in 1987, and reached its apex with the dissemination of protease inhibitors in 1996 (1-16, 53). This narrative centers cisgender gay men and ignores the complex circumstances to what Diedrich calls "the prehistory of AIDS" (10). Citing theorists such as Michel Foucault, Gilles Deleuze and Felix Guattari, and

Frantz Fanon, she is not solely concerned with historical events but how poststructuralism itself is rooted in illness (4). She begins her (pre)history of AIDS with 1960 to emphasize the connections between illness activism and decolonizing movements so that readers can understand AIDS activism "not as exemplary but as in relation" (9-10). In doing so, her book is not about singular diagnosis such as AIDS, schizophrenia, or epilepsy (as her title suggests) but about how thought and activism emerge in temporally messy relationships with one another.

Diedrich's monograph is organized into six chapters, interspersed with short theoretical vignettes called "snapshots," that focus on cultural productions such as Guattari's "David Wojnarowicz" and Isaac Julien's "Fanon." The purpose of these snapshots is not at once clear—posited only as a form of interruption to narrative flow in her introduction—though in her final chapter (177), she frames them as a form of witnessing in multiplicity. This multiplicity—the creator of the production as a witness, Diedrich as a witness of the production, the reader as a witness of Diedrich's witnessing—offers a shadow reflecting the text. The chapters themselves are organized around key poststructuralist thinkers or objects of analysis. At times, with the author's clever use of language and organization, the productions of poststructuralist thinkers themselves become objects of analysis and the objects, a tool for thinking through the thinkers.

In her first chapter, "Doing Queer Love, circa 1985," Diedrich begins with a 2004 conversation on a women's studies listserv to demonstrate "the extent of the forgetting that surrounds the history of feminist and AIDS activism" (19). Then utilizing Foucault's essays "The Subject and Power" and "Friendship as a Way of Life" and Joan Scott's "Evidence of Experience" and "Fantasy Echo," she asks the question, "'What are we?' in the very precise moment of the emergence of AIDS activism in the mid-to late 1980s, in the very precise place of New York City" (23). She counters acts of forgetting while refusing to provide a "correct" way of remembering. Notably the work of black feminist scholar-activists like Essex Hemphill (1991) are relegated to the chapter endnotes, or, like Cathy Cohen (1999), absent completely.

In the chapter "Queerying the Clinic, circa 1970," Diedrich works to unearth what was brought from the 1960s and 1970s health activisms into AIDS activism. Drawing from Foucault's *Birth of the Clinic*, where the clinic is both a physical and conceptual space (56), she explores two sites of analysis. For the first, the self-help movement, the author analyzes material from the *New England Journal of Medicine* about the professional status of women in medicine. For the second, and the women's health movement, she reviews pedagogical manuals and newsletters from women's health work (56-65) to emphasize the difference between a logic of choice and, to expand on Annemarie Mol's work, the logic of care (65). Influenced by Eve Kosofsky Sedgwick, she writes of this reparative approach to the clinic that would produce new therapeutic sites (69-72).

Diedrich organizes her third chapter, "Enacting Clinical Experience, circa 1963," around four domains where doctoring happens: space, time, theory, and politics (83). She analyzes Foucault's *Birth of a Clinic* alongside John Berger's literary nonfiction text, *A Fortunate Man*, showing how both texts work to mark the transition in Medicine from the general practitioner to the specialist, the moment when patient moves from object to subject (84-95). Diedrich reads Berger against Foucault in order to contest "a totalizing discourse of the progressive scientization of medicine" (105). These two texts work nicely against one another and highlight the materiality of Foucault's work and poststructuralism more broadly.

In her fourth chapter, "Thinking Ecologically, circa 1962 and 1971," the author identifies the importance of the development of ecological thought in the work of Carson and Lewis Thomas's *New England Journal of Medicine* column, "Notes of a Biology Watcher" (113).

Drawing on Elizabeth Povinelli and Michelle Murphy, Diedrich successfully traces the work of Rachel Carson who “accumulates” evidence of both what we begin to know about chemicals and their potencies and also the gaps in that knowledge. She writes: “This notion that we might need to accumulate evidence of things we don’t know is also what I am grappling with here in relation to the history or AIDS and health activism” (121). This chapter is where Diedrich makes some of the clearer conceptual connections in her work on the prehistory of AIDS and indirect action, highlighting the concepts of slow violence and temporality to understand the meaning of indirect.

The author spends her final two chapters with memoir, specifically a 1967 graphic memoir in Chapter 5, “Drawing Epilepsy” (141-164), and a documentary film and memoir in Chapter 6, “Witnessing Schizophrenia” (172-198). Both chapters present texts where epilepsy and schizophrenia exist within the family but not as self-representation – a political choice disability scholars may question. In these chapters, while Foucault is still a strong influence, the theoretical guides loop back to ideas and artifacts from previous chapters. The premise of doctoring developed in Chapter 3 becomes the way she analyzes the doctoring work of families; the work of the reparative clinic makes an appearance in the presence and absence of clinical space for neurodivergent populations and family members who may create clinical space within home space. This conceptual work allows the text to operate as a more cohesive whole, and to make room for Diedrich’s conclusion, an analysis of the phrase “Drugs into Bodies” from ACT UP as a “clinical and political performative” (200) that reduces our AIDS activism to a narrative of pharmaceutical success and failure.

Deidrich’s work could have been strengthened by reference to earlier analysis of the feminist health movement (e.g., Morgen, 2002; Ruzek, 1978; Weisman, 1998). I cannot help but wonder how the argument may have changed shape if instead of focusing solely on pelvic exams she looked at the practice of menstrual extraction. Or, instead of looking at only the work of the Boston Women's Health Collective she turned to the work of Black Women's Health Project, now Black Women's Health Imperative (White, 1990). In the writing of Byllye Avery (2017), we might find a more complicated and radical sense of the reparative that draws from Black activist traditions. Essex Hemphill (1991) demonstrates that we cannot separate the influence of radical black feminists like Evelyn Hammonds and Cheryl Clarke from the larger body of queer of colour theory that ruptures the space between the biological and spiritual, clinical and political.

The development of poststructuralism deserves the comprehensive links to health activism that Diedrich begins to web here. I am uncertain, in her call to decentralize the work of Larry Kramer and de-whiten the story of HIV, that she successfully does so. However, by looking creatively into the periods of the 1960s and 1970s she provides enduring analysis of activist intellectual projects like those of Rachel Carson and provides new avenues for understanding the complex, social history of HIV, contagion, and social theory.

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