On Impact

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One.

The first AIDS conference that I ever attended was the Conference of Retroviruses and Opportunistic Infections in Chicago in early 1999. I had never gone to an AIDS conference or any other professional meeting before and, not knowing what to wear, I packed a bag larger than ones I now bring for trips two or three times as long. The short flight from New York was filled with conference goers and, on arrival, I found myself standing beside a baggage carousel in the midst of a group of men who were, though still young, the elder statesmen of the highly science-literate AIDS activist cadre that has now been immortalized in the documentary How to Survive a Plague.

These were the men who helped lead the protest that swarmed the campus of the National Institutes of Health in 1990 to demand more AIDS treatments. They knew the names of the drugs they wanted tested and they knew the intricacies and inefficiencies of the U.S. drug regulatory process. They were a large reason why, nearly a decade later, acquiring HIV was no longer a death sentence. The drugs that they had demanded had, eventually, been found and brought to market. The men had moved into the buildings they once besieged, attending meetings with Dr. Anthony Fauci, head of the National Institutes of Allergy and Infectious Diseases. They referred to him as Tony, or Fauci when he wasn't around.

They wore dark overcoats and as the carousel wound round and round they began discussing their frequent flier programs. Which ones they belonged to, which credit cards they had linked to which airlines. By 1999, there had been a decade of these meetings. "Which one should I join?" I finally managed to ask. They shrugged and the boiled wool coats gave, collectively, a little ripple, like the hide of one big animal. They'd never seen me at a meeting before. The fact was, if you wanted the value, you had to put in the miles. One trip wasn't worth anything at all.

In 2016, it will be twenty years since I started working on AIDS. Over that time, the epidemic has changed, I have changed and the American AIDS activist movement has changed so much that some people think it is extinct. People routinely tell me that AIDS activists don't exist anymore, that we've all taken high paying jobs at consulting firms. It's true that many of us have become professionalized, less radical. Many of the people who taught me what I know about how non-scientists can demand that science and justice work in tandem now do other, albeit related, things. One is in a PhD program, another runs a highly successful global health consulting firm. I don't go to activist meetings at night that often any more. I draw my salary from a well-resourced non-profit working on global AIDS.

Many things caused these changes. One thing that we never really talk about is that at some point, we—people who worked on AIDS—started flying all the time.

AIDS activism hadn't really gotten airborne in 1999, even though the men beside the carousel were racking up miles on domestic travel. The real miles—the ones that earn you elite levels called by the names of jewels and precious metals, doll-sized champagne flutes and real duvets—these miles are earned in long-haul trips to Africa and Asia and Latin America. In 1999, the geography of AIDS activism and the nationality of activists were, for the most part, one and the same.

This all changed in the first decade of the 21st century when international plane travel related to work on AIDS exploded. The flights followed the money. Starting around 2004, America's AIDS program, known as the President's Emergency Plan for AIDS Relief (PEPFAR), and the global war chest known as the Global Fund to Fight AIDS, Tuberculosis and Malaria started pumping enormous amounts of money for AIDS into countries that needed the funds. By 2004, it had been seven years since the potent anti-HIV drugs that preserve health and prolong life had changed the epidemics in America and Europe. These investments were essential and grievously overdue. The funds paid for drugs and clinics and laboratories and nurses. They changed the epidemics, albeit imperfectly, in every country in the world.

The new money did other things, too. It caused consultancies to bloom like mushrooms and AIDS-fighting non-governmental organizations to switch from shoestrings to salaries. Getting a grant usually meant showing that you'd done something with the money, and the best way to show that was to have a meeting. One of the things consultants did most often was to help put a meeting together and then to write a report that usually called for another set of meetings. The best sorts of meetings were the ones that happen in places where the epidemic was raging. And so, as investment in global AIDS grew, so did the number of reasons to fly.

Two.

In July, 2000, I flew from New York City to Johannesburg, South Africa. After a night in a drafty youth hostel with giraffes painted on the wall, I crammed into a rental car with fellow AIDS activists and drove to Durban for the first International AIDS Conference to be held in sub-Saharan Africa.

I was one of nearly 10,000 people who flew to Durban from the U.S. or Europe for the meeting, which was historic for its impact on the global AIDS response—it forced consensus that poor people deserved AIDS drugs. Some day, when the impact of AIDS on the environment is reckoned, this meeting may also be remembered as the beginning of an AIDS-related travel binge that shows few signs of subsiding, fifteen years on. Since then, this biennial meeting has leapfrogged around the globe to Bangkok and Barcelona, Melbourne, Vienna. More and more people attend every time.

People working on HIV haven't been alone in their growing addiction to aviation. The International Air Travel Association estimated that 1.8 billion people flew in 2000, the year I went to Durban. In 2014, that number had edged past 3.3 billion and IATA's jaunty forecasts predict sustained,

healthy growth.

Over this same period, the warnings about global warming and the specific effects of transportation-related emissions have become increasingly horrific; the effects visible in floods and famines, droughts and dwindling ice caps. The facts are so frightening that it is hard to fix one's thoughts or eyes on them. My mind fidgets in the face of the latest story about Greenland's vanishing ice or the headline that warns in the future it will be too hot to let our children play outside. I find it hard to catch my breath and, at the same time, I want to flee. I wonder if this is not happening to other people, those of us trying to address global AIDS. We are committed, yes, but also frightened. Our bodies seized with the urge to move.

The literature about transportation, travel and climate change is a study of time. There are many different types of gases and these gases do different things over different time frames. The impact of a class of transport depends on the timeframe that you apply. Airplanes' fuel exhaust is worse, over the short term, than just about anything else. But you can slide a rule along the timeline in such a way that cars do more damage. Car exhaust plows into thicker air and causes its damage over a longer period of time. Compared to planes and cars, in terms of emissions and environmental damage, cargo ships almost always come out looking grand.

Timeframes preoccupy AIDS activists, as well. There are the familiar refrains: by this time, this many orphans and by this time this many deaths. In South Africa in 2000, there were an estimated 1700 new HIV infections every day. There is, now, an argument well-substantiated by modeling data that, if we can organize a surge in investments in the next five years, that we can decisively curb the rate of new infections and AIDS deaths—breaking the back of the AIDS epidemic as some people like to say—by 2030. The duration of political office is also discussed. It is shorter, in most cases, than the time required for an investment in public health to translate into an impact on an entrenched condition or an epidemic. This is one reason why it is so difficult to get politicians to do what is, only over the long-term, the right thing.

We use the word impact all the time. It sounds like what it means. A cracking blow. It is a refreshing word in the sense that when we use it in AIDS it is understood as a shorthand for things that actually work. Slam. The fist breaks through a pile of flimsily constructed programs. We are fighters. Hold up the pile of boards. Bam. We'll do it again. Impact in climate literature is about the damage that we have done.

The number of flights that people take related to work on AIDS is not significant compared to the annual total. But a fundamental tenet of AIDS activist work as I was taught to do it is to assume an outsize responsibility for solving problems and for one's own actions and inactions in the face of a global crisis. The degree to which we fly all over the planet fighting AIDS has a direct impact on the planet itself, and this is something we do not speak about at all.

It's not that people who talk about AIDS ignore the environment and its relationship to HIV. We talk about the ways that roads carved through forests bring animals into contact with humans, and the fact that under-regulated extraction of resources from this earth is accomplished by men who leave home to work in mines and build dams and find solace or distraction from women who sell

sex.

Without necessarily having met a miner or a sex worker or a long-distance trucker, we talk about how the men go home to their wives and the women who sell sex go home to partners that they love, and both parties pass on any pathogens that were shared in the transactional bed. We talk about how a map of the epidemic in any given country will show “hot spots” that line up along those roads and around those mines, so that the extraction and distribution of these resources is a map of the transmission and diagnosis of viruses. We talk, occasionally, about the fact that the resources are claimed by multinational corporations that by and large do not make substantial investments in clinics and schools and other structures of community and civility along those roads and around those mines, and that the governments of the countries that welcome these companies do not require such investments because they, too, care too little for their portion of the planet or their poorest citizens.

These are easy targets, important targets. But the existence of out-sized plunderers does not mean that we can avoid talking about how the work of fighting HIV impacts the environment. I am talking about the human-scale plundering. I am talking about our flights and plastic water bottles; our hotel sheets and towels and baths drawn in vast, deep porcelain tubs to scrub off the day in Mombasa and Delhi and Bangkok. The per diems that supplement monthly pay checks and come out of budgets allocated for fighting AIDS. The plastic pens, pads of paper, see-through plastic folders with the string that wraps around a pair of little discs to secure the closure. The mountains of stuff, most of it made from petroleum and obtained via jet travel and thrown on the floor while the room service line rings and rings.

For a time, I saved the little plastic windows I got at every conference that had a little piece of paper with my name on it and a lanyard to hang around my neck. Then I stopped. There were so many of them and my name started to look unfamiliar in that clear plastic square. Like any word that you repeat over and over again, it ceased to make any sense at all.

Three.

At almost the precise time that people working on AIDS started flying all the time, planes became weapons. They became symbols of the worst things that humanity can inflict on the world. It is a startling sort of equity that we who board, unarmed save for good lotion, an eye mask and Lee Child’s new novel, are also destroying the planet, just at different time scales. We are not terrorists, nor are we innocent. On 9/11, the terrorists inflicted their damage over the course of twenty minutes, from one impact to the other. People who fly out on humanitarian and activist missions inflict our damage over a much longer time horizon, but it is damage, nonetheless.

It is also true that those plane-wielding terrorists helped buy AIDS activists’ plane tickets. The damage that they did to America’s idea of its place in the world led to the wars in Iraq and Afghanistan and also to the American war on AIDS, which was launched by George W. Bush in the 2003 State of the Union address. “This nation can lead the world in sparing innocent people from a plague of nature,” he said. “And this nation is leading the world in confronting the man-made evil of international terrorism.”

It is a neat contrasting of adversaries invisible to the naked eye. But it does not hold up to scrutiny. The virus, a scant handful of nucleic acids and proteins, is organic matter. The plague-like proportions of the epidemic are, however, an act of humankind. Political inaction and infighting and all manner of discrimination led the world to sit idle when something could have been done.

Terror may be manmade, but not exclusively by the men the President meant. It does not excuse the terror to admit that the evil is, in some way, our own doing. But with the plague, as with terrorism, we act as though the foe is not ourselves.

Prior to Bush's declaration of a war on HIV, activists had been demanding that America spend more on the epidemic and the country would have increased its investments anyway. But there is a real chance that PEPFAR would not have been as large, ambitious and, in its own way, noble, if there had not been terror.

It is also quite probable that there would not have been as many Americans seeking to get to other places, usually Africa, to try to teach other people how best to save their own lives if the planes had not punctured the illusion that we could ignore the rest of the world; if they had not made us bleed for revenge and, simultaneously, for the rest the world to understand that we were, after all, kind.

My office is in Harlem, in the upper reaches of Manhattan. When I leave at the end of the day, I walk to the end of the block, cross Convent Avenue, and then I glance down at my phone. The walk has a slight but perceptible ascent. On July 17, 2014 I was at the crest of the hill and I looked down at my phone and learned that Joep Lange, a Dutch activist-physician who once led the International AIDS Society, had been on the Malaysian Airlines plane that was shot down over the Ukraine.

It was late afternoon and the sky was heavy with un-sprung rain. It was hot but not oppressively so. The summer was, at the moment, a firm, masculine hand. The light had darkened due to the weather but it was still early evening. It would stay this way for a long time.

That neighborhood and the office that I work in are something of a resting place for me. I have been at my current job for ten years. It is a position that I took after years of working on AIDS in ways that were angrier and more impassioned, but also more exhausting than the collegial, light-bathed Harlem space, with its poured concrete floor and headphone-adorned staffers, many of whom have no memories of the time before there were, in theory, AIDS drugs for all. If my office on that block was the end of a chapter of my life working on AIDS, then Joep Lange was a figure from the beginning.

The first time I recall seeing him was on a dais at the International AIDS Conference in Durban, 2000. That conference was about the right of people with AIDS in Africa to have the same drugs that people with AIDS in rich nations had. Not everyone believed this was a good idea but Joep Lange did. Joep Lange was a silver switchblade of impatience. He never raised his voice and when he spoke, he had a genteel, clipped Dutch accent. His mouth made a perfectly horizontal line. He was a very beautiful man. Silver hair and a navy blue suit. There was something about him of a precious object nestled against a crushed velvet bed in a box with a snapping hinge. Perfectly

built, crisp, heirloom quality, and, in the very best of ways, rich. He showed me that white physicians in tailored suits could be activists, too. I thought then that if I got close enough to him he would smell of tobacco and mints. Maybe gin. Now I cannot recall if we ever spoke at all.

In 2014, Joep Lange was on his way to the International AIDS Conference in Australia. Over 14,000 people attended that conference from nearly 200 countries. A good number of people came from outside of Australia. People complained about the flight distance and there were fewer delegates for the Australia meeting than there had been at the corresponding event in 2012, which was held in Washington DC. But there were still thousands of people, probably 10,000, who flew to Australia for that event.

Many people who flew were people who said, privately, that this conference had outlived its usefulness. It had become a circus. No one presented "real science" there anymore, anyway. The pressroom was awash with perfect-bound publications, slick piles of glossy executive summaries, photos again and again and again of women and children with shining black and brown skin. There were so many of these reports that it was impossible to get the attention of the news media; in most cases, the "conference story"—if there was one—was written the week before the meeting even began.

The critique of the International AIDS Conference extends, to some extent, to the meetings on AIDS that are held literally every single weekday in countries around the world. Almost all of them are less useful than they could be or ought to be. And they generate paper to make themselves seem important. It has gotten to the point, now, where one of the benefits of going to the meeting is the time spent getting there. You don't have conference calls or email. You can think. "Oh yeah," we say to each other, "I'll get that to you when I land. I'll have so much time on the flight."

Joep Lange sent a text message to a colleague as he was boarding the plane. He reportedly said that he wasn't sure he was going to sleep on the flight, but he was going to get some work done on his latest project on the plane.

Four.

Ever since September 11, 2001, when planes became weapons, impact has had another meaning. It has had, to paraphrase Shakespeare, a local habitation and a sound. The sound is that of a body hitting the earth when it has fallen from great height. If there is an image, it is of the man referred to as the Falling Man by the media. He is pointing precisely downwards, his knees tucked up against his chest, plumbing a line between the two towers.

In September 2001, I was at my second African AIDS conference. Less than a year and a half after Durban, this meeting was held to discuss prevention of transmission from mothers to children. It was a scientific meeting, and I helped to organize a separate satellite session for Ugandan women living with HIV. We gathered at a hotel a short distance from the main scientific meeting and invited scientists to come and speak with us. At that point, drugs existed to protect against transmission in utero, during and immediately after birth. They were not available in Uganda.

The women came every day and I realized that many understood very little English at all. What

they did understand was that a baby who gets HIV usually dies, scrawny and covered in diarrhea, before the age of five. They understood that having a baby die like that made the neighbors whisper that the mother probably had the virus Ugandans called Slim. They understood that these same neighbors whispered behind their backs when they used formula, instead of breast milk, to feed their babies, though most of them didn't do this because they could not afford formula or clean water anyway.

On the night of September 10th, we held a raucous dance party. An Italian physician who worked at Kampala's Nsambya Hospital joined the women on the dance floor. Some told me, with joy, that they had never imagined they'd dance with a doctor like that and I relaxed for the first time. I realized that something important would be communicated at our meeting about the right to demand health care, even if you could not speak your physician's native tongue. I took the microphone and shouted out, "If I can't dance, I don't want to be part of your revolution" and everybody cheered.

The next afternoon, my phone rang and I picked it up and listened and then dropped it to the ground. My father worked in the North Tower. It took excruciating hours to find out that he had survived—he had not been in the buildings at the time. From the balcony of my hotel room, I heard another cheer go up from the conference hall, and I understood that the Ugandan women shared my joy that he had survived.

In Kampala, the hotel televisions showed Al Jazeera. It showed footage of the bodies falling from the windows. Some of us sat in the bar that night and watched.

In Kampala, women sitting on cardboard sheets on the sidewalk sold American magazines alongside loose cigarettes, chewing gum and composition books. Within days of 9/11, Newsweek appeared in a plastic bag, and the friend who had called with the news brought it to me. It was in this magazine, or in another just like it, that I saw the image of the Falling Man—a man making the impossible choice between two horrible deaths. Once you have seen this picture, you cannot look away. A dark clot, bullet-shaped, possessed of only accidental grace.

From time to time I watch television shows on my computer. I still call them television shows. The advertisements arrive inquisitively and apologetically, like a young doctor. Does this apply to you? It wants to know, in a bar at the top of the screen. Click here if not. In the upper left hand corner, a clock counts down how much longer the advertisements will go on. For some months this past fall, I looked forward to the timer. I pressed mute and watched the seconds count down. I wanted to see how long ten seconds takes to go by. That's how long it took, on average, for the people who jumped or fell out of the windows of the World Trade Center towers to hit the ground. What kind of consciousness is possible in ten seconds? It felt like plenty of time.

People talk about the cloudless sky of September 11th. The emissions of the planes that plowed into the towers would have, over a matter of a few years, contributed to changes in the clouds along the eastern seaboard, perhaps over Manhattan. In one environmental journal, I read that, "Plane emissions change the physical and optical qualities of clouds." I do not know what the

optical quality of a cloud is but I know how different the sky has looked ever since the towers fell down.

There is one famous picture of the Falling Man but there are nine or ten other frames of his descent in which he is not so graceful and composed. He flails. A white shirt billows open and there is a bright orange shirt beneath. He is wearing sneakers. It is in inspecting these other pictures that it becomes clear: He is not a white man.

After September 11th, many Americans became very frightened of men who are not white flying. That fear had already been in place with respect to some black and brown people for some time. By 2001, the ban against non-American people openly living with HIV entering our country had been in place for fourteen years. This interdiction, like the virus itself, disproportionately affected people who do not have white skin. After 9/11, the HIV travel ban was joined by a fear of the bearded, the black and brown, the vaguely swarthy. Darkness of any kind could get you pulled out of the security line.

The HIV travel ban was repealed in 2011. But in 2014, the fear of flying contagion returned. Thomas Duncan, a Liberian who helped bury a woman with Ebola and somehow secured a plane ticket and got on an airplane and flew from Monrovia to Texas to see his family and perhaps to try to save his life, became the first Ebola patient in the U.S. At least forty members of Congress went on record to say that West Africans should be banned from entering the United States, and that flights from those countries should not be allowed to land.

Five.

At the Retrovirus Conference in Chicago in 1999, I used a heated tunnel to walk between the conference center and my hotel. The river was choked with chunks of ice. On one of the last days, an Austrian woman named Beatrice Hahn grabbed the podium and leaned towards the audience. This, she told us, was as exciting as the Super Bowl that was also taking place that day. She'd combed through the cadavers of chimpanzees kept in cold storage after their years of captivity in America and had found, in the frozen tissue of a Cameroonian chimp named Marilyn, a simian virus that was the closest genetic relative to HIV, the human virus, ever identified.

She showed slides as she spoke. I remember a slide of a young African boy on a bike and another one of the spoke-wheeled plot of genetic relatedness that showed how Marilyn's virus was very likely similar to the one that made the leap from animals to humans, starting the slow burn of infections that would eventually become the AIDS epidemic. I also remember a slide of a black body bag for a small cadaver. The bag that would have held Marilyn.

Marilyn was a breeder at Holloman Airforce base in New Mexico, which was home, in the 1950s and 1960s, to the early bravado of the space program, a place where men set land speed records and records for the longest free-fall out of a parachute. They built capsules intended to orbit the earth. Before they sent men to space, though, they sent animals. They sent male chimpanzees. The first one, also from Cameroon, was named Ham, an acronym for Holloman Airforce Medical Center. He orbited for hours and as he did he performed the tests he'd been given on land. The

equipment malfunctioned and he received an electric shock for giving the correct answer. Nevertheless, he gave the correct answer every time it was warranted. He was shocked over and over again.

There is a picture of Ham in his space suit. It appears to show a grinning proto-astronaut. Jane Goodall, looking at that picture, said she had never seen a more terrified animal in her entire life.

One night, years later, I emailed the Austrian scientist I had seen speak in 1999 and asked her about the image that I remembered of the body bag. Did she have that, could I look at it again? She wrote back within minutes, even though it was well past dinnertime. It didn't exist, she said. Marilyn had been dismembered, her organs saved. There was no body, no picture of a body bag at all. But I can still see it. The bag is there, small, dark and child-sized when I close my eyes.

Marilyn's family, her extended family, would have lived in a forest bisected by a road or penetrated by a river. There was a way that men got there, close to the chimpanzees, and a way that they handled them that brought blood in contact with blood and that is how the whole epidemic began. And then she would have flown to America. She would have flown in a cage. One can imagine the terror. Her official biography reports that she died after giving birth to stillborn twins.

To solve AIDS, we began to move, all of us, all the time, and we did not notice when the moving became a kind of flight from time. How much destruction has been wrought upon the atmosphere because of the work on AIDS? It depends on the timeframe you are talking about. Right now? Five years from now? Or fifty? My plane trip to Durban in 2000 is still changing the world.

A man who believes he has identified his wife in the window of one of the Towers and then, later, falling, says that she must have felt she was flying. I do not begrudge that man his hope that that is what she felt. But I also wonder about the cost of failing to see the terror that is right before our eyes.

So many people from the AIDS world in New York City had left for the Melbourne AIDS Conference by the time that MH17 was shot down in July 2014 that Al Jazeera ended up calling me to see if I could come to its studio to be a talking head about what Joep meant to the world. The local public radio station called me. How many of your colleagues are there? I paused for a very long time. I couldn't remember. In the silence, instead of tallying up the numbers, I kept on thinking to myself: dead air. "Can you calculate what has been lost?" she asked me next. "No," I said. "We can't, just as we can't calculate what was lost from all the other people who died of AIDS over the years." I wanted to say to her that we should calculate the cost of these conferences; that Dr. Lange should not have been on that plane in the first place, that we all could do more work and have more impact at this stage in the epidemic if we just stayed home, eschewing working groups and meeting reports, coffee breaks with treats according to the local cuisine, and, for those of us in the global North, trips to "build capacity" in our Southern partners. If all of this stopped for a while, some things wouldn't work, problems would arise. But some things might work better. More "capacity building" might be handed over to people who live in and are from "resource poor settings;" U.S. government consulting shops would have to turn over portions of their technical

assistance budgets to local experts. Those of us left without multi-million dollar portfolios would figure out how to talk on the phone and write emails and trust that things will get done, even if we are not there to see it. It would become clear which meetings and visits are essential, and which are merely pit stops for bodies set in motion years ago who have forgotten when, and how, to stop.

Six.

One of the many things that non-human primates are used for in AIDS research is to figure out what happens in the very, very earliest moments after the virus enters the body. There was an early surge, in the 1980s, of using chimpanzees for this research but it turned out that they did not provide the kind of "animal model" that scientists were looking for. Today, the non-human primates most often used are rhesus and pigtail macaques. And even though there is ongoing debate, even among primate researchers, about what, if anything, experiments on these animals can tell us about how to treat or prevent HIV, they are still used on a regular basis. In on ongoing area of research, macaques are infected with SIV and then "sacrificed" which is the word that scientists use instead of killed. For one recent study of early infection, pairs of animals were killed at different time points after infection: three days, five days, six days, seven days, eight days and fourteen days after what the scientist leading the trial described as "atraumatic" vaginal exposure to the virus. The tissues of the body—categorized as proximal or distal to the site of exposure, were examined for signs of the virus. The pink and tender tissue of the vagina on out to the lung, the colon, the spleen, and the crossroads of the immune system—the lymph nodes.

By the time the virus reaches the lymph nodes, the damage has been done. Infection is disseminated. The most common metaphor is that of a fire, slowly burning. The earliest moments, when the virus is still in the cells proximate to the point of entry—the vaginal tissue, the rectal tissue—are a smoldering fire. The goal of slaughtering non-human primates newly infected with SIV is to figure out how much time there is to put out the blaze.

The project that Joep was hoping to get to work on during his flight to Malaysia was focused on using very early antiretroviral treatment to try to effectively cure HIV, the idea being that if the drugs arrived early enough, even if the virus had begun to disseminate, that perhaps the medications could stop the infection from becoming full-blown, prevent the fire from blazing out of control.

There is heat everywhere. It is at the back of the Falling Man. It is the slow smolder of new infection and the conflagration of untreated HIV. And it is the planet getting hotter and hotter, the impacts of the travel in the year 2000 still unfolding, just the way what we see in the night sky are blazing points that shone eons ago, illumination just now reaching earth.

Seven.

The investigation into MH17 quickly found that the plane was brought down by a missile that detonated alongside the plane, piercing the fuselage with numerous holes. People, luggage, duty free bottles of liquor and children's books got sucked out and rained from the sky. Some of people may have been alive when they began falling. Some of the bottles landed intact.

The rebels seized the bodies and put them in a refrigerated train car, then returned them. A replica of the debris field was constructed in a hangar. I could not, in the months that followed, move beyond that tumbling.

There were no images of those falling people, but the villagers who saw them fall describe them vividly and with a tender modesty. “They flew down, excuse me for saying it, butt first, their hands and arms pointing up,” a woman told the New York Times.

This was when I went looking for The Falling Man. I had not seen him in years, not since, in the earliest days after 9/11, the papers that did print his image were excoriated for doing so. It was indecent, people said, to look. But I wanted to look. I wanted a dark target for my grief.

The senselessness of Joep Lange’s death was not just that his plane was shot out of the sky but that he was on that plane at all—that our field had come to such an extravagant compromise that we all kept attending these meetings and asking our finest minds to speak to us and to fly one more time even though we knew, we know, that the work that must be done does not need a week-long sojourn for tens of thousands of people in Australia, Austria, the United States, to be done. It needs, above all, a recognition that science has produced remarkable breakthroughs in recent years, but that these biomedical marvels have not yet had the impact that they could because the money that might be invested in programs designed by, for and with the women, men, transgender people, people who inject drugs, adolescents and others flows elsewhere. It flows to contracts to large NGOs and to meetings and to people like me. Air travel and hotel stays have always been extravagances in the AIDS field, but they have come to be treated as essentials. Now more than ever, they cause double damage: diverting resources from people who do not even have passports and who may, even as we turn our passports over to the reception desk, be facing drought or flood or spiking prices for the essentials of daily life in part, though not entirely, because we cannot stop flying.

The Falling Man punctured a hole in the fabric of the world. War flowed out of that hole; money flowed out. So, perhaps, did the largest disease-specific foreign assistance program that America has ever undertaken: the fight against AIDS. And from that fight, more money and more planes: the planes that I took to South Africa and Uganda, and all the hundreds of thousands that took off and landed before MH17. Joep Lange’s death mirrored that of the man whose image came to signify why we had to fight those wars and spend that money. What, exactly, would Joep Lange’s death signify? I went looking for the image as though it might, in fact, speak.

Of course, pictures do speak—both visually and with their captions. And when I found The Falling Man, I learned that he now had a likely name. The journalist Tom Junod had looked at all the other frames and at the names of people working high enough that day to have been the one who fell. And so I learned that the man in this photograph, quite possibly, is a man named Jonathan Briley.

Jonathan Briley was a sound engineer. He married a woman he called “Miss Thing.” He was a devout Christian and a deacon of his church. He loved a sunrise and a sunset. To his wife, he was “Mister.” To his brother Timothy, he was often known as Slim, the same name that Ugandans used

for HIV in its earliest days.

Jonathan Briley had four siblings: two sisters, his brother Timothy and another brother, Alex. Alex Briley who, for twenty years, has been the soldier in the Village People.

In 1977, I was four years old. I stood in Ms. Rosen's classroom in a ragged line with other pre-kindergartners and we flung our arms up into the air. "Y. M. C. A." It's fun to play at the Y.M.C.A." Young man, we shouted, young man. Why only men, I wondered. And though I did not have a sense of myself as girl, or as a sexual being of any kind, I did understand in some way that this song, as much as I loved it, did not pertain to me. And there was some joy in that, in those exuberant men who seemed to be entertaining an audience I inferred but could not see. I liked the freedom, even then, of watching what went on. I would have sung it all day long.

The song was by the Village People. The Indian and the Soldier, the Cop and the Cowboy, Leather Man and the Construction Guy. They formed in the 1970s, seeking men with extraordinary mustaches. They wrote In the Navy, Y.M.C.A. They danced in formation. Their muscles shone and people thought their songs, which were for each other, were for everyone. All of Shea Stadium will stand up and do Y.M.C.A. at the seventh inning stretch even though some of the men stretching have probably used baseball bats to threaten or even beat a fag or two. Colin Powell put on a hard hat and led the crowd to Y.M.C.A. at a foreign policy summit in Jakarta.

After the AIDS epidemic had ravaged gay men in America, the Village People were still there. Not a single one of the performers had died. Their music, too, endured. When the Berkeley Steamworks bathouse re-opened in 1994, one cruiser remembers their songs being piped down the corridor once again.

The Village People may be the most enduring symbol of the gay world that was not destroyed by AIDS. With their chaps and camouflage it is hard to see signs of age. The song picks up where it left off; there is the illusion that legions of their brothers did not die, that the world has remained unchanged.

"All photographs wait to be explained or falsified by their captions," Susan Sontag writes, in Regarding the Pain of Others. About an exhibit of uncaptioned, uncredited photos of 9/11 mounted in 2001, she writes, "Here is New York had no need of captions. They [the viewers] had, if anything, a surfeit of understanding of what they were looking at." She goes on, "But one day, captions will be needed, of course. And the misreadings and the misrememberings, and new ideological uses for the pictures will make their difference."

On that very day, 9/11, it would not have mattered very much whether the caption read, "This man may be Jonathan Briley and if it is, then this man is a black American who is survived by a family that includes a brother who is among the most durable icons of gay joy and post AIDS gay survival."

But it matters now.

The ideological uses to which that image was put contributed—in a manner as small and undeniable as the contributions of the hijacked planes to the shredding of our earth's cocoon—to Joep's eventual death. The nation went to war on foes, manmade and otherwise.

While it is not easy to look at the Falling Man under any circumstance, it is important to consider how to reconcile the horrors of the actual military wars that followed with the emotions we first felt on seeing him. Never again, no such horrors, we thought. Not in your name, though we do not know it yet. Not in your name. Itwas a righteous time. Blame lay elsewhere, outside our bruised and battered skins.

It is harder to look at that same image, hold that same pledge in one's head and consider the evolution of AIDS activism since 9/11 and its impact on the virus and on the environment. There have been substantial victories, great action that has depended on people being together in the same place at the same time. There have been changes that have changed the course of the epidemic, though they have not yet, been substantive enough to attain its achievable end. But there has also been wasteful motion, senseless meetings, countless hours in planes. There is no picture of Joep Lange falling to his death, so that we are, in mourning MH17, sharing the experience of Art Spiegelman who has said about 9/11, that he is "haunted by images he didn't witness."

Can we add the caption? Can we picture Joep and his brother-in-death, the Falling Man? Can we look at what we have done and what we plan to do and can we identify the self-indulgent and the senseless parts? If we can, if we do, then we have to say, "Never again. Never again, Jonathan. Never again, Joep. Not in your names."

Eight.

Twenty years on, we are flying more than ever before. We are flying, many of us, because we have not given up and also because we are exhausted by the bureaucracy, the empty promises. The declarations and the reiterations of phrases like human rights, gender equality whose presence in our rhetoric has done little to change reality. We fly, now, to see people who still care or to be the voice of reason at meetings that should not be happening in the first place. We fly for a break from the kids or for a chance to have a cocktail with someone who lives in our city but who we never see except overseas.

There is something wrong with the AIDS activist movement in its current form that many of us have little to do with other movements working on other health issues, including the health of the planet overall. The question is: Why is it so hard to develop the big picture? The question is: Why is it so hard to do authentic solidarity with other causes? Why is it so hard for us to admit the wastefulness of some of our work?

Some people who I know who used to work on HIV have begun to shift to work on the environment. There are a few people who are trying to take everything we have learned about how to influence international and national spending and apply it to the next big challenge. But AIDS isn't over either, and what's strange is that people don't seem to be taking AIDS with them

when they go to work on the next issue—they're just leaving.

I am not sure that we could really forge a joint agenda. But we really could stop flying.

HIV hijacks the machinery of our bodies' cells and forces them to churn out copies of themselves. These new little virions bud off of the surface of the cell. The cell doesn't have holes in it, not exactly, because of the way that it buds and closes up underneath, but it's not made for all that perforation, for all of those thousands of fissures in its thin skin and in the end, the cells give up producing HIV and they die.

The molecules of the atmosphere that has protected this planet for all time are breaking open and will not be reformed.

This isn't what kills us, though, when we live with HIV. What kills us is how hard our bodies try to defend against the invader. Our immune systems never rest and the virus invades the cells that seek to quell it. At the end there is a phenomenon called immunological exhaustion and another one called dysfunctional memory. Our cells cannot respond because they have lost their ability to recall how to fight disease. This is another way of saying that our bodies give up when we have lost the memory of health. Today our bodies, whether carrying the virus or not, have lost the memory of health. To move forward, we have to bring that memory back. It could be a memory of what AIDS activism was like when there were no budgets and no drugs—solely love and space on living room floors. It could be the astringency of frigid air coming off of a frozen winter lake at a moment before you called a virus a career. You know what it is. And without this memory, we are all falling. We are all plummeting. We can feel it. If we are honest, we can all feel it rising up faster than we ever expected to meet us: the moment of our death and the death of the planet. Picking up speed.

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