The viewer is asked to contend with a loosely connected series of narratives and is not always given much help in placing them into the larger context of this great puzzle. One gets the impression that the theses of the documentary were not clear to the filmmakers until the editing stage, and the lack of focus on such a complex topic leaves one with pieces too large to negotiate. Further, the political climate in South Africa, dominated by President Thabo Mbeki’s reluctance to acknowledge several factors that contributed to the spread of HIV, is not touched on. Although we are shown the stark contrast of AIDS victims shivering for lack of antipyretics against the sterile world of a pharmaceutical trade show, a deeper discussion of access to essential drugs is omitted. Further, the cinematography is only of average quality and adds little to the gravity of the film, most of which is carried with the conversations contained in it. However, to focus on the shortcomings of this effort would be a disservice. The biggest drawback to this film is also the most important reason why it should be essential viewing for Canadians: the problem of HIV/AIDS in Africa is too large to be contained on screen, or in 53 minutes.

Though this reviewer is unfamiliar with the breadth and depth of similar documentaries, and cannot judge the merits of this one using comparisons, the subject alone warrants the inclusion of this film in Canadian libraries and perhaps on Canadian television. (It was aired in Canada on Vision TV in December 2002.) As the cases of SARS dwindle, their stories will fall from the front page, to the second, to the last, then out of the daily lives of Canadians. Just like HIV/AIDS has. For millions, though, HIV will be with them for the rest of their days. For them, the more documentaries like the overambitious Condoms, Fish & Circus Tricks, the more we will be reminded of the immensity of the problem and perhaps will be inspired to play a part greater than occasional witness.

During the making of the documentary, 10 million people were infected with HIV in sub-Saharan Africa. Midway through the film, a man with AIDS is interviewed, and asked what he might say to God about HIV if given the opportunity:

I would [say] … please … this is a deadly disease … most of your people are suffering.

James Maskalyk
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Lifeworks

An inside view

Peter Lojewski has worked for almost 30 years as an emergency-room orderly. He had often thought of studying drawing or painting, but shift work made attending classes difficult. In 1989, Lojewski spent his summer vacation in the northernmost part of British Columbia at the Atlin Art Centre, a school that meshes art with adventure and stresses working from one’s own experience. He filled a large sketchbook with drawings, including some done from memory of his work in the Royal Columbian Hospital in New Westminster, BC. Three weeks of intense creative work allowed him to begin the process of expressing his ideas and observations.

A selection of Lojewski’s paintings and a mixed-media construction were exhibited last fall in the group show, Satan, oscillate my metallic sonatas, held at the Contemporary Art Gallery in Vancouver Nov. 14, 2002, to Jan 5, 2003. An inordinately shy and gentle man, Lojewski portrays the hospital as a complex and often frightening world. He says it is not his intention to alarm people, but to present hidden aspects of the hospital. Procedures, equipment, the relentless pressure to deal with a constant stream of people, tragedy and even hilarity all find their way into his visual world.

In 1995 Lojewski began to create acrylic paintings from his sketches. In Code Blue, a doctor, a resident and several nurses stand around the bed of an older man. His belly is distended and his chest is sunken. Lojewski paints himself into the centre of the image, performing cardiopulmonary resuscita-

Peter Lojewski, 1996. Modern Hospital (detail). Styrofoam, aluminum, various materials, found objects. Acrylic 20” × 33” × 18”.
tion. All the figures are separate from one another, except that Lojewski’s hands bear down on the man’s chest. Two nurses seem removed from the event, walking through or out of the image. The scene is one of alienation, pathos and perhaps even futility. There is also a sense of the workaday world in which people follow usual procedures despite the urgency of the scene.

In a larger painting entitled Modern Medicine (1996), Code Blue has been adapted and incorporated into the upper half along with an intensive care unit and a diagnostic facility. The bottom half features a morgue. Lojewski aims for a high level of accuracy. Sometimes he takes photographs or makes careful sketches to record details of medical equipment. The crypts in the morgue are marked with tags — green for empty, red for full; one space ominously gapes open. Lojewski also adds fictitious elements: a chute descends into the morgue, and a door at the back opens to a blue sky with friendly clouds. Poised to exit, figures shrouded in white lie on stretchers by the door. In the morgue, a naked figure awaits an autopsy while someone in medical garb approaches with an electric circular saw. This is a modern vision of the underworld.

In his understated way, Lojewski says that some days at the hospital bring “everything at once.” Packed into a small canvas, Emergency Room (1996) explodes with lurid colour and frenetic activity. Figures sprout tubes, vomit, knock over lab carts. The breakneck pace extends beyond the room: through a window the viewer sees an ambulance unloading still more patients. Amidst all this activity Lojewski still captures the vulnerability of the naked figure.

A calmer but still pointed commentary, the construction Modern Hospital (1996) is made from salvaged materials. Styrofoam walls open to reveal a variety of silver foil-lined wards. A janitor’s torso emerges from the floor. (Lojewski remarks that this hospital has spent all its budget on technology and is left with half a janitor.) Hospital beds have buttons for wheels, and the helicopter on the roof is fashioned from a battered pop can, its rotors comically (or ironically) cut from tattered aluminum. Outside, the back end of a toy horse protrudes from a wall, and withered miniature shrubs announce the entrance. Fellow workers brought Lojewski things he might use for his project, including a plastic dinosaur and some action figures. Great muscle-bound henchmen recline on beds while their beefy friends visit. There is a sense of camaraderie despite the evidence of what chronic underfunding has done to the medical system.

If a doctor practices without proper training, he or she is a hazard. Yet in art, all the training, perspective drawing and art theory in the world will not amount to much without the artist’s willingness to offer an intimate and honest expression. Although Lojewski’s art might be dismissed by some critics as “primitive” or “naive,” he is not ashamed to bear these labels. By bringing an unpretentious and unflinching gaze to his artmaking, Lojewski allows us a glimpse into the turmoil of his working life.

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