’I want my work to combine the design and advocacy of ACT UP while addressing present-day needs.’

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Heath Wagoner’s redesigned “Silence = Death” poster

Heath Wagoner’s wide-ranging work addresses HIV, harm reduction, and how to create dialogue around stigma. He recently completed his master’s in fine arts at the School of Visual Arts (SVA) on these topics, but his projects could just as easily fit in at a school of public health.

During his program, he invented a needle-exchange kiosk for injection drug users, retooled safe-injection kits for a harm reduction center, created an app for people newly diagnosed with HIV to connect with other positive people, and put together a multimedia installation of disclosures of HIV.

Heath cites social interactions as central to his designs. Something as complex as HIV could never be appropriately addressed by any one discipline, and Heath’s ideas create welcome conversations between fields. Evan Rausch, MD, interviewed him for Visual AIDS to get more insight into his process and motivations.

What do you see as the goal of projects like Disclosional or Hi-V? Dialogue? Health promotion? Community building? In other words, what inspired you?
I would say that the two main goals of my work are dialogue and community-building. My work stems from my personal experiences with serodiscordant relationships and desire to help my community. During my graduate studies it was fueled by the needs of friends and former partners. I have a couple of close friends that are living with HIV and I have seen how they were treated by guys they had dated. I knew that these reactions were fueled by lack of education and lack of empathy. I wanted to create platforms where people with HIV could disclose their status without fear of stigma, and I wanted these platforms to give people that are not connected to HIV a way to interact with someone who is positive. The end goal is for one party to feel safe and for the other party to learn how to be empathetic. Disclosional gives participants the opportunity to share their status and their story without directly putting themselves out there. With Hi-V, I wanted to give HIV-positive people the opportunity to help each other. In other words, I wanted HIV veterans to

have a chance to help a younger generation.

Inevitably I want to continue to do work within this space because I think there is still a lot of work to be done.

The Disclosional project seemed almost a performance piece to me. On the other hand, you mention some designers questioning your needle-exchange project's place as design, saying it is for "scientists." Where do you see your work on the spectrum of art, design, advocacy, or public health?
In a way Disclosional was a performance, but I prefer the term "design experience." The goal was to get people to interact with my thesis in the form of an experience. By collecting the stories of people who are HIV positive and then creating a space where people could interact with these stories, I gave people the ability to have a conversation about HIV. The people that questioned my design for the needle exchange were actually health specialist themselves. It was a [master's in public health] student who told me my kiosk design would never work, but after showing it to people at a needle exchange, it was decided that my designs were beneficial, but maybe not the best for a large urban environment. I recently had a talk with designers from the Centers for Disease Control and Protection, who thought that my work around digital needle-exchanges would be extremely beneficial for a rural community.

I see design as a good tool in promoting awareness and advocacy. It's my job as a designer to go against the set way of doing things. While I understand there is a set way for harm reduction, I think that design can seriously benefit the experience for not only the participants but also for the public. Many people still don't know what harm reduction is or its effectiveness; I think that this is a perfect intersection for design. During my thesis I researched and really admired the work of ACT UP and their use of design to enact change. I want my work to combine the design and advocacy of ACT UP while addressing the needs of the present day. I think that there needs to use design in harm reduction and HIV advocacy. It is a simple tool that has been used in the past to enact monumental change.

In your talk, you mention having a "successful failure" when you were told your needle-exchange kiosks were not a good fit for engaging an urban community in services through human contact. What was your process of discovering and responding to some of these successful failures? How did you incorporate what you learned into this and future projects?
"Successful failures" are one of the key parts of service design. Being able to pivot is how you cope with them. I actually welcome them because often something more interesting comes from the pivot. From the failures, I have learned to never make assumptions, especially in New York City. NYC is quite unlike many other places in the US when it comes to HIV care, harm reduction, and human contact. What might seem like a good design solution doesn't always incorporate human interaction in this city. After the realization that a kiosk might not be the best answer in NYC, I began volunteering at the Lower East Side Harm Reduction Center. This gave me the opportunity to really study my key user and his or her needs.

Changing "Silence = Death" could be seen as radical to many in the HIV advocacy world. Wwhat

kinds of conversations has this led to? What do you see as your main message with this design?
I haven't got much pushback from changing "Silence = Death." I think updating it was a good idea. We are living in a time where people are not dying of AIDS in the United States in extreme numbers, but we are living in a time where the numbers of new infections are increasing. The main message I am trying to achieve with this new design is that we still need to be talking about HIV and AIDS. I think that many people have become complacent with talking and protecting themselves against HIV now that there are meds to prevent death. For many, those meds and becoming undetectable are still a huge struggle to obtain. If we can create dialogue and break the silence we can work to lower the increase. I often say, just because you are not going to die of HIV, that does not mean you should be any less scared of getting it.

Any updates on the projects or anything new in the works?
Yeah! During the summer after Visual AIDS posted my thesis online, the Frannie Peabody Center in Portland, Maine, contacted me about Disclosional for World AIDS Day. I am working with them to collect the stories of HIV-positive individuals in Portland. I will then return to Portland in December for World AIDS day to put on Disclosional and give a talk about the work that I am doing. In November I will return to SVA to speak on a panel of graduates from the Products of Design MFA program.

Heath Wagoner is a designer and design activist residing in Brooklyn. Heath is a recent graduate of the MFA Products of Design Department at SVA and also holds a BFA in metalsmithing. While at SVA, Heath explored how design might be used as a tool to prevent HIV in his thesis, Disclosional, and is working on turning his thesis into a business to promote HIV activism and awareness. Heath's work around HIV is informed by his personal experiences and those of his friends and community. He uses design to react to the world he sees around him and seeks to create situation where design can be informed by empathy to further the greater good. Prior to receiving his MFA from SVA, Heath worked in the fashion industry for acclaimed jewelry designer Pamela Love as well as running his own line of bespoke men's accessories under his namesake. Heath is also interested in how service design and wearable tech can come together to promote better health.

Evan Rausch is a resident physician in the program for Primary Care and Social Internal Medicine at Montefiore Hospital in the Bronx.

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