# Capillaries of Care

Pato Hebert in conversation with Alexandra Juhasz

#### No Silver Linings

Pato: Whenever I go to a clinic, they give me a disposable surgical mask. I've been saving them since becoming ill in March 2020. I am electroplating them in nickel, an un-precious metal that looks silverish. I have 26 of these masks from my COVID visits. The series will be presented on three gallery walls as a timeline of my interfacing with the medical establishment.

It is called *No Silver Linings (Long Hauling)*, which comes from something you said on a call with our collective, What Would an HIV Doula Do? A colleague said, "one of the silver linings of the pandemic..." and you interrupted them and said, "I don't want to hear about silver linings." It stuck with me because I understood you to be intervening in political terms. What we need is to turn toward all that is hard, confusing, and messy about the pandemic, rather than to turn COVID or our long hauling journey into something celebratory, let alone precious, done, or fully comprehensible. I thought: How might I materialize that kind of succinct political critique?

Alex: My words did not exactly feel political, they felt primal. I wanted to acknowledge and ask others to stay in the suffering and pain with me. This felt particularly acute as the new normal started to be that we were all well or going to be well or had never gotten sick; just erasing people in pain, people who are sick, people who had died.

So, it was more affective than political. I suppose it was strategic, so in that sense political, if we mean an intended action aimed at a self- or world-changing goal based in an analysis. For example, our investment in the political project of COVID and long-haul disclosure: naming that there are people in every Zoom and lived room who had COVID, are going to get COVID, are getting better, are long hauling with COVID, have lost somebody or are going to lose somebody.

Learning from contemporary AIDS activism, disclosure is fundamentally political and historical. We resist hearing "AIDS is over" (or "we are post-COVID") because it denies the lived experiences of people with HIV/AIDS and communities who suffer and have suffered. Those realities and memories will stay with us, not as a silver lining, but as a gritty, awful mark of the myriad ways that our cultures, our medical establishment, our governments fail us.

Disclosure is a willful and often dangerous political act of naming what is true—but can't be said or seen—so that we can mobilize around the changes that presence calls forth.

**Pato:** Long haulers, like the pandemic, won't simply go or be wished away.

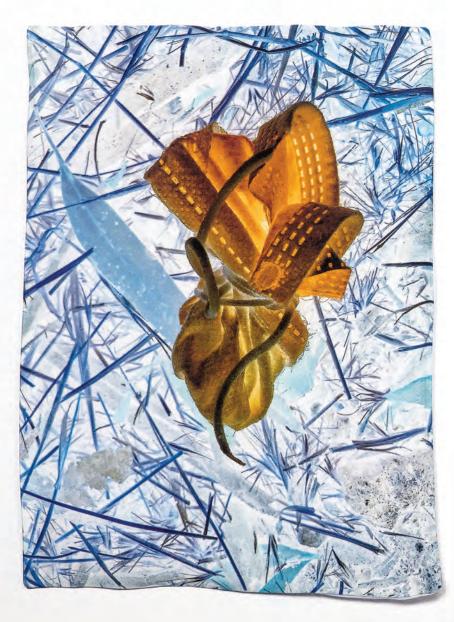


Alex: The shine on your masks renders them, like you with your blue glowing face, hard to dismiss. This is "precious," as you say. In your art with masks – dispensable, disposable, trash – what do you show as the costs and value of these objects in relation to a growing politics of care?

**Pato:** Taped up in my cluttered LA art studio is a set of breathing instructions from a former student, now friend, part of a whole string of care she has given me in DMs and packages. This made me think about "capillaries of care," very small but vital circuitries that might not seem political and may not be visible. This is mutual aid: how we take care of one another.

Describing the masks as un-precious is wordplay based on the grading scale for metals. Sure, that's capitalism: placing differing values on parts of the earth that humans extract. But it's also an allegory for the way we give value to some kinds of bodies or conditions over others.

The long hauling body is a problem. For systems of care. For labor policy. For moving on. I don't like feeling like a problem. I do like caring and being cared for. We are invaluable, even when we are classified or made to feel otherwise. So, when I think of value in our journeys as long haulers, how do I see and honor these incredibly life-giving capillaries of care that I benefit from, and that I've worked to cultivate, enact and sustain with others?



#### Care is Political

**Pato:** Politics is about power, resources, commitments, and accountabilities. To live with the coronavirus and in the evolving stages of this pandemic, we have to marshal all our powers. Health systems have to shift, labor and disability frameworks have to evolve. We must contend with the violence of capitalism. And, we have to enact and show other kinds of empowerment. This is what mutual aid is about: responding to needs and also possibilities; not only addressing suffering but also engendering celebration and pleasure. These are forms of sustenance as power.



The Coronavirus and climate change teach us that networks of relations—understood through Indigenous frameworks of reciprocity must be rebalanced to extend care multi-directionally. Science is still unclear if long hauling is the body's ongoing response to infection or if the virus remains present as trace fragments. Even that language is still too reliant on the notion of the intact and distinguishable as opposed to the interconnected that I'm living each day, and for which our organizing strives.

Care is always relational, and it's always in relationship to power. There have to be redistributions of resources to where harm is being done, or where there's the greatest need. And not just in a short-sighted way, but at much larger scales, which is why you and I have started working with a political framework and a mutual aid and pleasure framework of the Long Haul.

Alex: Neither the body in pain nor the body that cares for the body in pain are given value (except for maybe doctors). As hard as it is to be ill, as hard as it is to not get better, it's also hard to care. Care comes at a cost, although it is not paid for adequately. Our underpaid essential care workers mark how the capitalist system is completely skewed. Skewy!



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The U.S.A.'s wealth and power has since been built followed by a New Jim Crow of mass incarceration as well as world-wide plunder, concurst, CIA cold **Pato:** For all I said about small capillaries of care and mutual aid, we also need big systems and structures of care as well. I don't romanticize care. It's complicated and it's messy and it's vital. Vaccine access for everyone around the world and not just in rich countries is one example of care we need. Another is the thinking and organizing that ME/CFS and HIV communities, and now COVID long haulers, are doing together at different scales.

Alex: There's always need for political work of changing policy, getting better drugs into more bodies, responding more fully or fairly to injustice in systems already in place. If "care is political," it's not really outcomes-oriented. Rather, care work has to hold space or provide the generative celebratory and mournful energy that allows human beings to share power.



#### Care was There

**Pato:** Care asks that you attend to what the being you're caring for needs. Sometimes you can't adequately respond. The needs of the body or overwhelming structural conditions are too much for our delicate capillaries of care to counter effectively. But care can change the conditions in the moment: for instance, the condition of isolation. Care connects us.

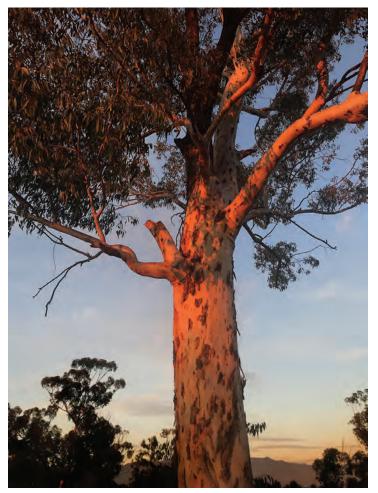
Alex: As modes of care, doula-ing and harm-reduction are political acts based in uncertainty and precarity and rendered as processes. Not everything can or will be solved, over or made better. Care is a doing. Can we make that apparent? What is a care disclosure? How do we mark that care was there?

In this pandemic, processes of care have been formative. When we are all stretched in new ways – because we are ill, taking care of others, looking for work, talking on Zoom – we need new models for organizing to support our comrades to do less, spoon it out, listen to each other and figure how to stay responsive to changing human capacity.

Pato: Two key practices are harm reduction, created by communities of people who use drugs and the HIV community, and doula-ing, holding space with and for people in transition. Holding all the space we need for ourselves while amplifying crip time. An example is Christine Miserandino's spoon theory. We start each day with a finite amount of energy. Getting out of bed or brushing your teeth each use up a valuable amount of this limited energy. That has been such a useful reorientation against workaholism and capitalism's notion of productivity, for me. I give myself permission, and heed many other people's guidance, to not overdo it.



Place helps. Elysian Park in Los Angeles has been instrumental to my healing. It's a vibrant, free, open public space, so crucial to immigrant communities and the city, especially during the pandemic when people need to be together outside. It is full of many types of trees, including the eucalyptus, which is not indigenous to California. They're only present on Tongva land through settler colonialism. There is a gorgeous, giant eucalyptus tree that lost a limb in a 2020 storm. I studied this fallen limb for months and months as I was walking and thinking: about spoon theory, relations and cycles of time, geological time, storm time, decolonial time, long hauling time. I couldn't do more vigorous exercise beyond walking; exertion itself can do harm for some people living with chronic illness.



Eucalyptus source tree



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Flatten the Curve
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I salvaged some of that fallen wood. I've been transforming it into a series of spoons that are also conceptual artworks. One is this playful, curving spatula that's not quite a spoon. It's entitled, *Flattening the Curve*, playing with epi language.

The vaccines and the Delta and Omicron variants created different kinds of COVID time, as does the transformation of this fallen eucalyptus limb. These different scales of time have implications for different forms of care. I feel I am tending to that complicated tree and this place that has tended to me. The work gives a sense of something transformed.

Alex: This is a fundamentally feminist political analysis. Intimate processes of healing, witnessing, and community-building – in the face of structures organized to not allow us community, dignity, education, voice—those processes, which are ephemeral, are not just metaphorized, not just made into sign systems to help us perceive, they are materialized. The process is the goal; a thing rises from an analysis of our racist, settler-colonial state of social and personal illness. You go from a lived experience in your park and body, enrich it with a theoretical and political analysis honed over decades and in many communities, and render all this onto and as material, which itself holds history: everything that was before it to get it there. The role of art in a politics of care is its capacity to materialize what has been and to materialize what could be: our hopes, our pleasures, our pain, our limits, our futures.



### I'll be Your Thermometer, Barometer, and... *Skew-ometer*

Alex: All human beings are or will be ill or disabled and will use the means at hand and the means that we struggle for to feel or do better. We are working—with long haulers and other people who are held back by the human truths of ability and health, disability and illness, as interconnected—to envision a long haul politics and art.

We've been each other's COVID and Long Haul thermometer and barometer, the proof that this is real and also what it looks like. But I have gotten significantly better while you have gotten better and then less-better again. As my health moves and flows, I feel slight alterations in my rights, responsibilities, and motivations to engage in the space of COVID organizing. This changes with my energy. It seems the most and the least available to me when I'm feeling better. How do you feel about this discontinuity between us, given where we started, both sick together with COVID in March 2020, and where we are now?



**Pato:** I love being a thermometer and barometer for each other, and for others. And I want to throw in the skew; that we can be each other's skew-ometers too, because I have to remember that there are millions of different COVID bodily experiences—from people who have a very minor response to those who get ventilated and some who horribly die.

Uncertainty is one of the great hallmarks of the pandemic. Your corporeal compass can skew. There is no easy horizon. If a horizon seems to promise direction, maybe arrival, these get really skewed with COVID. Time slips, ableist registers shift into an infinite number of COVID and crip times. This is why relations become really important, even when they are increasingly asymmetrical.

That's solidarity. Sure, interaction feels resonant when our experiences are more obviously aligned, to have someone going through what you're going through, someone with you who gets it. It's really wonderful not to have to translate, to just be understood, to be able to understand. Yet it's precisely through difference that we will enact our COVID changes.

Our sharing across asymmetrical lived conditions is part of the COVID political project. When we say long hauling, it's about evolving conditions in a temporal process that is unfolding. A skewing and a slipping, but perhaps also a flowing: an optimal space where we are challenged while stretching. We have enough confidence and resources and just enough resilience to navigate the challenge. That's what gives flow its ecstasy. It's neither static nor acquiescent. I have no idea what a COVID flow state looks like. I can barely name COVID embodiment! But that's where long hauling is happening for me. That's where the living and the politics are: somewhere in these slippages between embodiment and flow.

Alex: Might *flow* be a model for a politics of care? The tension that we're talking about between a presentist politics of care based in the ephemeral, and an enduring politics of COVID that strives for changing conditions so that all humans can be better housed, better educated, better fed, better loved than they are under the current systems of gross inequities and indecencies.



We are going through a collective trauma. Meanwhile, our cultures, and bosses, and friends are asking us to deny, erase, and not attend to and not care for that trauma by going back to work, being in a room and acting as if people haven't been sick or aren't plagued by diminishing capacities.

I return to no silver linings. I want our COVID care politics to stay present in the long haul, naming and honoring and making sense of, working from a collective trauma, living in an ongoing pandemic, which is fundamentally changing our world, our systems, our daily lives, our sense of ourselves. First name these changes, how they feel, why they happened, which systems produce and exacerbate them, make them worse for some, and a little better for others. Then show that. Share it, learn from it, and make more change and art and care.

**Pato:** People enact our capillaries of care towards political change at multiple scales simultaneously. We have to mind the structural and the capillaries, which are a structure after all. And we have to do this together.