

# BOMB



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## Carolyn Lazard by Catherine Damman

Carolyn Lazard's conceptual and often spare videos, sculptures, installations, and performances explore the full amplitude of relation—the way being with and among others is by turns obdurate and sticky, irradiated with both possibility and friction. Interrogating extractive institutional regimes such as hospitals, prisons, and art museums, their work also enlivens alternative models in which utility and productivity are shirked in favor of noncontractual ways of orienting toward one another.

Installation view of  
*Pre-Existing Condition*,  
 2019, HD video, 6  
 minutes, in *Colored People  
 Time* at the Institute  
 of Contemporary Art,  
 Philadelphia.

CURRENT RESEARCH PROJECTS RECEIVING FUNDS JULY, 1964						
Number of Exposures	Date Approved	Brief Description of Test	Name of Investigator	Fee Paid to Dental Educator	Number of Exposures To Be Used	Source - Name of Firm Providing X-ray
B-303	July 1, 1964	Evaluation of Su-11445 Cream (athlete's foot infection)	Univ. of Penna. (Dr. A.M. Klipman)	\$ 10.00	One Hundred (100)	Giba Pharmaceutical Co.
B-304	July 1, 1964	Assay of antihistamine GMA 95510	Univ. of Penna. (Dr. A.M. Klipman)	\$ 4.00	Forty (40)	Schering Company
B-305	July 2, 1964	To determine curative properties of "Clearasil" on acne	Univ. of Penna. (Dr. A.M. Klipman)	\$ 12.00	Twenty-five (25)	Richardson-Verrill Co.
B-306	July 2, 1964	To determine plasma levels and urinary excretion - after single dose of valproic acid and kynax	Univ. of Penna. (Dr. A.M. Klipman)	\$ 8.00	Fifty (50)	Lederle Laboratories
B-307	July 3, 1964	To determine irritating prop- erties of various agents	Univ. of Penna. (Dr. A.M. Klipman)	\$ 5.00	Twenty-five (25)	Bristol-Myers Company
B-308	July 7, 1964	Test of Mouth Rinse G-12J	Univ. of Penna. (Dr. A.M. Klipman)	\$ 30.00	Fifty (50)	Johnson and Johnson Company
B-309	July 7, 1964	To study antihistamine prop- erties of GMA 77210 (antipruritic)	Univ. of Penna. (Dr. A.M. Klipman)	\$ 2.00	Twelve (12)	Schering Corporation
B-360	July 9, 1964	Mouth Wash Test (if any irritating properties)	Univ. of Penna. (Dr. A.M. Klipman)	\$ 6.00	Eighty (80)	Johnson and Johnson Company
B-361	July 9, 1964	Blood levels using various salts of Mytecolin-F	Univ. of Penna. (Dr. A.M. Klipman)	\$ 10.00	One Hundred (100)	Squibb Institute
B-362	July 10, 1964	To determine anesthetic value of Bithione esters on mucosal surfaces	Univ. of Penna. (Dr. A.M. Klipman)	\$ 3.00	Twenty (20)	W. S. Merrell Company
B-363	July 13, 1964	To determine antitoxins of 3 different antitoxins	Univ. of Penna. (Dr. A.M. Klipman)	\$ 20.00	Eight (8)	Univ. of Pennsylvania
B-364	July 13, 1964	Parosquin vs. Selam - Sandruff Study	Univ. of Penna. (Dr. A.M. Klipman)	\$ 10.00	Twenty-five (25)	Univ. of Pennsylvania

Foregrounding the political dimensions of illness, disability, and care, Lazard has brought an articulated hospital television mount into the biennial, channeling spurts of cable TV into the ostensibly autonomous realm of the galleries (*Extended Stay*, 2019); placed sound machines on a museum's elevator ceiling, providing pockets of air to hold clandestine conversations (*A Conspiracy*, 2017); and performed a day of convalescence, documented by twenty-four bouquets from friends and comrades (*Support System (for Park, Tina, and Bob)*, 2016). In these and other of Lazard's works, disability and illness are treated not as sites of deprivation or scarcity but rather abundance and potential.

In their essay "The World is Unknown," Lazard articulates the complexities of crip embodiment, writing: "My body is a balloon tethered to a brick. It's also the brick. And the string." Over the years, Lazard's work and thinking has taught me much about the fundamental inaccessibility of capitalism's breakneck pace and about how to reconceive or abandon reciprocity—what about that which can never be returned or repaid?

This summer, we spoke about working as an institutional drain, the ravages of "use value," and the pleasures of dependence.

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**CATHERINE DAMMAN:** The issue of care is no doubt on many people's minds at the moment.

**CAROLYN LAZARD:** Care is a through line in all of my work. When I became disabled I didn't know any other people who identified as disabled. I knew descriptively disabled people, but I didn't know anybody who politically identified as disabled. A lot of my earlier work was feeling out that positionality in the absence of community. The surfacing of the private in the public felt urgent and politically useful, which it still can be, but I'm a bit more suspicious of that logic when hypervisibility can be such a violent experience. I cling to the subterranean qualities



*Pain Scale*, 2019, vinyl, 6 parts, each 12 × 12 inches. Images courtesy of the artist and Essex Street / Maxwell Graham, New York.



of disability. The visual vocabulary of my work has become more and more reduced, and I think that change reflects a change in me as an artist; I'm less concerned with performing competency in an ableist world. It's also an attempt to circumvent the ableist insistence of the visual in the realm of art. There are many ways to register and experience artworks. My practice has become more responsive to the audience and to the site of reception. The work now feels more at home in the language of say, gesture, than making Art with a capital A. And more specifically, in the last year I've been focused on articulating disability through Blackness and the entanglement of care and harm.

CD: Your recent works *Pre-Existing Condition* (2019) and *Pain Scale* (2019) come to mind.

CL: *Pain Scale* draws from the types of graphics that are used in healthcare contexts to measure pain. They are usually the first point of exchange between patients and doctors on a chart before a doctor even says "hello" to a patient. I was thinking through the illegibility of Black patients' pain in the healthcare system. Black patients are overwhelmingly denied adequate pain management. Half of medical students believe that Black people feel less pain than white people. Pain is challenging to communicate in general, but some people are denied the kind of affective scaleability that's assumed in a medical setting.

The video *Pre-Existing Condition*, commissioned for the Institute of Contemporary Art at the University of Pennsylvania, addresses Penn's two-decade-long engagement with medical experiments at Holmesburg Prison in Philadelphia. The work draws from my own archival research while also working with Edward Yusuf Anthony, a Holmesburg experimentation survivor and advocate. *Pre-Existing Condition* in many ways is a call for disability justice: a call to engage disability's entanglement with reparations. Most of the people who participated in these experiments were poor, Black people who

remained incarcerated in this city jail because they couldn't make bail. Participating in medical experiments was a way to make money for bail or for commissary. These experiments covered a wide range of substances, from household cleaners and beauty products all the way to military-funded psychotropic experiments. One of the experiments involved dioxin, one of the most potent carcinogens in the world. Many Holmesburg survivors spent their lives navigating long-term health problems, disabled by their participation. My work tries to address the collapsed timescale of this violent history and its afterlife in Yusuf's day-to-day in the present. I would say it's also wrangling with the university's capacity to reproduce itself with the profit it generated from these experiments, all while denying the harm they caused. This is tied to how consent is configured in the discipline of medicine, and the meaning of informed consent in the context of a prison, where the experience of captivity in and of itself invalidates any idea of consent.

CD: The issue of consent, and then what is or isn't rendered available to the viewer within the artwork, seems related to what you said about working with an increasingly reduced visual vocabulary.

Can you talk about the formal composition of *Pre-Existing Condition*? There are many potential formats in which your archival research could be disseminated. But what you do in this video, which is under six minutes, is specific to your practice. What was your process?

CL: It's funny. Usually my process for making a work begins with an idea of something that is in excess of what I am actually capable of doing, in terms of my energy or concentration, and then I kind of scale back the production. This relates to the experience of any disabled person negotiating ableism: the expectations of capacity that exceed the support that one has to create anything in an ableist world. *Pre-Existing Condition* is, as you said, a six-minute video that consists of slides of negative images

of documents from the city archives: data about the experiments that were conducted, how many incarcerated people participated in them, what they were paid, and which corporations were involved in financing the test, whether it was DuPont or Johnson & Johnson, or in some cases, the defense department.

The voiceover is made from conversations with Yusuf, in which he talks about his life, some of which is navigating the healthcare system as an elder. In our conversations, Yusuf and I also recorded testimony about his experience participating in the medical trials. I deliberately excluded his testimony. I wanted to engage this history without reproducing the experience of trauma inside of the artwork. Yusuf's voice becomes the sonic bridge between the past and the living of it in the present.

The gesture was rather simple: To bring these openly available documents into the space of the institution. To bring the voice of a survivor into the institution. To collapse official records and personal history at the site. We cut through the wall of the gallery and embedded the monitor in the wall. In those six minutes, you receive all the information that you need to know about the university's debts.

My most recent work, *Recto Verso* (2020), was commissioned for an exhibition at the Museum of Modern Art in Frankfurt. The show is a retrospective of the work of Frank Walter, an Antigua painter primarily working in the '60s, '70s, and '80s. I was interested in making a work that contends with the genre of *outsider art* or *naive art*, which is how Walter's paintings have historically been framed. I think that *outsider art* is a weird phrase referring to a class of artists who are frequently Black and poor and disabled. I was thinking about the marginalization of work into this genre, but also the equally problematic attempts to mainstream the work into modernist art-historical narratives. Looking through an old

Opposite and overleaf:  
*Recto Verso*, 2020, 2 of 25  
photographs, each 11 x 9  
inches.





exhibition catalog of his, I realized that most of his paintings were made on the backs of photographs. Working with the conservation department at the museum, I looked at the backs of the paintings, and what I found were all of these incredible photographs of daily life in Antigua. There was something about his use of the photograph as both image and surface material that gave me all I really needed to know about how to address the framing of Walter's work—he didn't have access to canvas, so this was the material that he used. And so—this goes back to the reduced vocabulary—my work was to document the backs of his paintings, which then, themselves, turn into a kind of photo series. But for me, the backs of those paintings are illustrative of what can't be contained inside of the frame of outsider art or amateur art or naive art, which is the accounting for the material conditions of Blackness and disability.

CD: In working with the conservation department and mobilizing their resources, your approach to this series elucidates the way you work with institutional infrastructures. I'm curious how your relationship to art institutions is shifting, particularly as they seem to be increasingly taking on what I would—perhaps at my most cynical—describe as lip service to discourses of accessibility, or engagement with disability. How have you perceived that shift, and how have you worked within and against it? Your comment about a purposeful withdrawal from performing competency seems related to a rejection of visibility politics.

CL: Absolutely. From the side of making work, it feels like a withdrawal from being overly invested in the intelligibility of the work within the institution.

I don't know if this is cynical; I think there's a critical space of opportunity in accepting that art institutions are beyond reparative action, even as I myself have engaged in the language of repair within institutions. For example, I wrote an accessibility guide for small-scale art institutions

called *Accessibility in the Arts: A Promise and a Practice* (2019). I think a lot of it has to do with my sincere desire for harm reduction. But I guess what I'm trying to say is that the very foundation of the museum is carceral and colonial, and thus ableist. Once we abandon the solidity of museums' justifications for existing, we might be able to invent new forms and new models of making. So, if the museum cannot be recuperated, then what's possible right now? I think what's possible are parasitic models of relating to the institution, which is how I see my work. It's not so much a gesture of rejection or refusal, but more of a drain.

CD: To drain is also to respond to the expectation of legibility, either to the purview of the institution and its nominal commitments or to the art consumer herself, with something that is leaky or diffuse. I'm thinking about the way you use particular technologies or tools, like the Dohm sound machines, the EMDR sphere, and closed captioning. Often, you incorporate these into your work only to subvert their prescribed use. I'm curious about what it means to take a critical stance toward—or at least refrain from a wholesale acceptance of—the outcomes they promise, in order to imagine a different relationship to the social fields in which they aim to intervene. Your work with the Dohm sound machine is called *A Conspiracy*; so there's also an element of secrecy and withholding. Your works often thwart easy interpretation; sometimes they push the audience away or refuse to grant "universal access."

CL: I love this question. Accessibility is often thought of in relation to the idea of clarity or transparency or coherence, but I think disabled people also deserve access to the incoherency of the experience of art. There are also so many incredible disabled artists who are thinking through definitions of accessibility that don't necessarily evolve from Western frameworks of rationality or intelligibility but are focused rather on the idea of being together, of collectivity and care, grappling with the real

challenges of accessibility rather than this sanitized idea of transparency. Disabled people and cross-disability collectivity are complex, and I think we deserve our complexity. Thinking through the Dohm noise machines, EMDR, or closed and open captioning as specific therapeutic protocols, what I'm attempting to do is to queer or crip certain ideas of use or utility that are bound up in capitalist expectations of what bodies and objects can or should do. But they are technologies, and I like to think of them that way, both sort of soft and hard technologies.

I'm really interested in but also wary of the idea of the therapeutic in general. Under capitalist logic, the therapeutic becomes a means to reestablish equilibrium. The therapeutic can be metabolized and re-formed within capital in ways that are really destructive. The misuse of these objects in the space of art is a way to play with this idea of disequilibrium. So in my video *Consensual Healing* (2018), EMDR is applied to a fictional trauma from Octavia Butler's "Bloodchild," a story about the future, as if it happened in the past. And in *A Conspiracy*, noise functions sculpturally. Usually ambient noise machines are meant for sleep or privacy, but in this work they are repurposed through multiplication toward conspiratorial speech and gossip. And *A Recipe for Disaster* (2018), a video contemplating the historic first use of captioning on broadcast television, is an attempt to imagine a world in which media is a means of access to others and not just toward itself, if that makes sense.

CD: The ableist logic of "use" seems related to the idea that disability justice could be adequately addressed by technology or standardization, that it's just a matter of compliance, adding a ramp and so on. Something that you said years ago has stuck in my mind: one person's access will often impede another person's access. It's unlikely that a single solution will meet everyone's needs. So there must be a more complex grappling with what it means to live interdependently—the difficulty but also the immense

pleasure of living in a world with other people.

CL: There's often a perception that these discussions around access and disability can be held within the discourse of rights. But for me it's actually closer to this idea of pleasure that you just brought up. It's more about the joy of being with others and giving and receiving care. It's more dependency than interdependency. I think of something the artist Constantina Zavitsanos says often: "take and take" and "give and give." It's beyond reciprocity. I wouldn't want to use the language of autonomy, but in some ways, the use and misuse of therapeutic objects is a question of the capacity to do whatever the fuck one wants to do, whether that be toward the aim of fixing or not fixing, healing or not healing. This is one of the contentions between disability and discourses of healing or the curative capacity of things. To me, it is about the joy and the pleasure of being in community and in relations of care—but it's not necessarily what I would call the security of health itself. This is something that has always been true but that's glaringly evident with how this pandemic has played out—that one's health or immunity, in and of itself, is a kind of property, that it is not a point of access but a kind of capital that can be used to generate more capital.

CD: This mode of relationality also ties back to how consent plays into your practice.

CL: I think disability in particular challenges the framework of consent because of the ways in which it challenges what we understand as a subject who is capable of giving consent—that subject (or just a subject) is synonymous with autonomy and is thus incompatible with the very condition of disability, which is dependency.

The idea of consent enacts a contractual relationship between two people. Contracts instantiate a really narrow relationship to time, existing only in that moment of consent between two parties. I'm interested

in other forms of intimacy, other ways of relating that extend beyond the contractual, because we—especially disabled people—already live in such a litigious framework. Disability itself is so policed by the law, whether we're talking about police terror or access to state services; it's all entirely carceral. I mean the level of punishment that people receive for supposedly taking in excess of what is theirs, or what the state deems is theirs, is unbelievable. I am trying to find other, noncontractual ways of relating in and through time.

CD: One framing of disability politics is often about a return to labor; getting people "back to work" is the ultimate goal, rather than their personal flourishing.

CL: Yes, it's true that so much of the normative framing of disability politics is around labor. The Americans with Disabilities Act, which was signed in 1990, addresses the rights of disabled people in the workplace. It's the most substantial legislation in the United States related to disabled people, and it's all about work. And in some ways, because it addresses this idea of the workplace, it kind of invalidates or makes invisible the labor that disabled people are already doing all the time, which is staying alive and keeping one's loved ones alive under the regime of capitalism. There's nowhere in the ADA that says disabled people should be paid for the incredible work of keeping themselves alive. In my practice I'm consistently re-evaluating how we assess the labor of art in these terms and the misrecognition of disabled labor.

CD: That labor of keeping oneself alive, keeping one's kin alive, perhaps also extends to your approach to Frank Walter's practice and outsider art as a category. What is the proper manner by which to approach the labor of keeping his work alive? While the history and discursive framing of outsider art, or art by untrained artists, is supposed to get beyond the normative artistic subject, it often re-inscribes an idealized speaking subject or capable subject. It sets

up a sense that the artist in question needs to be sort of rescued—a savior complex.

CL: Often the word *visionary* is used to describe artists who are categorized this way, but another way might just be to say "neurodivergent" or "underpaid." And yes, there's definitely this way in which the institution of art sees itself as rescuing visionary artists from their own context and putting them into the framework of art history or something. This gets back to the question of, Can the museum be repaired? The ways in which this work does or doesn't fit into institutions is telling of the institutions themselves. It's either fetishized for the context from which it comes, or it is read alongside, say, white, neurotypical modernists in an attempt to validate the work, which is equally problematic. I don't have a solution for how the work should be read, but I think it points more toward the irreconcilability of the context of art exhibitions.

CD: Exhibitions are facing a number of new irreconcilabilities and challenges. Do you want to talk about upcoming work? Obviously, many plans have been interrupted as of late.

CL: Life has been interrupted. And at the same time, quarantine is no stranger for many disabled people. The risks and fears of this moment are unevenly distributed. And it's been challenging to attend to the specificity of this moment as an "event" when the twin crises of the police and the healthcare system are always present for Black disabled people.

I think a lot of people are having almost temporary experiences of disability in a way that's really interesting. Or maybe "lack of access" is a better way of putting it. These temporary experiences of inaccessibility where non-disabled people are like,

Installation view of *Consensual Healing*, 2018, HD video, 13 minutes, in *On Fire: Vulnerable Footage* at SALTS, Basel, Switzerland.



"Wow, I've never had my means of survival interrupted by an illness that produces an indeterminate, unknown future." And I'm like, "Talk to anybody who's chronically ill or mad. That's literally just the condition of life."

I am spending a lot of time being with and in "the meantime." It's a devastatingly painful and beautiful moment. In some ways I resist differentiating this moment of study from others. I'm just trying to survive, and at the same time I'm being asked to make work. I have a show at Essex Street in New York this September. I've been thinking a lot about paracinematic objects in our mundane surroundings. I'm also thinking about the proximity of the residential to the industrial and what that has to do with the relationship between Blackness and disability. Blackness and disability are mutually produced. They are not analogous to each other. The relationship is complex and I'm really trying to articulate and disarticulate it.

CD: I'm glad that you said what you said, because it's so engrained to ask, "What are you up to now? What are you working on?" And yet, why is the vocabulary of productivity such a familiar mode of relation?

In this period in which many more people are experiencing, as you said, a temporary lack of access, I've also noticed a frequent recourse to a metaphorical vocabulary of lockdown and house arrest, which I think violently misrecognizes what actual experiences of incarceration are like, to put it mildly. But to your point, the ways that these two very historic moments are being articulated in the wider cultural imaginary are revealing.

CL: I can't stand that metaphorical bullshit. I'm struggling to wrap my head around the economic devastation that's happening right now. And simultaneously, my point is that the current economic devastation, which for many is conditional upon a global pandemic, is the normal state of affairs for disabled people who could never get a job to lose. Responding to the pandemic and the recent uprising must contend with the urgency of

the event while also understanding the ongoingness of all systems of oppression. I'm feeling a lot of appreciation for artists and activists (like Tourmaline, Cyrée Jarelle Johnson, Leroy Moore, T.L. Lewis, Ki'tay Davidson, and Dustin Gibson) who have been doing the work of unpacking the relationship between abolition and disability justice for a long time.

CD: The question of ongoingness versus the immediate and sudden impact of what is, for some people, new makes me think about the temporality of disability, how it challenges the rhythms of capitalist logic. The feminist and disability studies scholar Alison Kafer has called this "crip time," which is also the title of one of your works.

CL: Disability and queerness have a unique relationship to time, they rub up against the dominant time scales that we live under. Their relationship to time is also an aesthetic one: it's one of slowness, repetition, evading linearity. Disability reveals the structure of time itself to be soft and rather malleable. *CRIP TIME* (2018) is a video that documents in real-time the task of filling my weekly pill organizer. My work requires a certain kind of attention and slowness. It requires some time.

There are certain ideas that we already have within art history—like skill or deskilling, or minimalism, or conceptualism—that lend themselves to a different relationship to labor, whether production through the labor of others, or the dislocation of the site of the work from the object to maybe an idea or something else. All of these are different gestures that in and of themselves, without having a critical engagement with disability, are actually disabled in many ways. I would argue that disability aesthetics have always been a kind of open secret in the space of art. My practice is also an attempt to read some genres of art more critically while revealing the inability for certain modes of making to not be unmarked—like how minimalism, instead of being an unmarked engagement with ideas of light, space, volume, et cetera, is

actually a materialist engagement that's impossible to disentangle from life and living.

CD: Right. One could understand much of the history of twentieth- and twenty-first-century art, whether or not that's contained by the framework of modernism, as a putative rejection of mastery or once-prominent notions of virtuosity without a sustained engagement with the implications of that—or rather, with major omissions, I should say.

CL: Yeah, the history of modern art is so tied to this disenchantment with the idea of mastery, capacity, and skill, even as it continues to reproduce the logics of white-supremacy and cis-hetero patriarchy. To be honest, it's a bold-faced lie. It's the moment where the West's critique of itself is laid bare as its own feedback loop. I'm less interested in this narrative of rejection. Dominant ideas of mastery measure how much a person can conform to a standardized movement or cognitive benchmark of either being normal or virtuosic. So if you don't move or think in those ways, it's framed as a rejection instead of an improvisation or adaptation as a function of need. My work arrives the way it arrives out of necessity. I welcome the undoing that comes of it.

Installation view of *Extended Stay*, 2019, articulating medical arm mount, personal patient monitor, basic cable subscription, infinite duration, in the Whitney Biennial at the Whitney Museum of American Art, New York.

