



Courtesy Floating Gallery, Winnipeg

Linda Duvall, 2002. *Bred in the Bone*, installation view.

single individual trails more sparsely across the stark black-and-white MRI. Because they are backlit, the family figures glow, invoking constellations and perhaps glancing toward astrology as another system of knowledge.

The family members are brighter than the ghostly MRIs, as the pinpricks are direct holes to the light panels. Yet both image types are elusive in different ways. Each of the twelve panels is untitled. The body parts are so segmented that they are usually unrecognizable to the nonmedical viewer. Here, one sees what might be a section of brain; there, a femur seems apparent — or is it an extreme close-up of a finger bone? Scale is impossible to determine. As for the people, they are perforated and unsubstantial; intricate checkered and flowered fabric patterns are embedded with great care, but skin is simply outlined. Thus the humanizing element functions as a limited communication as well.

Duvall's attention to the family members' clothes connects *Bred in the Bone* with earlier works in which she uses fabric as a metaphor for the way secrets are kept within or beneath a skin of normal self-presentation. The installation *Tea Gone Cold* (2000), for example, presented fabric-covered stones on an insubstantial fabric table as the physical residue of a family's former presence.

Duvall originally studied photography, and since the late 1980s her work has evolved into innovative installa-

tions that often include sound and video recordings and motion sensors. She also explores virtual installations with two interactive pieces produced in 2002: *Stained Linen*, a Web-based

project; and *933-CALL*, a series of telephone voicemail boxes telling segments of a story that the listener navigates at will.

Thus *Bred in the Bone* is a rare return for Duvall to photography-based work. With MRIs, she is able to look under her own skin, but she relieves her sense of medical alienation by looking outward to other bodies, not by looking further inward at her own. The identity that emerges is one of a person in connection, grappling to understand that there is no miraculous medical cure—all genetic mysteries retain secrecy even when we use the most complex technology to see to the bone.

#### Meg Walker

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### One thousand words



**Luxury drugs:** Of 42 million people world wide living with HIV/AIDS, only 5% receive life-prolonging medications. In Dec. 2002, Médecins Sans Frontières launched a postcard and online campaign ([www.msf.ca](http://www.msf.ca)) to petition the Canadian government for fulfil its commitments in fighting the AIDS pandemic and protecting access to essential medicines. The campaign asks for more financial support and urges the government to hold the course set by the World Trade Organization's Doha Declaration in Nov. 2001. Paragraph 6 of the declaration gives struggling economies some latitude in putting "public health rights" such as access to medicines ahead of commercial rights such as patent protection. This

provision is still awaiting implementation, however, and MSF is concerned that, to date, "a lack of leadership" by the Canadian government in ongoing trade talks has helped to erode the "spirit and the letter" of the Doha Declaration.

The Access to Essential Medicines campaign was launched with MSF's Nobel Prize money in 1999. Spokesperson Carol Devine cites some recent successes: a drug for sleeping sickness, discontinued because of its unprofitability, is back in production, and there have been some "monumental" reductions in the price of antiretrovirals for the developing world. Also promising is the emphasis on treatment access in US President Bush's \$15 billion Emergency Plan for AIDS Relief. But there is a long way to go, Devine says, in putting essential medicines within reach of the world's poorest, and sickest, populations. — *CMAJ*