SEEING AIDS IN ACEH: SEXUAL MORALITIES AND THE POLITICS OF (IN)VISIBILITY IN POST-RECONSTRUCTION TIMES

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“The mass media in Indonesia are bad [*jahat*], and then there are mobile phones ... Indonesia does not have a *filter*. In Western movies, everything is visible like this!” With her right hand at her chest and her left hand marking the height of a miniskirt on her thighs, Ibu Meutia indicated the shocking visibility of women’s bodies in Western movies. It was January 2014, and we were sitting in a quiet hotel lobby in Banda Aceh.¹ An active participant in Aceh’s women’s movement, the chairwoman of *Fatayat NU*—the women’s wing of Indonesia’s largest Islamic organization, *Nahdlatul Ulama*—in one of Aceh’s Eastern districts, and the leading force in *Fatayat*’s key occupation of reaching out to populations at risk of HIV/AIDS, Ibu Meutia expressed an often-heard concern with the corrupting influence of sexually scandalous images

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¹ The data and analysis presented in this essay are based on twelve months of ethnographic research in Aceh between 2013 and 2014. During this period, I conducted extensive participant observation with an HIV/AIDS support group in Banda Aceh, as well as in-depth interviews with more than thirty people who were living with HIV/AIDS in Aceh. Additionally, I held interviews with a range of governmental and nongovernmental actors involved in HIV/AIDS care and prevention, and I attended meetings and workshops on AIDS in Banda Aceh as well as in other parts of the province. In this essay, I have changed or left out the personal names of my interlocutors in Aceh to safeguard their anonymity.

and their danger to Acehnese youth. She proudly told me how she managed to work together with sex workers and other “key populations” in her HIV-outreach work, while she didn’t make a secret of her moral disapproval of their sexual behavior. When discussing cases of HIV/AIDS in her district, she indicated that most of them concerned women and children who had been infected because of their husbands’ and fathers’ extramarital sexual activities. Notwithstanding these epidemiological data, she repeatedly asserted that the underlying problem of HIV/AIDS was a society that was going morally astray because of modern media and technologies. “Even children already have behavior [*perilaku*]!” she exclaimed, carefully avoiding the word “sex.” And, returning to the influence of films, “I heard about a case in which a child bought a cartoon film. The first and second series were good. Then, when the third series started, the mother heard something ... ‘what is this?!’ [she exclaimed]. She fainted, didn’t even have the time to turn off [the television].” “What was it?” I asked, expecting the obvious. “It contained pornography,” Ibu Meutia confirmed, shaking her head in dismay.

Over the last decade, sexual morality has increasingly become a subject of public debate in Indonesia, a process that has been accompanied by expanding surveillance of sexuality by both state and non-state actors.² New state regulations, such as the controversial law prohibiting pornography and “pornographic action,” are implemented against the backdrop of the rising influence of religious (Islamic) and societal concerns with visible and invisible “deviant” sexual behavior.³ Aceh, in this respect, is no exception. In public forums and private conversations, citizens as well as NGO-workers, religious and political leaders, and other public figures articulate their anxiety about the uncontrollable, and mostly hidden, corrupting influence of modern technologies and pornographic images on Acehnese youth. In turn, public efforts to make “immoral” sexual behavior visible, for example, by arresting couples found in illicit seclusion, checking the computers of internet cafés, and publishing pictures and reports of police raids on karaoke bars, cause increasing anxiety about the extent of the underlying moral decline.

In his seminal work on the history of sexuality, Michel Foucault argued that such a pressing need to talk about and publicly uncover that which ostensibly demands secrecy is central to the modern surveillance of sexuality.⁴ A related paradox underlies approaches to what people in Aceh often see as one of the dangerous consequences of “deviant” sexuality: HIV/AIDS. AIDS in Aceh is both actively “seen” and “unseen.”

² See Sharyn Graham Davies, “Surveilling Sexuality in Indonesia,” in *Sex and Sexualities in Contemporary Indonesia*, ed. Linda Rae Bennett and Sharyn Graham Davies (London: Routledge, 2015), 29–50.

³ Laura Bellows, “The Aroused Public in Search of the Pornographic in Indonesia,” *Ethnos* 76, no. 2 (2011): 207–32. Bellows points out that with the prohibition of *pornoaksi* (“pornographic action”), the pornographic has been expanded from media to behavior. Although the exact meaning of “pornographic action” is vague, it potentially makes revealing “sensitive” parts of the body a criminal offense. On changes in the regulation of sexualities in Indonesia during and after the New Order regime, see Evelyn Blackwood, “Regulation of Sexuality in Indonesian Discourse: Normative Gender, Criminal Law, and Shifting Strategies of Control,” *Culture, Health & Sexuality* 9, no. 3 (2007): 293–307.

⁴ Michel Foucault, *The History of Sexuality, Volume 1: An Introduction* (New York: Pantheon Books, 1978). Ann Stoler has analyzed the resulting management of sexuality in the Netherlands East Indies and suggested that the very emergence of such regimes of sexuality was tied to the project of colonialism. See Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995).

Drawing on data gathered during twelve months of ethnographic fieldwork in the province, I will show that the attempts to make AIDS publicly visible in awareness-raising sessions, in fact, increase the taboo on AIDS and thereby its social and political invisibility, as people want to “see” AIDS rather than “know” about the disease or the affected persons. In other words, people want to be able to immediately recognize people living with HIV by their outward appearances, but are generally less interested in getting to know people living with HIV as persons, or in knowing about the virus and its ways of transmission. At the same time, the collective need of people living with HIV/AIDS to create political visibility to receive care is offset by afflicted individuals’ fear of exposure. I suggest that such paradoxes of visibility are not only caused by the moral stigma attached to AIDS, but are also anchored in a post-New Order regime of visibility in which, following Mary Steedly, there is a continuous quest for transparency and fear of unexpected apparition, and in which, as Tom Boellstorff has argued, the obsession with the presentation of knowledge overpowers the contents of this knowledge.⁵ Ultimately, I suggest that the ghostlike appearance and invisibility of HIV/AIDS epitomizes a social and political need to see without knowing in times of uncertainty that effectively undermines the political recognition of the disease and its patients.

In many respects, including the regimes of visibility and knowledge and the increased attention to sexual moralities, the climate in which the imagination of AIDS in Aceh can be understood is embedded in national-level developments—and so is the patients’ quest for political recognition and care. Also, international discourses of Islam and development shape approaches to HIV/AIDS in Indonesia. A significant part of what follows, therefore, speaks to what is going on in Indonesia, not just in Aceh. The paradox of seeing and not seeing AIDS in Aceh also needs to be understood in the local context of recent social transformations and concerns with Acehnese Islamic exceptionalism and moral eminence within Indonesia. Such concerns have become marked within the context of implementing Shari’a and the end of the post-tsunami and post-conflict reconstruction efforts that have brought hope (but also uncertainty) about Aceh’s future. Therefore, it is perhaps not surprising that when I told people in Aceh that I did research about HIV/AIDS, the most common response was a concerned statement or question, either “It is already in Aceh,” or “Is it already in Aceh?” While in Ibu Meutia’s discussion of pornography she invoked both Indonesia and Aceh as the affected collectives, many people (including ethnically Acehnese, Gayo, and persons identifying with other ethnicities) asserted that the arrival of AIDS formed a moral problem for Aceh alone to deal with, reinforcing the notion that it was ultimately the moral community of Aceh that was at stake in combatting AIDS.

Indeed, AIDS is already in Aceh, although HIV infection rates are low compared to many other provinces in Indonesia. Nevertheless, activists and government officials alike speak of the virus as a “time bomb” and the infection rates as following the “iceberg phenomenon.” In the decade after the first case of HIV-infection was identified in 2004, 272 people in the province were diagnosed, the majority with full-

⁵ See: Mary Margaret Steedly, “Transparency and Apparition: Media Ghosts of Post-New Order Indonesia,” in *Images that Move*, ed. Patricia Spyer and Mary Margaret Steedly (Santa Fe: School for Advanced Research Press, 2013), 257–94; and Tom Boellstorff, “Nuri’s Testimony: HIV/AIDS in Indonesia and Bare Knowledge,” *American Ethnologist* 36, no. 2 (2009): 351–63.

blown AIDS.⁶ Most infections in Aceh happen through homo- or heterosexual transmission, and, as in other parts of Indonesia, the general public in Aceh often relates AIDS to “free sex,” a term that denotes all kinds of extramarital sexual activities and reinforces the moral stigma attached to AIDS. Although injected-drug use is somewhat limited in Aceh (in contrast to other forms of drug use), dirty needles caused infections in several Acehnese men who spent time living outside of the province. A few of the 272 cases involve children who were infected through mother-to-child transmission. Healthcare facilities for Acehnese living with HIV/AIDS are mostly limited to the two major public hospitals in the cities of Banda Aceh and Lhokseumawe. To obtain antiretroviral medication, all patients in the province have to visit the doctors at the public hospital’s Voluntary Counseling and Testing (VCT) unit in Banda Aceh. There, new patients are referred to Aceh’s only support group that regularly assists about fifty patients. The four staff members of this group help patients practically and psychologically and at the same time advocate for people living with HIV/AIDS (I: ODHA, *Orang Dengan HIV AIDS*) with governmental agencies, the hospital, and NGOs actively concerned with the issue. As part of my research on HIV/AIDS in Aceh, I accompanied the support-group staff and patients on a daily basis during their hospital visits and other activities.

Before I return to the activities of the support group in the second part of this essay, I will first zoom out to the national level to discuss New Order and post-New Order socio-political preoccupations with “seeing.” I do so to situate the imagination of AIDS in the larger context of anxiety about invisible dangers in the decentralized Indonesian polity. Next, I sketch the recent social transformations in Aceh in which concerns with morality, sexuality, and (in)visibility have assumed a forceful presence in the public sphere. I will then analyze two striking cases that reveal the visibility and political invisibility of AIDS. The first concerns the shock effects of close-up pictures of genitals affected by sexually transmitted infections (STIs; I: IMS, *Infeksi Menular Seksual*) that appear in public information sessions on AIDS. By providing a shocking visual image for a mostly invisible danger, these information sessions mix moral and medical messages that may ultimately increase rather than reduce the stigma and socio-political invisibility that these diseases carry. The second case compares the ways in which state actors try to collect data on HIV/AIDS to increase its visibility and legibility to the government, with AIDS activists’ attempts to be seen politically while keeping individual AIDS cases invisible socially. Finally, the tragic story of a transgender woman who died of AIDS in March 2014 shows how the politics of (in)visibility may be, literally, a matter of life and death.

Visuality and AIDS in the Indonesian Body Politic

The visual has long occupied a prominent role in Indonesian politics. “Seeing,” as Rudolf Mrázek has pointed out, was already an important concern for the Netherlands

⁶ Data obtained from Aceh’s Provincial Health Office (Dinas Kesehatan Propinsi), June 2014. This number concerns the number of diagnoses between 2004 and mid-2014. New cases of HIV and AIDS are diagnosed every month. The number of affected people without diagnosis is, of course, hard to estimate. However, the fact that a diagnosis, if it happens at all, happens late most of the time (when patients have entered the stage of full-blown AIDS) suggests that many more people may have died from AIDS-related opportunistic infections or are still living with HIV.

East Indies' colonial state: literally, in its promotion of electric street lighting; and governmentally, in its policies that aimed to make the colony "legible," for instance, by registering diagnoses of particular diseases.⁷ The idea of moving from darkness to light also played an important symbolic role in the late-colonial period, namely, as a central feature of Indonesian nationalism.⁸ Having inherited the concern with "seeing" from earlier times, the dictatorial New Order regime of president Suharto from 1966 onward aggressively used shocking visuals to promote its politics. Not only did the state seek out deviant citizens through registration systems like the family card and the identity card, it also recurrently used violent and gendered images of the September 30, 1965, "communist coup" (in which six generals and a lieutenant were abducted and killed) to legitimate the subsequent mass murders of presumed communists and the installation of a military regime based on an anticommunist ideology.⁹ In the 1980s, in another visual display of violence and power, the regime sanctioned "mysterious" killings of suspected criminals, and left the dead and mutilated bodies in the street for all citizens to see, as a kind of "shock therapy."¹⁰

During the period of *Reformasi* that followed Suharto's ignoble exit and that heralded a democratization of Indonesian politics, student protesters used a similar discourse of "shock therapy" when they displayed pictures of (government-instigated) violence to others to "change their way of thinking."¹¹ At the same time, as Karen Strassler has argued, a new regime of visibility emerged, namely, one that was based on the ideology of transparency. Yet, the fetishism of the photograph as "proof" that came to signal this *Reformasi* dream of transparency also produced new structures of invisibility when political recognition was limited to that which was (publicly) visible.¹² Meanwhile, with the loss of an authoritative center during *Reformasi*, violence also became decentralized, causing anxiety among the populace as the violence seemed to present itself in new visible—as well as dangerously invisible—ways.¹³

⁷ Rudolf Mrázek, *Engineers of Happy Land: Technology and Nationalism in a Colony* (Princeton: Princeton University Press, 2002), 120.

⁸ See Benedict Anderson, "A Time of Darkness and a Time of Light," in Benedict Anderson, *The Spectre of Comparison—Nationalism, Southeast Asia, and the World* (London: Verso, 1998), 77–104.

⁹ Karen Strassler, *Refracted Visions: Popular Photography and National Modernity in Java* (Durham: Duke University Press, 2010), 135, 236. A well-known example of disinformation regarding the September 30, 1965, alleged coup is the documentary film *Penghiatan G30S/PKI* that children and civil servants were forced to watch yearly from 1982 until the end of the New Order regime. On the sexual politics underlying the military's (visual) propaganda, see Saskia Wieringa, "The Birth of the New Order State in Indonesia: Sexual Politics and Nationalism," *Journal of Women's History* 15, no. 1 (2003): 70–91.

¹⁰ See: James Siegel, *A New Criminal Type in Jakarta: Counter-Revolution Today* (Durham: Duke University Press, 1998); and Joshua Barker, "State of Fear: Controlling the Criminal Contagion in Suharto's New Order," *Indonesia* 66 (October 1998): 6–43.

¹¹ Strassler, *Refracted Visions*, 218.

¹² Karen Strassler, "Gendered Visibilities and the Dream of Transparency: The Chinese-Indonesian Rape Debate in Post-Suharto Indonesia," *Gender & History* 16, no. 3 (2004): 689–725. On the ways in which post-*Reformasi* discourses of transparency have affected corruption in the Indonesian bureaucracy, see Sylvia Tidey, "Corruption and Adherence to Rules in the Construction Sector: Reading the Bidding Books," *American Anthropologist* 115, no. 2 (2013), 188–202.

¹³ Steedly, "Transparency and Apparition," 264–65. Abidin Kusno describes the sense of disorientation following the post-New Order as a "looseness at the centre": "Wither Nationalist Urbanism: Public Life in Governor Sutiyoso's Jakarta," *Urban Studies* 41, no. 12 (2004): 2377–94. For an example of this disorientation and the decentralization of violence and its images, see Patricia Spyer, "Images without

In this context, HIV/AIDS, which had entered Indonesia more than a decade earlier, was among those invisible dangers perceived to threaten and destabilize society. For example, in the late 1990s, on the verge of Indonesia's economic and political crisis, rumors being spread in Surabaya referred to how people were being injected by strangers in crowded places, such as shopping malls, and how these victims discovered later that they had become part of the "AIDS club."¹⁴ Karen Kroeger convincingly argues that these rumors reflected widespread anxieties about HIV/AIDS and the breakdown of the Indonesian body politic. In Papua, rumors about Javanese prostitutes deliberately infecting local Papuans with HIV caused anxiety exactly because the "evidence" that such rumors thrived on was strongly rooted in political conditions of oppression.¹⁵ At the same time, up until now people living with HIV/AIDS themselves remain "a kind of absent presence" in the Indonesian body politic, while conspiracy theories cast them as one of the unseen dangers that form a threat to the nation.¹⁶ People's imagining that some danger might suddenly make its appearance, Mary Steedly suggests, indicates how the post-New Order regime of visibility is not only one of transparency—concerning "the wish to be recognized by, as much as to see into, the machineries of power"—but also one of apparition—referring to the manifestation of ghosts and spirits that were previously unseen. Exemplified through the popular horror movies that Steedly analyzes, but relevant for a range of other unseen dangers affecting the Indonesian public, in this new regime (*Reformasi*) seeing might be dangerous and, therefore, "the compulsion to see and be seen is continually brought to crisis by the terror of seeing and being seen."¹⁷

This paradox of at once wanting to see and not to see, and to be seen as well as not to be seen, is particularly strong when it concerns the (in)visibility of HIV/AIDS. This is the case both for the ways in which HIV/AIDS is imagined and portrayed in the public sphere and for the ways in which people living with HIV/AIDS navigate the social consequences of these imaginations. Concerning the former, the social need to make AIDS and STIs visible and legible is offset by the fear of knowing actual persons living with HIV/AIDS. The need for seeing without "knowing" AIDS resonates with the way in which, in the late New Order Jakarta, people wanted to "see" and put a "face" on the criminal without looking behind the face into "his thoughts, motives, or feelings."¹⁸ Or, as Boellstorff has argued, there is an "epidemic of knowledge," in which the form of knowledge transmission and the moments of its anxious anticipation may matter much more than the specific content of that knowledge. In

Borders: Violence, Visuality, and Landscape in Postwar Ambon, Indonesia," in *Images that Move*, ed. Spyer and Steedly, 101–26.

¹⁴ Karen Kroeger, "AIDS Rumors, Imaginary Enemies, and the Body Politic in Indonesia," *American Anthropologist* 30, no. 2 (2003): 243–57.

¹⁵ Leslie Butt, "'Lipstick Girls' and 'Fallen Women': AIDS and Conspiratorial Thinking in Papua, Indonesia," *Cultural Anthropology* 20, no. 3 (2005): 412–41.

¹⁶ Tom Boellstorff, "Nuri's Testimony," 358. On the position of people living with HIV/AIDS in Indonesia and the way in which they, as "unseen persons," are considered a threat to the nation, see also Tom Boellstorff, "Person with HIV/AIDS (*Orang Dengan HIV/AIDS*)," in *Figures of Southeast Asian Modernity*, ed. Joshua Barker, Erik Harms, and Johan Lindquist (Honolulu: University of Hawai'i Press, 2013): 141–43. On the powerful trope of the danger of the person who is like oneself in Indonesian recent history, see Siegel, *A New Criminal Type in Jakarta*.

¹⁷ Steedly, "Transparency and Apparition," 262, 265. See also Strassler, "Gendered Visibilities."

¹⁸ Siegel, *A New Criminal Type in Jakarta*, 102.

such a context, it is the moment of “seeing” a person living with HIV/AIDS that counts and that is anticipated, rather than knowing his or her personal narrative and biographical details and having knowledge about the virus and its way of transmission.¹⁹

At the same time, people living with HIV/AIDS themselves navigate carefully between the need to be “seen” (or recognized) by the state at a collective level and the terror of the social stigma that exposure can mean for individuals. Whereas government-funded projects in HIV/AIDS care all over the world promote disclosure and testimony—sometimes as a mechanism of medical triage—people living with the virus often try to hide their HIV-positive status and, therefore, frequently resort to the social and embodied practices of silence and secrecy as survival strategies.²⁰ This is often a consequence of the moral and social stigma attached to AIDS, but the practice of secrecy also needs to be understood in relation to local political conditions. For example, in the Indonesian province of Papua, where HIV infection rates are much higher than in the rest of Indonesia, it is not just stigma, but also political violence and discrimination, failing health care systems, and systematic breaches of confidentiality that impede access to treatment and care although antiretroviral medicine is available free of cost.²¹

Without political and social recognition, people living with HIV/AIDS for the most part remain invisible in the Indonesian public sphere. Their existence is only reflected collectively, in rising epidemiological figures and governmental targets. Such statistics find worrisome expression in written media, but these numbers remain lacking of the anticipated faces of actual people living with HIV/AIDS—the numbers alone do not fulfill the need for visibility that is longed for in the post-authoritarian dream of transparency. Instead, AIDS retains the apparitional character of an unseen danger within.

Aceh’s Post-disaster Transformations and Moral Concerns

As in other parts of Indonesia, national-level concerns with visibility and visibility as an essential part of the body politic are reflected in the Acehese public sphere. The province also shares in national debates on morality and Islam, but, arguably, these are particularly pronounced there, as moral discourses on sexuality have recently become more prominent in the context of Shari’a implementation and a more general societal process of Islamization. A significant share of the public debates concerning Islamic morality focuses on issues such as the visibility of the female body; togetherness of unrelated men and women in dark places (such as the cinema, cars with tinted glass, or the beach at night); and the possibility of accessing pornography

¹⁹ Boellstorff, “Nuri’s Testimony.”

²⁰ See, for example, Anita Hardon and Deborah Posel, “Secrecy as Embodied Practice: Beyond the Confessional Imperative,” *Culture, Health & Sexuality* 14, no. S1 (2012): S1–13.

²¹ Leslie Butt, “Can you Keep a Secret? Pretenses of Confidentiality in HIV/AIDS Counseling and Treatment in Eastern Indonesia,” *Medical Anthropology* 30, no. 3 (2011): 319–38; and “Local Biologies and HIV/AIDS in Highlands Papua, Indonesia,” *Culture, Medicine, and Psychiatry* 37, no. 1 (2013): 179–94. On the way in which a general distrust of doctors in Aceh is at least partially rooted in the recent violent conflict, see Catherine Smith, “Doctors that Harm, Doctors that Heal: Reimagining Medicine in Post-Conflict Aceh, Indonesia,” *Ethnos* 80, no.2 (2015): 272–91.

in internet cafés and through mobile phones.²² Moreover, fear of moral decline, as expressed in newspaper articles, everyday conversations, and narratives such as that of Ibu Meutia, is often linked to a particular concern with Acehese identity and culture. In light of Aceh's identity and reputation as the most Islamic province of Indonesia, many Acehese believe that Aceh should be on a higher moral and Islamic level than the rest of Indonesia. Therefore, any public presence of morally contested practices and their assumed consequences (such as HIV and premarital pregnancy) may become a source of collective shame.²³

The present public concern with visible sexuality should be understood not only in light of a historical understanding of Aceh as an exceptionally religious part of the Indonesian archipelago, but also in the context of the huge operation of post-tsunami and post-conflict reconstruction that took place in the province between 2005 and 2009, and which continues to influence present-day politics and policymaking in Aceh.²⁴ With the slogan "building back better," a variety of governmental and nongovernmental actors implemented projects to "rebuild" Aceh, not only physically but also in social, economic, governmental, and religious domains.²⁵ The latter included a religious revival that came to expression in widespread public debates on Islamic moral behavior, individual projects of ethical improvement, and the accelerated implementation of Shari'a.²⁶

²² See, for example: "Disdik larang siswa bawa hp ke sekolah," *Serambi Indonesia*, October 27, 2011; and "Sisi gelap ABG Aceh," *Serambi Indonesia*, March 25, 2014. See also David Kloos, "In the Name of Syaria? Vigilante Violence, Territoriality, and Moral Authority in Aceh, Indonesia," *Indonesia* 98 (October 2014): 59–90.

²³ Referring to recent mediatized cases of child abuse, one Acehese woman told me that Aceh was in a "moral crisis" that included drugs, prostitution, robbery, and kidnapping. She commented that these things were probably happening everywhere, yet "they shouldn't [happen] in Aceh, but they do anyway, even though we have Shari'a" (telephone conversation, October 9, 2015).

²⁴ For a detailed historical discussion on discourses of Aceh's exceptionality, see David Kloos, "Images of Violence and Piety in Aceh," in *Islam, Politics and Change: the Indonesian Experience after the Fall of Suharto*, ed. Kees van Dijk and Nico Kaptein (Leiden: Leiden University Press, 2016), 269–94.

²⁵ On the discourse of "building back better" and the post-tsunami reconstruction process, see: Patrick Daly, R. Michael Feener, and Anthony Reid, eds., *From the Ground Up: Perspectives on Post-Tsunami and Post-Conflict Aceh* (Singapore: ISEAS Press, 2013); Marjaana Jauhola, "Building Back Better? Negotiating Normative Boundaries of Gender Mainstreaming and Post-Tsunami Reconstruction in Nanggroe Aceh Darussalam, Indonesia," *Review of International Studies* 36 (2010): 29–50; and Annemarie Samuels, "Hikmah and Narratives of Change: How Different Temporalities Shape the Present and the Future in Post-Tsunami Aceh," in *Islam and the Limits of the State: Reconfigurations of Practice, Community and Authority in Contemporary Aceh*, ed. R. Michael Feener, David Kloos, and Annemarie Samuels (Leiden: Brill, 2015), 24–55.

²⁶ A special autonomy regulation from 1999 enabled Aceh to implement Islamic law, after which Islamic bylaws have been implemented since 2001. These bylaws concern, among others, the regulation of worship and religious symbolism, but also involve the criminalization of gambling (*maisir*), the use of intoxicants (*khamar*), and illicit relationships between unrelated men and women (*khalwat*). As Michael Feener argues, the accelerated implementation of Shari'a after the tsunami was part of the larger effort of total reconstruction under the "building back better" slogan and the social engineering of an Islamic society. In that context, widely accepted religious explanations of the tsunami formed an important ground for the post-tsunami religious revival. See R. Michael Feener, *Shari'a and Social Engineering: The Implementation of Islamic Law in Contemporary Aceh Indonesia* (Oxford: Oxford University Press, 2013). On public discussions of Islam and Shari'a and on the role of Islam in everyday Acehese society, see: David Kloos, "Becoming Better Muslims: Religious Authority and Ethical Improvement in Aceh" (PhD dissertation, Free University Amsterdam, 2013); R. Michael Feener, "Hand, Heart and Handphone: State Shari'a in the Age of SMS," *Contemporary Islam* 7 (2013): 15–32; and Feener, Kloos, and Samuels, eds., *Islam and the Limits of the State*.

In both the state-directed implementation of Islamic law and the public debates on morality, one of the primary concerns is with “deviant” forms of sexuality—including extramarital sex, pornography, prostitution, homosexuality, and the visibility of women’s bodies. Importantly, it is not only the state that is “patrolling sexuality,” but also villagers who are concerned with the public reputation of their communities, and radical Islamic groups that, sometimes with tacit approval of the authorities, conduct vigilante raids on hotels and karaoke bars to check on women’s attire in such public spaces.²⁷ One thing that stands out in these vigilante actions is the dominance of outward appearances of moral conduct.²⁸ Thus, for example, Benjamin and Jan Michiel Otto encountered one case in which young, unmarried men, who were known to have boasted of their sexual experiences with women, one day beat up a couple in their community for having premarital sexual intercourse. They said they did so to protect the village from being “contaminated with this sin.” Asked why they would punish the young couple for a transgression that they had regularly committed themselves, one of the men answered that those who got caught would get a beating, but that as long as one made sure not to be caught in the act, it was all right.²⁹ Similarly, where appearances matter most, women may sometimes choose to marry unofficially in the village to be able to have a relationship with a man without getting into a state-approved marriage.³⁰

One of the most spectacular and contested examples of the concern with outward appearance in the recent religious revival has been the state’s targeting of punk youth, who have been publicly “re-educated,” particularly through the highly publicized shaving of their long hair and removal of their “un-Islamic” dress.³¹

While punk youth are relatively easy targets due to their distinct garb and hairdos, public discussions of sexuality often focus on how state and society may bring into the open sexual transgressions that people would rather keep secret. Such a concern was prominent during a three-day workshop that I attended at Banda Aceh’s Shari’a Department (*Dinas Syariat Islam*) in November 2013. The workshop was titled “The threat of free sex to Banda Aceh’s youth” (*Ancaman seks bebas bagi kalangan generasi muda*

²⁷ Kloos, “In the Name of *Syariah*”; see also Sarah J. Newman, “Patrolling Sexuality: A Case Study on Khalwat and Vigilantism in Aceh,” paper presented at the second ICAIOS (International Centre for Aceh and Indian Ocean Studies) conference, Banda Aceh, February 23–24, 2009.

²⁸ One reason for the focus on outward appearances may be that, in Southeast Asia, the relation of inner state and outer appearance is often seen as a continuum, and therefore visible behavior is considered a direct expression of a person’s inner state rather than a way of presenting an inner “self”; see Shelly Errington, *Meaning and Power in a Southeast Asian Realm* (Princeton: Princeton University Press, 1989), 75–77, 157. On the cultural politics of dress and other “outward appearances” in Indonesian history, see Henk Schulte Nordholt, ed., *Outward Appearances: Dressing State and Society in Indonesia* (Leiden: KITLV Press, 1998).

²⁹ Benjamin Otto and Jan Michiel Otto, “Practices and Perceptions of Shari’a Reinforcement in Aceh: the *Wilayatul Hisbah* and Local Communities,” in *Islam and the Limits of the State*, ed. Feener, Kloos, and Samuels, 185–213.

³⁰ See Silvia Vignato, “‘Men Go in, Men Go out’: Single Muslim Women in Malaysia and Aceh,” *Social Identities: Journal for the Study of Race, Nation and Culture* 18, no. 2 (2012): 239–57.

³¹ See Reza Idria, “Muslim Punks and State Shari’a,” in *Islam and the Limits of the State*, ed. Feener, Kloos, and Samuels, 166–84. On public caning in Aceh as the state’s highly visual politics of re-education through performance, see Reza Idria, “Two Stages for Performance in Aceh: From State Conflict to *Syariah* Politics,” in *Performing Contemporary Indonesia: Celebrating Identity, Constructing Community*, ed. Barbara Hatley, with Brett Hough (Leiden: Brill, 2015), 167–81.

di kota Banda Aceh). In attendance were about twenty male and ten female representatives of government and civil-society groups, including *ulama* organizations, the radical Badan Anti Maksiat (BAM, Anti-Sin League), high school teachers, university students, police, and organizations for the protection of children. Discussion topics ranged from sex education, child trafficking, prostitution, and the percentages of young people involved in premarital sex to the corrupting influences of Western films and television, internet cafés, and mobile phones. During the second day of the workshop, participants had to come up with solutions that could be effectively implemented by the local government to protect Banda Aceh's youth from the dangers of "free sex." Interestingly, the policy advices that were compiled and discussed at the end of the day focused on transparency and control of the visual. Suggestions raised by the participants and compiled by the organizers included prohibiting people from watching television between the evening prayers of *Maghrib* (sunset) and *Isya*; further controlling internet cafés and removing their wooden partitions between public-access computers (so that café owners may easily check on what computer users are viewing); banning the use of mobile phones in schools; and replacing tinted car windows with transparent ones.

HIV/AIDS and STIs were recurring topics during the workshop and were referred to as the problematic medical and social consequence of "free sex" and thus, in citing rising infection rates, an indication of the actual presence of "free sex" in Aceh. As in other discussions of HIV/AIDS and STIs, such as my conversation with Ibu Meutia, the medical (e.g., the ways of transmitting the virus), the moral (e.g., the sinfulness of extramarital sex), and the social (e.g., youth being lured into sexual activities by peers or pornographic images) dimensions got mixed up through various cognitive leaps that made sense in the context of a concern with moral decline. These connections became especially affectively powerful when, during one of the workshop's PowerPoint presentations, text slides with bullet points suddenly gave way to slides featuring terrifying close-up photographs of genitals affected by STIs.

Images that Shock

On the afternoon of the first day of the "threat of free sex" workshop, a prominent psychologist from the Islamic State University in Banda Aceh gave a talk about children's development and sexuality. Listing the dangers of "free sex," she included unwanted pregnancy, cervical cancer, STIs, and HIV/AIDS. STIs, she said, are transmitted by people who frequently change partners, "like a flash disk." She then told the story of a pregnant woman who got infected because her husband regularly had sexual relations with other women when he was traveling to Medan for work, concluding: "If we would follow the prophet Muhammad, [these things] would perhaps not happen nowadays." She then turned to summing up a range of STIs, accompanied by photographs. The final slides provided pictures of infections suffered by AIDS patients, including explicit pictures of genitals and one image of a naked man who apparently suffered from AIDS. While the appearance of pictures of genitals may seem rather surprising in the heart of Islamic Aceh, the speaker quickly explained the reason for showing them by warning: "This is the consequence of the danger of the free sex that we just discussed. Don't interpret these as pornography! This is a threat [*ancaman*]." The presentation then suddenly ended with a slide that pictured a young

girl wearing her prayer garb and the text *I love Solat* (I love praying) next to a Quranic verse, an ending that reiterated the warnings that had accompanied the previous slides by framing the images as something that we were not supposed to see—even if, at the same time, we had to.³²

Such explicit images of STIs are also a regular part of information sessions on HIV/AIDS and STIs given by medical staff or NGO workers to a range of different audiences—something that has also been noted for awareness-raising sessions throughout Indonesia.³³ Presenters in these meetings generally first give introductions to HIV and AIDS, telling the audience about the virus and its way of transmission.³⁴ Turning to the physical effects of AIDS and STIs, presenters then prepare the audience for seeing images of genital herpes, candidiasis, and “drastic bodily weight loss” by apologizing and declaring that the pictures are “not meant as pornography,” but that through them “we could learn something” or get “information/knowledge.”³⁵ Audiences, whether university students, village women, or prisoners, almost universally reacted with shock to the appearance of these images, expressing alarm by hissing, shivering, and murmuring things like “O God” (*Ya Allah*). Importantly, the images’ shock effect was intertwined with their explicit framing as “non-pornographic” and the public contexts in which they were shown. Much as elsewhere in Indonesia, in informal contexts Acehnese often talk about sex, and access to pictures and videos that can be labeled pornographic seems to be widespread. But the public condemnation of pornography is strong and accounts for the precautions that surround the images shown in the HIV/AIDS awareness-raising sessions. Perhaps the only way to publicly discuss them is to declare that they are “not pornography,” although such a declaration also serves to increase the association with the pornographic.

While most presenters stated that the images were meant to be informational (versus a warning, as in the case of the psychologist in the seminar described above),

³² Such a framing resembles the framing of Indonesian horror movies as discussed by Katinka van Heeren. Van Heeren shows how the ghost stories and mystical experiences in such movies are legitimated by the appearance of an Islamic religious leader who solves all the problems at the end of the film. While this religious framing emerged during New Order censorship, it returned in the *Reformasi* period and can be perceived “as a safeguard to show everything that may be problematic and still get away with it.” Katinka van Heeren, “Return of the Kyai: Representations of Horror, Commerce, and Censorship in Post-Suharto Indonesian Film and Television,” *Inter-Asia Cultural Studies* 8, no. 2 (2007): 222.

³³ Leslie Butt has observed how similarly shocking images were used in HIV information sessions in Papua. Contrary to what I saw in Aceh, in Papua hardly any context about HIV and the transmission of the virus was provided. One outreach worker told Butt that they needed to show the pictures because, otherwise, “people really don’t pay attention. They need to see disgusting images.” Leslie Butt, “Silence Speaks Volumes: Elite Responses to AIDS in Highlands Papua,” in *Making Sense of AIDS: Culture, Sexuality, and Power in Melanesia*, ed. Leslie Butt and Richard Eves (Honolulu: University of Hawai’i Press, 2008), 127.

³⁴ I attended at least ten such sessions during my fieldwork. Only a handful of local NGOs in Aceh would occasionally organize such information sessions. Sometimes the Provincial Health Office organized HIV/AIDS “socialization” (*sosialisasi*) gatherings in cooperation with medical staff and nongovernmental actors.

³⁵ Of course, the explication of these images as belonging to the field of (scientific) information rather than morality is itself a moral act. On the paradoxical entanglement of the “scientific” and the “moral” in global AIDS prevention activities that try to explicitly separate these two domains, see Stacey Leigh Pigg, “Sexuality,” in *A Companion to Moral Anthropology*, ed. Didier Fassin (Malden, MA: Wiley-Blackwell, 2012), 333.

audiences just as easily connected them to moral danger. Thus, when the photographs turned up during a presentation given by a medical doctor to about twenty university alumni and civil servants in October 2013, the middle-aged female civil servant sitting next to me repeatedly turned her head away in dismay, whispering: “Before the tsunami there was no AIDS in Aceh. You know, we are Muslims, we don’t have sex outside of marriage.” Someone in the audience concluded that AIDS was a social disease, a statement that earned many confirming nods, while someone else asked how this disease had come to Aceh; was it because of globalization? Or perhaps pornography? Did the frequent use of BlackBerry mobile phones on which pornographic images could easily be accessed have anything to do with it? Earlier, the doctor had pointed out that, after the tsunami, she had more frequently received requests for pap smear tests to check on STIs, especially by the many foreigners who came to work in Aceh. Echoing discourses of anxiety about Westernization and the power of global media that became prominent in Aceh in the post-reconstruction era, several people in this seminar implicitly or explicitly articulated the notion that foreign people and influences that entered Aceh after the tsunami brought moral decline and its associated diseases.³⁶

Although I witnessed one information session for a large group of university students in which a medical doctor showed and explained a range of images of STIs, school children were usually spared—perhaps because of the sensitivity of the topic of sex education in schools.³⁷ Yet, one NGO involved in HIV/AIDS awareness-raising in Aceh’s Eastern districts did regularly show an antiretroviral therapy promotion film when visiting high schools. The international film, globally used in HIV activism, shows a healthy woman on the ninetieth day of her use of antiretroviral therapy, followed by images of her on every previous day, ending with her lying on her bed—emaciated and obviously very ill. Since the film was shown without any explanation by the presenter, and the English skills of the young audiences were usually limited, I worried that the children might misinterpret the film as showing a woman dying from AIDS. When I asked the NGO worker who gave the presentation how he thought the children interpreted the film, he agreed with my observation, adding that the important thing was that through it they learned something about AIDS.³⁸

³⁶ Laura Bellows notes that, indeed, after 1998, Indonesia “experienced an astonishing influx of pornography” (Bellows, “The Aroused Public,” 220). Similarly, Bart Barendregt has drawn attention to the crucial place that mobile phones and accompanying “mobile pornographies” have come to occupy in Indonesian debates about modernity since the early 2000s; see Bart Barendregt, “Sex, Cannibals, and the Language of Cool: Indonesian Tales of the Phone and Modernity,” *The Information Society* 24, no. 3 (2008): 160–70. In Aceh, it is often the 2004 tsunami that is invoked as a milestone moment in the influx of new technologies and pornographic images. Importantly, when discussing these, people in Aceh often explicitly spoke about moral decline entering “Aceh” rather than “Indonesia.”

³⁷ In September 2013 the provincial Education Department became the center of negative attention after a survey distributed at a junior high school in the Acehese city of Sabang was discovered to contain questions on the children’s sexual experiences and the size of their genitals. The issue generated media attention beyond Aceh and for a while complicated any kind of research about sex education in Acehese high schools, as the Education Department judged *any* questions on knowledge of sex to be pornographic (*berbau porno*). Interview with local staff of PKBI (*Perkumpulan Keluarga Berencana Indonesia*), November 6, 2013. See also “Siswa SMP di Sabang dibagi form data ukuran kelamin,” *Serambi Indonesia*, September 5, 2013.

³⁸ HIV/AIDS socialization at a high school in the district of Bireuen, March 15, 2014.

In the information sessions that I witnessed in Aceh, presenters often associated AIDS with moral decline, but also urged audiences not to exclude people living with HIV/AIDS from their communities. Yet, an AIDS activist once told me that, sadly, the shocking images had exactly the opposite effect, leaving the audience scared of people living with HIV/AIDS. These images thus “move” their audiences in powerful ways.³⁹ Their affective force lies in the sudden appearance of large pictures of afflicted genitals where visible sexuality is considered a severe moral danger. If the photograph in present-day Indonesia is the measure of transparency, these pictures index HIV’s dangerous presence. Effectively mixing moral, medical, and social spheres, the photos provide a shocking image for AIDS and STIs that increases the taboos surrounding, and therefore—paradoxically—the invisibility of, these diseases. Whatever the intentions of the presenters of these PowerPoint slides, the shock effect of the explicitly “non-pornographic” pictures resembles New Order visual politics as they inform the audiences of the presence of an enemy within.

Apart from the appearance of these shocking images in awareness-raising sessions, the presence of HIV is publicized to a general audience through the numbers of new diagnoses regularly published in Aceh’s main newspaper, *Serambi Indonesia*.⁴⁰ As Johan Lindquist has argued, since HIV/AIDS interventions are supported by powerful epidemiological models, effective interventions may not require the support of images and testimonials as badly as other kinds of social campaigns.⁴¹ Yet, worried by the numbers, society at large may still wish for an image to make this invisible presence tangible. Many people in Aceh seemed to be particularly curious about seeing a person with AIDS. Knowing that I did research with people living with HIV/AIDS on a daily basis, many Acehnese asked me what “they” looked like and how someone can “see” that an individual is infected, although no one ever asked me to introduce them to someone with HIV/AIDS. Tellingly, a young midwife who had recently participated in an HIV/AIDS awareness workshop and who sat next to me during a long bus ride along Aceh’s east coast, told me that she was planning to visit the hospital sometime to “see” people with AIDS—perhaps expecting a special ward where she could observe them.⁴² Like the images of STIs that, through their shock effect, divert attention from the medical and political context of AIDS in Aceh, such “seeing” aims to bring an invisible danger into vision. Yet such curiosity contributes little to helping people living with HIV/AIDS to be “seen” by society in the sense of fostering and offering social and political recognition and acceptance. In that sense, people living with HIV/AIDS are not unlike the ghosts explored by Steedly, whom people at once want

³⁹ Patricia Spyer and Mary Margaret Steedly, “Introduction: Images that Move,” in *Images that Move*, ed. Spyer and Steedly, 3–39.

⁴⁰ See, for example: “HIV/AIDS di Aceh capai 303 kasus,” *Serambi Indonesia*, December 2, 2014; “Dinkes Bireuen tangani 24 penderita HIV/AIDS: 13 di antaranya meninggal dunia,” *Serambi Indonesia*, March 30, 2014; and “Tujuh napi Aceh positif HIV/AIDS: ada yang menularkan pada istrinya,” *Serambi Indonesia*, January 29, 2013.

⁴¹ Johan Lindquist, “Images and Evidence: Human Trafficking, Auditing, and the Production of Illicit Markets in Southeast Asia and Beyond,” *Public Culture* 22, no. 2 (2010): 223–36. Lindquist discusses counter-trafficking as an example of the kind of social campaign that does need images.

⁴² Such excitement about “seeing” a person living with HIV/AIDS resonates with the *penasaran* (“anxious curiosity”) that Tom Boellstorff observed in audiences that were waiting for someone with HIV/AIDS to come and give a testimony in Makassar. Boellstorff, “Nuri’s Testimony,” 357.

to see and fear seeing.⁴³ I now turn to the “need to be seen,” as well as the fear of exposure, that people living with HIV/AIDS experience in their daily lives.

Strategies of Secrecy and Transparency

As in most other parts of Indonesia, people living with HIV/AIDS in Aceh whose status becomes publicly known experience discrimination and stigmatization.⁴⁴ Therefore, both the staff of the HIV/AIDS support-group (in which I conducted participant observation) and medical staff at the VCT cautioned patients against disclosure, urging them to carefully consider which family members would be able to keep the secret. In their everyday lives, many patients walked a tightrope between the need for family care and visits to the hospital on the one hand, and neighbors’ questions about those visits and the risk that anyone would betray the secret, on the other. Yet, reflecting global discourses on the positive effects of disclosure, some government officials argued that people living with HIV were themselves responsible for continuing their collective stigmatization if they did not disclose their condition in public—which would supposedly increase acceptance and turn HIV into a “normal” chronic disease.⁴⁵

Meanwhile, the primary task of the government health office was to reach monthly targets of, among others, identifying new cases of HIV infection and getting people on antiretroviral medication. The targets were set top-down, from the national level, and were almost never reached—not in the last place because of a lack of health care and outreach services beyond Banda Aceh. While the state aimed for numerical legibility of HIV/AIDS—the government’s attempts to “see”⁴⁶ were complicated by practices of secrecy and confidentiality. For example, provincial health care officials would often not have full names and addresses of HIV patients—which, in line with rules of confidentiality, were carefully guarded by VCT staff. Not having any budget for outreach activities, medical staff at the provincial hospital frequently lost contact with newly diagnosed patients, and if an AIDS patient died at home, sometimes the only way for medical staff and health officials to find out was informally through the support group staff.

Images of people living with HIV/AIDS played a central role in the tension between transparency and secrecy. For example, in December 2013, one of a support group’s HIV-positive members, who lived in a rural part of Aceh, anxiously called a group staff member. She had received an unexpected visit from civil servants from the local office of Social Affairs (Dinas Sosial), who tried to take pictures of her. As she

⁴³ Steedly, “Transparency and Apparition.”

⁴⁴ For insightful narratives of experiences of people living with HIV/AIDS in Indonesia, see Leslie Butt, “Sexual Tensions: HIV-positive Women in Papua,” in *Sex and Sexualities in Contemporary Indonesia*, ed. Bennett and Davies, 109–28; and Irwan Martua Hidayana and Brigitte Tenni, “Negotiating Risk: Indonesian Couples Navigating Marital Relationships, Reproduction, and HIV,” in *Sex and Sexualities in Contemporary Indonesia*, ed. Bennett and Davies, 91–108.

⁴⁵ Thus, for example, one official remarked that, “if their status is public, society does not discriminate against them anymore” (*kalau dia sudah terexpose, diskriminasi masyarakat tidak ada lagi*). Interview at the Provincial AIDS Commission (*Komisi Penanggulangan AIDS Propinsi*), February 13, 2014.

⁴⁶ James C. Scott, *Seeing like a State: How Certain Schemes to Improve the Human Condition have Failed* (New Haven: Yale University Press, 1998).

was one of the HIV-positive people in Aceh who had recently received a small amount of social-aid money from this office, the civil servants now needed her photograph for their documentation of the expenditure.⁴⁷ They would not tell her how they obtained her address. The support group's staff member was furious and called the office of Social Affairs, demanding an explanation, arguing that the civil servants had taken a huge risk and could have publicly revealed this woman's health status. In fact, her seropositive status was already known to her neighbors, and, after a period of severe discrimination, she had finally (but reluctantly) been accepted in the community. Yet what if the civil servants with their cameras showed up on the doorsteps of those who had managed to keep their infection a secret? Neighbors would certainly ask questions and, the support group staff member argued, if the secret did not come out then and there, rumors would soon start and spread and cause harm to the person so exposed. The responsible official apologized and the next year's distribution of social-aid money was handled differently. In 2014, the beneficiaries came to Banda Aceh where they received their social assistance directly from the provincial officials in the safety of the support group office, without having to provide their personal details or photographs.

At about the same time, a tragic situation arose that threatened the state with negative media exposure regarding its handling of HIV/AIDS cases. The illness and death of Lizzy, a transgender woman, brought together public issues of morality and sexuality, state neglect of AIDS patients, and a much-feared visual exposure of such neglect. Lizzy's tragic story shows the problematic lack of political attention to AIDS care in Aceh, a situation that was only briefly reversed when she fell ill.

Lizzy's Death

Lizzy was originally from Aceh and had been diagnosed with HIV for over a year when her condition suddenly deteriorated. After her initial diagnosis, VCT doctors and support group staff members urged her to start antiretroviral therapy, but the transgender woman declined that treatment. Instead she disappeared for prolonged periods of time, supposedly to the North Sumatran city of Medan—giving her the reputation of being *bandel* (noncompliant, naughty). She was well known to be actively engaged in sex work in both Aceh and Medan, and rumor had it that she kept doing so without using condoms, even after her diagnosis. Her closest relative, a brother who lived with his family in a central neighborhood in Banda Aceh, refused any contact with her, probably, support group staff speculated, both because of her AIDS and because her sex work brought shame to his family. When Lizzy reported to the hospital in a severely ill condition in early March 2014, the VCT staff member who called the brother reported him as saying that they had better “give her a deadly shot” (*suntik mati*). The transgender beauty salons where Lizzy sometimes stayed for a few nights excluded her when she fell ill and they found out about her HIV status, giving her no place to go and no one to care for her.

⁴⁷ On the role of the photograph in Indonesia's “culture of documentation” and post-authoritarian discourses of transparency, see Strassler, *Refracted Visions*, 16–18. James Siegel shows that in Aceh the history of photography is shaped through the colonial war against the Dutch in which the colonizers took pictures of the Acehnese after they had defeated them. See James T. Siegel, “The Curse of the Photograph: Atjeh, 1901,” *Indonesia* 80 (October 2005): 21–37.

The emergency room of Banda Aceh's public hospital rejected Lizzy several times on the grounds that she had no identification card and no other kind of warranty that would allow the hospital to try and collect insurance money. After these rejections, she disappeared. Meanwhile, heated telephone discussions ensued between support group staff and different government agencies (including the municipal and provincial health offices and AIDS commissions). One of the most influential officials in the provincial health department argued that the support group was supposed to solve Lizzy's problems, while the support group objected, stating that Lizzy was the responsibility of the state, not of a group of volunteers.

Three days after Lizzy's disappearance, we found her lying in a curled-up position on her brother's doorstep, in front of the locked door. Several neighbors and a few representatives of the previously mentioned government agencies were there, too, anxiously waiting for the support group staff members to lift her up and bring her to the hospital—despite Lizzy's own weak protests that there was no one to care for her there. That day, even the deputy mayor of Banda Aceh got involved and called responsible health officials to find a solution, apparently worried that the case would attract media attention. The support group volunteers finally managed to get her admitted and, after a day of neglect in the emergency room, she was transferred to a care unit where, in the absence of an accompanying family member, she received the bare minimum of daily care.

The question remained of who would take care of Lizzy when she was ready to be discharged from the hospital. In that context, for the support group, the possibility and predicament of demanding recognition by creating visibility surfaced more urgently than ever. On our way to an improvised meeting with representatives of the municipal health office as well as representatives of the local branches of the national AIDS commission, staff members suggested that they could ultimately present this case of abandonment to the local newspapers. The media would most certainly be happy to print the shocking story—with photographs—of a suffering, disowned AIDS patient, and the threat of such negative publicity would force the authorities to care. However, such media exposure could also compromise good relations with the hospital and the trust of other members of the support group. Indeed, during the meeting at the municipal health office, a senior official said nervously that action should be taken before journalists started writing about this case. Yet, no solution was found during the meeting that afternoon, as no one could or would release official funds to be used for Lizzy's care. The regularly scheduled quarterly meeting of all actors involved in HIV/AIDS prevention two days later, during which most presentations focused on targets that, again, had not been reached, also failed to answer the question of post-hospital care for Lizzy. A few days later I visited Lizzy in the hospital with the program manager of the support group, who told me that the deputy mayor had called her to discuss a solution. "It has to come to this before they start seeing [us]," she sighed, pointing at Lizzy, who was sound asleep. In the end, no solution needed to be found and no media were called in. Lizzy died two weeks later. Her brother showed up to take care of her ritual bathing and, later that day, a large number of residents of his neighborhood came to witness the funeral.

As could be expected, after Lizzy's death the government's attention to problems of HIV/AIDS care withered away. The threat of this case going public and thereby

embarrassing the health office and the municipality that was striving to create an increasingly pious public image had subsided. No systematic changes were made and no budget was provided to prevent similar tragedies from happening again—the political recognition of the problem of care only lasted as long as it's problematic visibility. As a stigmatized person—because of her gender identification, sex work, and AIDS—and without a social network of care, Lizzy's extremely precarious situation collapsed and culminated in social abandonment when she fell ill.⁴⁸ Yet, her story also signals more general problems faced by people living with HIV/AIDS in Aceh (and elsewhere in Indonesia), including their refusal to seek health care and take medicine out of fear of disclosure and stigmatization. Adding to the problems are state institutions that make AIDS legible in targets of diagnosis and ARV adherence, but have hardly any budget for outreach care, prevention, and combatting stigmatization. Lizzy's ordeal became visible to the state, if not to society at large, but many other HIV patients in Aceh manage to remain largely invisible. Sadly, while this enables them to navigate the everyday threat of possible stigmatization, it also complicates efforts to claim political recognition of the presence of HIV/AIDS and, therefore, much needed health care solutions in Aceh.

AIDS and the Politics of (In)Visibility

In this essay, I have explored the paradox of the (in)visibility of AIDS in Aceh. Different actors in the province, including governmental agencies, activists, patients, medical practitioners, NGO workers, and society at large attempt to both see and not see AIDS in a social arena in which “making visible” may increase stigma, taboo, and political invisibility. Without disclosure and testimony and without a way to “see” the person living with HIV/AIDS, AIDS lacks a public face, making it easy to intertwine AIDS with other imagined yet invisible dangers to Acehnese society and complicating state efforts to make the disease legible. Activists navigate the complexities of struggling for political recognition, while at the same time trying not to be known to society at large, leaving medical and social neglect publicly unexposed. While people living with HIV/AIDS strategically practice secrecy and invisibility, the dreadful images of genitals affected by STIs and bodies bearing the consequences of full-blown AIDS are situated in the opposite corner of AIDS-related visual politics. The shock effect that they generate exemplifies how the primary way for audiences to know AIDS is through a medico-moral assemblage that, if anything, magnifies the experience of a looming danger. Knowledge is anchored in the visible, leaving what is invisible, or outside of the frame, unnoticed, as grotesque images come to index HIV and a general audience's wish to see people living with HIV does not include wanting to know them as persons.

The paradox of (in)visibility thus helps to explain the lack of political action to provide information, outreach, and care in the field of AIDS. At the same time, the paradox is itself in need of explanation. I have suggested that it can be understood in the historical context of Indonesian visual politics and a contemporary climate of uncertainty that conflates political developments and dynamics designated by “post-,”

⁴⁸ On structures of “social abandonment,” see Joao Biehl, *Vita: Life in a Zone of Social Abandonment* (Berkeley: University of California Press, 2005).

including the post-New Order on a national level and “post-reconstruction” on a provincial one. The strategies of seeing and not seeing, as well as being seen and not being seen, in the field of AIDS emerge in relation to a broader politics of (in)visibility that has recently gained importance in Aceh. In an atmosphere of increasing surveillance of sexuality, Acehnese find ways of seeing and doing what may be disapproved of publicly. However, once exposed, the pornographic images on schoolchildren’s mobile phones and the unmarried couples caught in secluded spaces are widely felt to indicate a much larger invisible danger of moral decline—ultimately threatening Acehnese Islamic identity and culture in uncertain political times. It is, then, an imagination of explicitly Acehnese identity that is at stake in the post-tsunami efforts of making sexuality and AIDS in Aceh visible.

At the same time, these developments, including the increased public attention to sexuality, to a significant extent reflect processes that take place throughout the Indonesian archipelago and beyond.⁴⁹ Moreover, the discursive contrast between Islamic piety and AIDS resonates with national and transnational debates in Islam.⁵⁰ Ibu Meutia’s remarks exemplify the entanglement of these different scales. She alternatively invoked the national and the local when expressing anxieties about pornography, sexuality, and AIDS. Moreover, her proud HIV outreach work with local sex workers, coupled with her concurrent anxiety about sexual moralities, signals the ambiguous moral and medical discourses in which HIV/AIDS in Aceh, but also nationally and transnationally, has become entangled. Ultimately, the multiple and paradoxical efforts of seeing and not seeing AIDS in Aceh may therefore indicate both an Acehnese and Indonesian climate of desire for transparency and anxious anticipation of apparition in which AIDS becomes a moral-medico ghost, an invisible threat, awaiting both necessary and dreaded appearance.

⁴⁹ See, for example, Bennett and Davies, eds., *Sex and Sexualities in Contemporary Indonesia*.

⁵⁰ See: Farid Esack and Sarah Chiddy, eds., *Islam and AIDS: Between Scorn, Pity and Justice* (Oxford: Oneworld Publications, 2009); and Ahmad Shams Madyan, *AIDS dalam Islam: Krisis Moral atau Krisis Kemanusiaan?* (Bandung: Mizan, 2009).